

In-Home Care Preparation Worksheet

(Prior to Calling In-Home Care Agencies)

**Type of In-Home Care that is Needed if Someone Needs Help with:
(check all that apply)**

- light housekeeping
- laundry and changing linens
- running errands
- medication reminders
- incidental transportation
- home organization assistance
- shopping (groceries, clothes, gifts)
- gift wrapping
- meal preparation and cleanup
- monitoring bathing safety
- supervise dressing and grooming
- companionship

Companion Care is Needed

- bathing
- dressing
- transferring (assistance moving from one place to another, such as getting out a chair or bed)
- incontinence care
- assistance with eating
- Mobility assistance is required

Personal (PCA) Care is Needed

- tracheotomy care
- wound care
- catheterization
- treatment(s) that require subcutaneous (or under the skin) treatment or injections.

An RN or LPN is also Needed

Other Care or Tasks that I want to ask agency whether they provide:

Days and Hours I think I need help each week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL

I need an agency that accepts Medicare Yes No

I have a long term care policy Yes No

I may qualify to Time and Attendance Benefits because of Military Service Yes No

https://www.payingforseniorcare.com/longtermcare/resources/veterans_pension.html

Call Insurance Company to find out if I need a rider on automobile I want caregiver to drive and what it would cost _____

Miscellaneous Notes:
