
THE CAREGIVING ORGANIZATIONAL PLANNER

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The Ultimate Caregiving Expert's

Guide to Organizing Your



Loved One's Life



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Disclaimer

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All materials in this book came from experience in working in the field, and on the Internet.

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Emergency Information

Patient Name _____

Address _____

City/State/Zip _____

Telephone _____

Date of Birth _____

Driver's License Number _____

State Issued _____

Auto Make and Model _____

License Plate Number _____

Social Security Number _____

Medicare Policy Number _____

Secondary Insurance Policy Number _____

Allergies _____

Blood Type _____

Current Medication (Drug Name, Dose, and Purpose) _____

Important Contact Numbers
CALL 911 FOR AMBULANCE, FIRE, AND POLICE
EMERGENCIES

Health Care

Doctor _____

Doctor _____

Doctor _____

Hospital _____

Pharmacy _____

Home Care Agency _____

Home Health Agency _____

Hospice Agency _____

Miscellaneous _____

Family Network

Family Members _____

Neighbors _____

Friends _____

Coworkers _____

Church Affiliations _____

Miscellaneous _____

Home Services & Utilities

Electric Company_____

Water Company_____

Gas Company_____

Sewage Company_____

Telephone Company_____

Cellular Provider_____

Cable Company_____

Landlord_____

Home Owner Association_____

Banker_____

Attorney_____

Insurance Agent_____

Accountant_____

Electrician_____

Plumber_____

Locksmith_____

Lawn Maintenance_____

Miscellaneous_____

PIN NUMBERS/ACCESS CODES

Voice Mail_____

Banking by Phone_____

Debit Cards_____

Online Banking_____

Computer_____

Labtop_____

IPad_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

Website User Name & Password_____

E-Mail Address and Password_____

E-Mail Address and Password_____

Miscellaneous ID and Password_____

Miscellaneous ID and Password_____

Miscellaneous ID and Password_____

Miscellaneous_____

Medical History

A thorough family medical history promotes better health care. Keep on file a copy of your medical records, medical history, current lab results, and any imaging results. Update this important information as needed.

Patient's Full Name/Maiden Name _____

Previous Attending Physicians _____

Current Attending Physicians _____

Pregnancies and Miscarriages _____

Cause and Dates of Past Physical Illness(es) _____

Causes and Dates of Existing Health Problems _____

Cause and Dates of Accidents or Injuries _____

Operations and Dates Performed_____

Reason and Dates of Hospitalization_____

Negative Reaction to all Medical Treatments_____

Laboratory Results_____

MRI Results_____

X-Ray Results_____

Current use of Eyeglasses, Hearing Aids, Waling devices,
Wheelchairs, and other medical devices_____

Family History

Please answer these questions to the best of your knowledge.

Your Full Name _____

Place of Birth _____

Date of Birth _____

Full Title of Occupation _____

Your Spouse Name _____

Place of Birth _____

Date of Birth _____

Full Title of Occupation _____

Your Father's Full Name _____

City, State, or Place of His Birth _____

His Date of Birth _____

Full Title of His Occupation _____

Medical History or Problems _____

Your Father's Full Name _____

City, State, or Place of His Birth _____

His Date of Birth _____

Full Title of His Occupation _____

Medical History or Problems _____

Your Mother's Full Name _____

City, State or Place of Her Birth _____

Her Date of Birth _____

Full Title of Her Occupation _____

Medical History or Problems _____

Your Mother's Full Name _____

City, State or Place of Her Birth _____

Her Date of Birth_____

Full Title of Her Occupation_____

Medical History or Problems_____

List the Names of all Brothers and Sisters Names, Current Address, and Phone Number, if Possible. (For Sisters, give their Married Names)

If any member of the family is deceased, tell where they are buried, including mother and father. Also, you may write anything else you want to add to help with the genealogy.

