

**CREATING A CARE TEAM ACTION CHECKLIST**

**HOW TO TELL WHEN HELP IS NEEDED**

**To Do By Completed**

**Observe your elder**

performing tasks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

physical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

environment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

mental health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review “Communicaring” chapter** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**SHARE THE CARE**

**List eldercare tasks**

Homemaking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

personal care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

home health care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

quality of life \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Set caregiver goals**

short-term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

long-term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Create a list of helpers** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Make a list of help needed**

short-term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

long-term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Hire caregivers**

create a list of questions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

check all references and licenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

create and sign job contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

have proper insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

look into Social Security taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Have a plan to**

oversee quality of care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

request reports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review neighborhood assisted-living services**

home-delivered meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

emergency response devices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

telephone-monitoring services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

social outlets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

adult day services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

respite care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Consider volunteers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ❏

**Obtain a copy of elder’s personal address book**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Record emergency telephone numbers** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Know phone numbers of**

family service agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

area agency on aging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

family members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

friends and neighbors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

hired caregivers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

case manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

patient advocate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

social worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Make sure your elder has a smartphone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Can access elder’s emergency contact phone numbers 24/7**

at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

at work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

while traveling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Elder’s emergency contact phone numbers are posted on his/her refrigerator**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Everyone involved in elder’s care has been given the emergency contact information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