

Caring for Caregivers Alliance

RESTORING THOSE WHO GIVE

FREE PRINTABLE · MEMBER RESOURCE

The Caregiver Toolkit

Printable worksheets for the parts of caregiving nobody hands you a form for: doctor visits, family meetings, the budget, the paperwork, and your own well-being.

- Doctor-visit planner
- Questions to ask
- Medication list
- Appointment & symptom log
- Emergency information sheet
- Important numbers
- Family meeting agenda
- Who-does-what chart
- Monthly care budget
- Benefits & paperwork checklist
- My respite plan

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Pittsburgh, PA

How to use this toolkit

You don't need to fill in every page today. Print the ones you need, keep them in one folder or binder, and bring the folder to every appointment. Pencil works best, because things change.

Three pages to fill in first

- ☐ **Medication List** (page 5). It's the single most useful sheet at any appointment, pharmacy or ER visit.
- ☐ **Emergency Information Sheet** (page 11). Put a copy on the fridge and give one to your backup person.
- ☐ **My Respite Plan** (page 12). You matter too. Plan your own breaks before you need them.

What's inside

3 Doctor-Visit Planner before, during, after

4 Questions to Ask by situation

5 Medication List bring to every visit

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Built around our four pillars

Mind

Rest, stress relief and emotional support so you don't burn out. *See: My Respite Plan, Important Numbers.*

Financial

Benefits, costs and planning for the road ahead. *See: Monthly Care Budget, Benefits & Paperwork.*

Growth

Skills that make caregiving less overwhelming. *See: Doctor-Visit Planner, Questions to Ask, Medication List.*

Belonging

People who get it, so you never carry this alone. *See: Family Meeting Agenda, Who Does What.*

Pair it with our free online tools

Everything here also works alongside the tools on our website: the **Caregiver Command Center** (contacts, medications, appointments and a care log), the **90-Day Checklist**, the **Emergency Care Plan**, **Self-Assessment Tools**, the **Benefits Navigator** and the **Grant Finder**. Find them all at caringforcaregiversalliance.org.

This toolkit helps you organize information. It is not medical, legal or financial advice. Always follow the guidance of your loved one's care team, and talk to a qualified professional about legal and financial decisions.

Doctor-Visit Planner

Patient _____ Date & time _____

Doctor / clinic _____ Reason for visit _____

BEFORE Changes since the last visit

Area	What I've noticed (when it started, how often, what helps)
Symptoms or pain	
Sleep, appetite, weight	
Mood, memory, behavior	
Falls, balance, mobility	
Medication problems or side effects	

BEFORE My top three questions

- 1 _____
- 2 _____
- 3 _____

- ☐ Medication List (page 5), including vitamins
- ☐ Insurance cards and photo ID
- ☐ Health care power of attorney or HIPAA form

- ☐ Appointment & Symptom Log (page 6)
- ☐ Glasses, hearing aids, snack, phone charger
- ☐ Someone to take notes, if possible

DURING Get clear answers

Ask	Answer
What is the main problem or diagnosis?	
What do we need to do, and why does it matter?	
What warning signs mean we should call you, or go to the ER?	
Who do we call after hours or with questions?	

AFTER What changed

Item	Details
Medication changes	
Tests or referrals ordered	
Next appointment	
My to-do list	

Tip: Before you leave, read your notes back to the doctor or nurse. It catches mistakes and makes sure nothing was missed.

Questions to Ask

Circle the questions you want to ask, or copy them onto your Doctor-Visit Planner. It's always okay to say, "Can you explain that in a different way?"

A new diagnosis

- What does this diagnosis mean day to day?
- What usually happens next, and over what timeline?
- What are the treatment options, and what happens if we wait?
- Is there written information or a class you recommend?
- Should we see a specialist?

Medications

- What is this medication for, and how will we know it's working?
- When and how should it be taken? With food?
- What side effects should we watch for?
- Does it interact with anything else on the list?
- Is there a lower-cost or generic option?

Tests and procedures

- Why is this test needed, and what will it change?
- How do we prepare, and how long does it take?
- When and how will we get the results?
- Will insurance cover it? Is prior approval needed?

Leaving the hospital

- Can you walk me through the discharge summary?
- Which medications are new, changed or stopped?
- What help will be needed at home, and who arranges it?
- When is the follow-up appointment, and with whom?
- What signs mean we should come back?

Care at home

- Is my loved one safe at home right now? What would make it safer?
- Do they qualify for home health, therapy or equipment?
- Can you write an order for that equipment?
- Can a social worker help us find support?

Planning ahead

- What should we plan for in the next year?
- Is this a good time to talk about goals of care or an advance directive?
- Would palliative care help with comfort and symptoms?
- Are you willing to talk with my family together?

For you, the caregiver

Caregivers often skip their own care. Ask your own doctor: *"I'm caring for a family member. What should I be watching for in my own health?"* Keep your own appointments on the calendar too.

Medication List

Name _____ Date of birth _____ Last updated _____

Allergies & reactions _____

Pharmacy & phone _____

Medication & strength	Dose & when	What it's for	Prescribed by	Started	Notes

Stopped medications

Medication	Date stopped	Why (side effect, no longer needed, replaced)

Include prescriptions, over-the-counter medicines, vitamins, supplements, inhalers, eye drops and creams. Ask the pharmacist to check the full list for interactions at least once a year. Never stop or change a medication without asking the prescriber.

Appointment & Symptom Log

Upcoming appointments

Date & time	Doctor / place	Purpose	Ride arranged?	Bring / prepare

Daily symptom & care log

Date	What happened	Severity (1-10)	What we did	Did it help? Who did we tell?