Bank Accounts

Account Name and Number _____
Names of Account _____
Bank Name _____
Telephone Number _____
Type of Account _____
Location of Account Documents _____
Is a Second Signature Needed? _____
Is a Power of Attorney in Place? _____
Miscellaneous Information _____

Account Name and Number _____
Names of Account _____
Bank Name _____
Telephone Number _____
Type of Account _____
Location of Account Documents _____
Is a Second Signature Needed? _____
Is a Power of Attorney in Place? _____
Miscellaneous Information _____

Account Name and Number _____
Names of Account _____
Bank Name _____
Telephone Number _____
Type of Account _____
Location of Account Documents _____
Is a Second Signature Needed? _____
Is a Power of Attorney in Place? _____
Miscellaneous Information _____

Foreign Bank Accounts

Account Name and Number _____

Names of Account _____

Bank Name _____

Telephone Number _____

Type of Account _____

Location of Account Documents _____

Is a Second Signature Needed? _____

Is a Power of Attorney in Place? _____

Miscellaneous Information _____

Account Name and Number _____

Names of Account _____

Bank Name _____

Telephone Number _____

Type of Account _____

Location of Account Documents _____

Is a Second Signature Needed? _____

Is a Power of Attorney in Place? _____

Miscellaneous Information _____

Account Name and Number _____

Names of Account _____

Bank Name _____

Telephone Number _____

Type of Account _____

Location of Account Documents _____

Is a Second Signature Needed? _____

Is a Power of Attorney in Place? _____

Miscellaneous Information _____

Automatic Bill Paying

Name of Account _____
Contact Name _____
Telephone Number _____
Date Payment to be Withdrawn _____
Bank or Account Number _____

Name of Account _____
Contact Name _____
Telephone Number _____
Date Payment to be Withdrawn _____
Bank or Account Number _____

Name of Account _____
Contact Name _____
Telephone Number _____
Date Payment to be Withdrawn _____
Bank or Account Number _____

Name of Account _____
Contact Name _____
Telephone Number _____
Date Payment to be Withdrawn _____
Bank or Account Number _____

Name of Account _____
Contact Name _____
Telephone Number _____
Date Payment to be Withdrawn _____
Bank or Account Number _____

Personal Loans

Name(s) on Loan _____
Loan Number _____
Bank _____
Contact Person _____
Telephone Number _____
Miscellaneous Information _____

Name(s) on Loan _____
Loan Number _____
Bank _____
Contact Person _____
Telephone Number _____
Miscellaneous Information _____

Savings Certificates

Depositor _____
Certificate Number _____
Bank _____
Contact Person _____
Telephone Number _____
Miscellaneous Information _____

Depositor _____
Certificate Number _____
Bank _____
Contact Person _____
Telephone Number _____
Miscellaneous Information _____

Savings Bonds

Bond Held By _____
Type of Bond _____
Bond Serial Number _____
Location of Bond _____
Miscellaneous Information _____

Bond Held By _____
Type of Bond _____
Bond Serial Number _____
Location of Bond _____
Miscellaneous Information _____

Bond Held By _____
Type of Bond _____
Bond Serial Number _____
Location of Bond _____
Miscellaneous Information _____

Bond Held By _____
Type of Bond _____
Bond Serial Number _____
Location of Bond _____
Miscellaneous Information _____

Bond Held By _____
Type of Bond _____
Bond Serial Number _____
Location of Bond _____
Miscellaneous Information _____

Stock Certificates

Stockholder(s) _____
Stock name _____
Stock Number _____
Broker _____
Telephone Number _____
Location of Stock Document _____
Miscellaneous Information _____

Stockholder(s) _____
Stock name _____
Stock Number _____
Broker _____
Telephone Number _____
Location of Stock Document _____
Miscellaneous Information _____

Stockholder(s) _____
Stock name _____
Stock Number _____
Broker _____
Telephone Number _____
Location of Stock Document _____
Miscellaneous Information _____

Stockholder(s) _____
Stock name _____
Stock Number _____
Broker _____
Telephone Number _____
Location of Stock Document _____
Miscellaneous Information _____

Safe-Deposit Box

Box Holder _____
Who has Access to the Box _____
Telephone Number _____
Box Number _____
Bank _____
Telephone Number _____
Key Location _____
Miscellaneous Information _____

Cash on Hand

Location _____
Miscellaneous Information _____

Home Safe

Who has access to the Safe _____
Telephone Number _____
Location of Combination or Key _____
Miscellaneous Information _____

