|  |
| --- |
| 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 check all that apply):

|  |  |  |
| --- | --- | --- |
| * In-home companionship
 | * Hands-on medical treatments / exercise
 | * Laundry
 |
| * Meal planning
 | * Medical recordkeeping
 | * House cleaning
 |
| * Grocery shopping
 | **Transportation for:** | * Home maintenance
 |
| * Meal preparation
 | * Medical appointments
 | * Yard care and gardening
 |
| * Kitchen clean up
 | * Support groups / counseling
 | * Banking
 |
| * Bathing
 | * Shopping and errands
 | * Bills and financial matters
 |
| * Personal hygiene (care of skin, mouth, hair, nails, etc.
 | **Rest and Relaxation / Recreation activities for:** | * Managing insurance claims
 |
| * Scheduling medical visits
 | * The person who is ill
 | * Handling legal matters
 |
| * Managing medications
 | * The primary caregiver
 | * Community services
 |
| * Coordinating in-home care
 | * Family members / visitors
 | * Care team meetings
 |
|  | * Childcare
 |  |
|  | * Elder care
 |  |
|  | * Pet care
 |  |

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