

# Personal Care Team Member Information Form

Full Name:

Daytime Phone:

Evening Phone:

Cell Phone:

Email Address:

Mailing Address:

I can help provide care (please fill in all that apply):

Sundays from \_\_\_\_\_ to \_\_\_\_\_

Mondays from \_\_\_\_\_ to \_\_\_\_\_

Tuesdays from \_\_\_\_\_ to \_\_\_\_\_

Wednesdays from \_\_\_\_\_ to \_\_\_\_\_

Thursdays from \_\_\_\_\_ to \_\_\_\_\_

Fridays from \_\_\_\_\_ to \_\_\_\_\_

Saturdays from \_\_\_\_\_ to \_\_\_\_\_

I can help in the following areas (please fill in all that apply):

In-Home Supervision /  
Companionship

Meal Planning

Grocery Shopping

Meal Preparation

Dishwashing /  
Kitchen Cleanup

Bathing

Other Personal Hygiene  
(care of skin, mouth,  
hair, nails, etc.)

Scheduling Medical  
Appointments

Managing Medications

Coordinating  
In-Home Care

Hands-On Medical  
Treatments / Exercise

Medical Recordkeeping

**Transportation for:**

Medical Appointments

Support Groups  
and Counseling

Shopping and Errands

**Rest and Relaxation /  
Recreation Activities for:**

The Person Who Is Ill

The Primary Caregiver

Family Member / Visitors

Child Care

Elder Care

Pet Care

Laundry

House Cleaning /  
Trash Removal, etc.

Home Maintenance  
and Repairs

Yard Care and Gardening

Banking

Paying Bills and  
Financial Recordkeeping

Managing  
Insurance Claims

Handling  
Legal Matters

Securing Government and  
Community Services

Care Team Meetings /  
Dinners