Miscellaneous Money Information

Credit Union

Union Name _____
Contact Name _____
Telephone Number _____
Name on Account _____
Type of Account _____
Account Number _____
Location of Documents _____
Miscellaneous Information _____

Pension

Name on Pension _____
Reference Number _____
Date of Employment _____
Company Name _____
Contact Name _____
Telephone Number _____
Location of Documents _____
Miscellaneous Information _____

Retirement Account

Name on Account _____
Reference Number _____
Type of Account _____
Bank _____
Contact Name _____
Telephone Number _____
Location of Documents _____
Miscellaneous Information _____

Annuities

Name on Annuity _____
Insurance Company _____
Contract Number _____
Location of Annuities Paper _____
Miscellaneous Information _____

Will

Will of _____
Attorney _____
Telephone Number _____
Location of Original Document _____
Person(s) with Copies _____
Telephone Number _____
Miscellaneous Information _____

Trust

Established By _____
Trust For _____
Attorney _____
Telephone Number _____
Location of Original Document _____
Person(s) with Copies _____
Telephone Number _____
Miscellaneous Information _____

Living Will

Living Will of _____

Attorney _____
Telephone Number _____
Location of Original Document _____
Person(s) with Copies _____
Telephone Number _____
Miscellaneous Information _____

Durable Power of Attorney

Attorney _____
Telephone Number _____
Location of Original Document _____
Person(s) with Copies _____
Telephone Number _____
Miscellaneous Information _____

Durable Power of Attorney for Medical Care

Attorney or Agent _____
Telephone Number _____
Location of Original Document _____
Person(s) with Copies _____
Telephone Number _____
Miscellaneous Information _____

Letter of Instruction

Written By _____
Location of Original Document _____
Person(s) with Copies _____
Telephone Number _____
Miscellaneous Information _____

Religious Affiliation

Place of Worship or Church _____
Address _____
Telephone Number _____
Clergy Person _____
Miscellaneous Information _____

Funeral Instruction

Arranged By _____
Funeral Home _____
Telephone Number _____
Miscellaneous Information _____

Donor Arrangements

Donor Name _____
Donor Bank _____
Telephone Number _____
Miscellaneous Information _____

Autopsy Arrangements

Location of Autopsy Papers _____
Organization _____
Telephone Number _____
Miscellaneous Information _____

Cemetery Plot

Owner _____

Plot Intended for _____
Cemetery _____
Telephone Number _____
Plot Location _____
Location of Plot Deed _____
Miscellaneous Information _____

Social Security Information

Name of Beneficiary _____
Social Security Number _____
Location of Social Security Card _____
Miscellaneous Information _____

Military Discharge Papers

Veteran Name _____
Branch of Military _____
Date of Service _____
Service Number _____
Discharge Papers Location _____
Miscellaneous Information _____

Income Tax Filings

Name of Taxpayer _____
Tax Identification or SS Number _____
Tax Advisor _____
Telephone Number _____
Location of Tax Documents _____
Miscellaneous Information _____

Passport

Name on Passport _____
Passport Number _____
Location of Passport _____
Miscellaneous Information _____

Driver's License

Name on License _____
License Number _____
State License Issued _____
License Renewal Date _____
Miscellaneous Information _____

Birth Certificate

Name at Birth _____
Date of Birth _____
Place of Birth _____
Location of Birth Certificate _____
Miscellaneous Information _____

Adoption Papers

Adoption Name _____
Adopted By _____
State of Adoption _____
Adoption Agency _____
Telephone Number _____
Miscellaneous Information _____

Naturalization Papers

Citizen Name _____
Place of Naturalization _____
Location of Paperwork _____
Miscellaneous Information _____

Marriage License

Name on License _____
Marriage Date _____
State Issued _____
Location of License _____
Miscellaneous Information _____

Divorce Decree

Names on Decree _____
Divorce Date _____
State Divorce Granted _____
Location of Decree _____
Miscellaneous Information _____

Credit Cards

Account Name _____
Account Number _____
Name on Account _____
Location of Card _____
Miscellaneous Information _____

Account Name _____

Account Number _____
Name on Account _____
Location of Card _____
Miscellaneous Information _____

