**Caregiver Checklist**

Blank lines are included below to add your own areas of concern.

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| **Areas of Care Needs** | **Current area of concern** | **Future area of concern** |
| Help with chores around the house such as housework, laundry, and yardwork. |  |  |
| Maintenance on their home. |  |  |
| Help with grocery shopping. |  |  |
| Help with transportation. |  |  |
| Help with bill paying, banking, or other money matters. |  |  |
| Help with personal care such as bathing or dressing. |  |  |
| Making physician appointments and visits. |  |  |
| Obtaining and administering medications. |  |  |
| Meal preparation or delivery. |  |  |
| Having a balanced, nutritious diet. |  |  |
| Conducting a home safety inspection. |  |  |
| Encouraging socializing outside of the home. |  |  |
| Having someone stop by for wellness checks. |  |  |
| Modifying the home to improve safety. |  |  |
| Providing emotional support or just someone to talk to. |  |  |
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