

Caregiver Plan

Evaluate

List the caregiving tasks that took the most time or were the most stressful in the spaces below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List your caregiving goals for this year in the spaces below.

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Organize

List all emergency contacts in the spaces below.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

List all relevant contact information for doctors, nurses, or pharmacy staff below.

Name: _____	Name: _____
Position _____	Position _____
Phone: _____	Phone: _____



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List all medications below. Remember to use the Medications feature on the Homethrive platform to easily track and share the medication list with other caregivers or family members.

Medications:

Delegate

List the caregiving tasks that can be delegated to someone else in the spaces below.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List family members, friends, neighbors, or hired caregiver names and tasks below.

Name: _____

Task(s) _____

Name: _____

Task(s) _____

Name: _____

Task(s) _____

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Thrive

Which of the following solutions or services do you want to pursue in the upcoming year to help you with your caregiving responsibilities or alleviate your stress? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Fall safety equipment (i.e. grab bars, non-slip rugs, lighting sensors, personal emergency response devices) | <input type="checkbox"/> Technology to improve communication and safety (i.e. smart watches and senior-friendly tablets/AI devices, alarms) |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Grocery or meal delivery | <input type="checkbox"/> In-home care |
| <input type="checkbox"/> Medication organization tools and auto-dispensers | <input type="checkbox"/> Estate planning attorney (creates documents to delegate and designate legal/financial/medical responsibilities) |

Which of the following do you want to pursue in the upcoming year to help you care for yourself and wellness? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Meditation | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Hiking | <input type="checkbox"/> Concerts/events |
| <input type="checkbox"/> Massages | <input type="checkbox"/> Travel | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Playing music |
| <input type="checkbox"/> Time with friends | <input type="checkbox"/> Cooking/baking | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Time with family | <input type="checkbox"/> Taking baths | <input type="checkbox"/> Board/card games |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Eating out | <input type="checkbox"/> Take a class |
| <input type="checkbox"/> Movies/theater | <input type="checkbox"/> Dating | <input type="checkbox"/> Dance/sing |
| <input type="checkbox"/> Photography/film | <input type="checkbox"/> Home improvement | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Time with pets | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Podcasts | <input type="checkbox"/> Carpentry |

Check in with your Care Guide to help find specific products, services, and local support for your caregiving situation.