Account Name _____
Account Number _____
Name on Account _____
Location of Card _____
Miscellaneous Information _____

Medicare/Medicaid

Name of Holder _____
Medicare/Medicaid Number _____
Effective Date _____
Location of Card _____
Miscellaneous Information _____

Health Insurance Policy

Insurance Name _____
Contract Number _____
Group Number _____
Insurance Company _____
Telephone Number _____
Effective Date _____
Miscellaneous Information _____

Long-Term Care Insurance Policy

Name on Policy _____

Policy Number _____
Insurance Company _____
Insurance Agent _____
Telephone Number _____
Location of Policy _____
Miscellaneous Information _____

Life Insurance Policy

Name on Policy _____
Policy Number _____
Insurance Company _____
Insurance Agent _____
Telephone Number _____
Location of Policy _____
Miscellaneous Information _____

Disability Insurance Policy

Name on Policy _____
Policy Number _____
Insurance Company _____
Telephone Number _____
Location of Policy _____
Miscellaneous Information _____

Home Owner's Insurance Policy

Name on Policy _____
Policy Number _____
Insurance Company _____
Insurance Agent _____

Telephone Number _____
Location of Policy _____
Miscellaneous Information _____

Auto/Vehicle Insurance Policy

Policy Holder Name _____
Vehicle Insured _____
Registration Number _____
Insurance Company _____
Telephone Number _____
Location of Title _____
Miscellaneous Information _____

Policy Holder Name _____
Vehicle Insured _____
Registration Number _____
Insurance Company _____
Telephone Number _____
Location of Title _____
Miscellaneous Information _____

Vehicle Ownership

Vehicle _____
Make and Model _____
VIN Number _____
Where was it Purchased _____
Telephone Number _____
Name on Title _____
Location of Title _____
Miscellaneous Information _____

Vehicle _____
Make and Model _____
VIN Number _____
Where was it Purchased _____
Telephone Number _____
Name on Title _____
Location of Title _____
Miscellaneous Information _____

Real Estate Ownership

Property Address _____
Owner _____
Telephone Number _____
Co-Owner _____
Telephone Number _____
Bank or Mortgage Company _____
Telephone Number _____
Location of Document _____
Miscellaneous Information _____

Property Address _____
Owner _____
Telephone Number _____
Co-Owner _____
Telephone Number _____
Bank or Mortgage Company _____
Telephone Number _____
Location of Document _____
Miscellaneous Information _____

School Records

Student Name _____
School Attended _____
School Location _____
Telephone Number _____
Dates Attended _____
Graduation Date _____
Location of Diploma _____
Miscellaneous Information _____

Student Name _____
School Attended _____
School Location _____
Telephone Number _____
Dates Attended _____
Graduation Date _____
Location of Diploma _____
Miscellaneous Information _____

Student Name _____
School Attended _____
School Location _____
Telephone Number _____
Dates Attended _____
Graduation Date _____
Location of Diploma _____
Miscellaneous Information _____

Employment History

Employee Name _____
Dates of Employment _____
Company Name _____
Supervisor _____
Address _____
Telephone Number _____
Miscellaneous Information _____

Employee Name _____
Dates of Employment _____
Company Name _____
Supervisor _____
Address _____
Telephone Number _____
Miscellaneous Information _____

Employee Name _____
Dates of Employment _____
Company Name _____
Supervisor _____
Address _____
Telephone Number _____
Miscellaneous Information _____

Employee Name _____
Dates of Employment _____
Company Name _____
Supervisor _____
Address _____
Telephone Number _____

Miscellaneous Information _____

Pet History

Name of Pet _____

Breed of Pet _____

Date of Birth _____

Sex of Pet _____

Veterinary _____

Telephone Number _____

Miscellaneous Information _____

Name of Pet _____

Breed of Pet _____

Date of Birth _____

Sex of Pet _____

Veterinary _____

Telephone Number _____

Miscellaneous Information _____

Name of Pet _____

Breed of Pet _____

Date of Birth _____

Sex of Pet _____

Veterinary _____

Telephone Number _____

Miscellaneous Information _____

Miscellaneous

