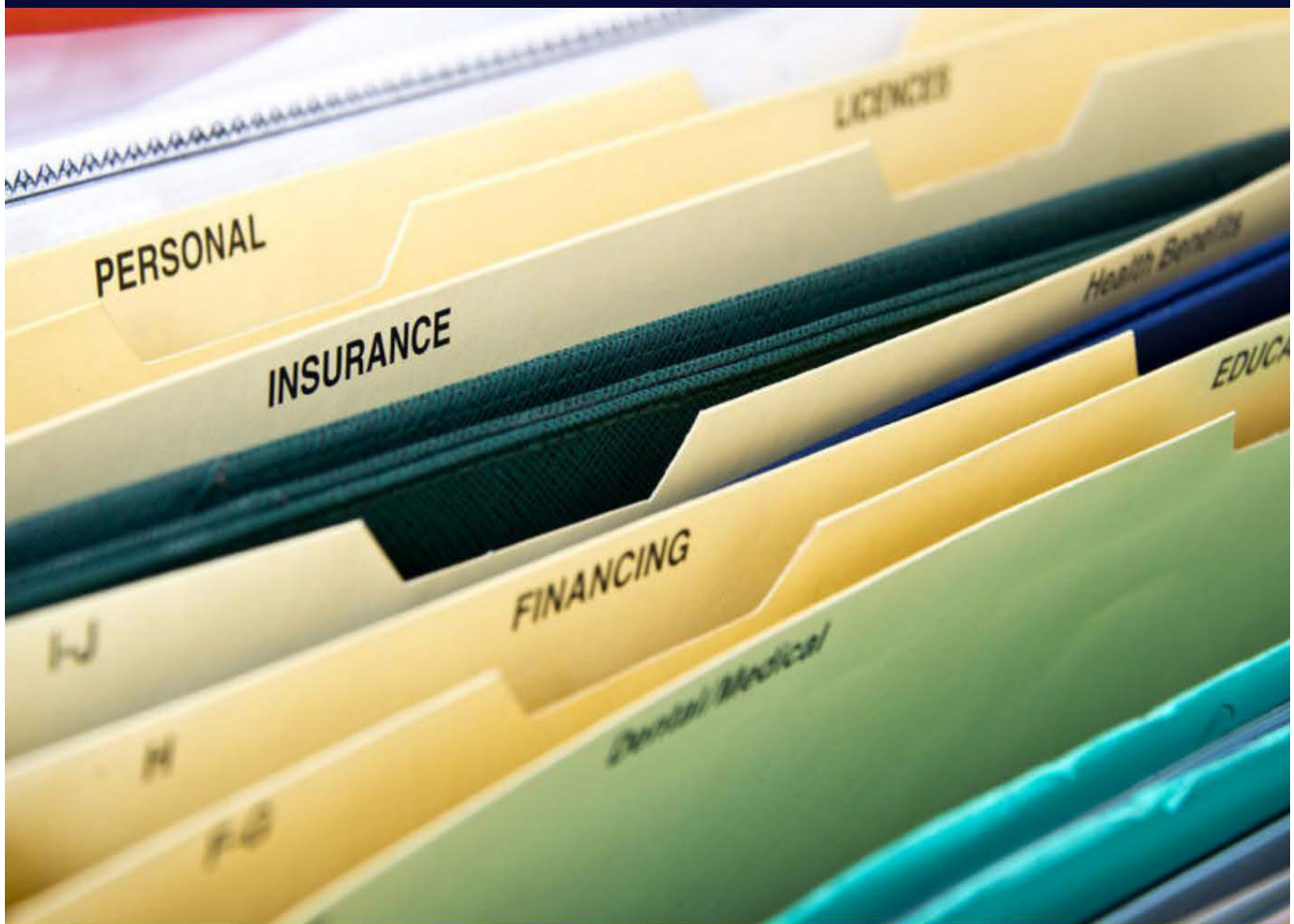


The Caregiving
**Organizational
Planner**



**TO ORGANIZE AND MAINTAIN
IMPORTANT INFORMATION FOR YOUR
LOVED ONES AND THEIR CAREGIVING
NEEDS FOR PEACE OF MIND**

Tena L. Scallan

The Caregiving Organizational Planner

The Ultimate Caregiving Expert's Guide to Organizing Your Loved
One's Life

Disclaimer

This book is a compilation of general information obtained from sources believed to be reliable. I cannot guarantee the validity of the information or the results obtained from using said information.

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

I assume no liability for the information provided in this guide. Use of this guide releases me from any loss or other liability incurred by user.

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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_____

InsuranceAgent_____

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_____

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 _____

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? Yes No

Is a Power of Attorney in Place? Yes No

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? Yes No

Is a Power of Attorney in Place? Yes No

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? Yes No

Is a Power of Attorney in Place? Yes No

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? Yes No

Is a Power of Attorney in Place? Yes No

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? Yes No

Is a Power of Attorney in Place? Yes No

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? Yes No

Is a Power of Attorney in Place? Yes No

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? Yes No

Is a Power of Attorney in Place? Yes No

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 _____

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_____

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 _____

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 _____

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 _____
