|  |  |  |
| --- | --- | --- |
| 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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