Worth writing down: falls, confusion, changes in eating or sleeping, new pain, missed doses, unusual behavior, and calls with doctors, insurers or agencies (who you spoke to and what they said).

Family Meeting Agenda

Date & time _____ Where / video link _____

Who's coming _____

Facilitator _____ Note-taker _____

Ground rules: One person talks at a time. Focus on what our loved one needs, not who's done more. Everyone can offer something, even from far away. It's okay to take a break. Decide what's urgent today and park the rest.

5 min **1. Check-in.** How is everyone doing, really?

10 min **2. Health update.** Diagnoses, recent changes, what the doctors said.

10 min **3. What's working and what's hard.** Include what our loved one wants.

15 min **4. Care tasks and schedule.** Use the Who Does What chart (page 8).

10 min **5. Money and paperwork.** Budget, bills, benefits, powers of attorney (pages 9–10).

5 min **6. The primary caregiver's needs.** Breaks, backup, respite days. Who covers when they need a day off?

5 min **7. Decisions and next steps.** Fill in the table below before anyone leaves.

Decisions and next steps

Decision or task	Who	By when

Parked for next time _____ Next meeting _____

Who Does What

Fill this in together at your family meeting. Family who live far away can still take on calls, bills, research, online ordering or a weekly check-in call.

Task	How often	Main person	Backup	Notes
Medications & refills				
Appointments & rides				
Groceries & meals				
Bathing, dressing, personal care				
Housework & laundry				
Bills & banking				
Insurance & benefits calls				
Yard, snow, home repairs				
Pets				
Visits & company				
Overnight or weekend coverage				
Respite for the main caregiver				

Weekly coverage

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Overnight							

Monthly Care Budget

Month _____ Prepared by _____

Money available for care

Source	Expected	Received
Social Security, SSI or SSDI		
Pension, retirement or VA benefits		
Savings or other income		
Family contributions		
Reimbursements or program payments		
Total available		

Care costs

Category	Budgeted	Actual	Covered by insurance or a program?
In-home care or aide hours			
Adult day program or respite			
Medications and copays			
Medical supplies			
Equipment and home safety changes			
Insurance premiums			
Transportation and parking			
Groceries, meals, nutrition			
Utilities and household			
Personal care and clothing			
Other			
Total costs			

Available minus costs _____ My own costs this month (lost hours, gas, meals) _____

Look into help with costs:

- ☐ PA Caregiver Support Program (through SeniorLine)
- ☐ Community HealthChoices (Medicaid home care)
- ☐ Medicare Savings Programs
- ☐ LIHEAP heating assistance
- ☐ VA caregiver programs
- ☐ Grants (see our online Grant Finder)

Keep receipts in one envelope. Some care costs may be tax-deductible or reimbursable. Ask a tax professional what applies to you.

Benefits & Paperwork

Check off each item and write where it's kept. Legal documents are easiest to sign while your loved one can still make their own decisions, so start early.

Legal documents

	Document	Who is named	Where it's kept
☐	Health care power of attorney		
☐	Living will / advance directive		
☐	Durable financial power of attorney		
☐	HIPAA release for each doctor		
☐	POLST or DNR order, if any		
☐	Will or trust		

Cards and records

- | | |
|---|--|
| ☐ Photo ID and Social Security card | ☐ List of doctors and diagnoses |
| ☐ Medicare card (and Part D plan card) | ☐ Recent hospital discharge papers |
| ☐ Medicaid or supplemental insurance cards | ☐ Bank, pension and bill account list |
| ☐ VA ID and discharge papers (DD-214) | ☐ Log of calls: who, when, what was decided |

Benefits to screen for

	Program	Applied on	Status / contact
☐	PA Caregiver Support Program		
☐	Community HealthChoices (Medicaid at home)		
☐	LIFE program (PA's PACE)		
☐	Medicare Savings Programs		
☐	SSI or SSDI		
☐	VA caregiver and pension benefits		
☐	LIHEAP heating help		
☐			

Not sure where to start? Call Allegheny County SeniorLine at **412-350-5460** (outside the county, PA Link at **1-800-753-8827**). Ask about the PA Caregiver Support Program and free PA MEDI Medicare counseling. For your own job, ask HR about FMLA leave before you need it.

Emergency Information

Full name _____ Date of birth _____

Address _____

Primary language _____ Blood type (if known) _____

Health

Diagnoses _____

Allergies _____

Medication list is kept _____

Preferred hospital _____

Insurance & member ID _____

Important people

Role	Name	Phone
Primary caregiver		
Backup caregiver		
Health care agent (POA)		
Primary care doctor		
Specialist		
Pharmacy		
Home care agency		

Good to know

Advance directive / POLST kept _____

Mobility, hearing, vision, memory needs _____

What calms them / daily routine _____

Pets, spare key, other _____

For a fuller version, use the free Emergency Care Plan on our website. In an emergency, always call **911** first.

My Respite Plan

Burnout creeps up slowly. Fill this in on a good day, so it's ready on a hard one. Check in with yourself using our free Self-Assessment Tools online.

Signs I'm running low

What refills me

If I have...	I can...
5 minutes	
1 hour	
Half a day	
A whole day	

My four pillars this month

Mind

One thing I'll do for my own rest or health:

Financial

One money or paperwork task I'll finish:

Growth

One thing I want to learn or ask about:

Belonging

One person I'll reach out to:

My backup plan

If I get sick, who steps in?

People I can call just to talk

My own next doctor appointment

Respite options to look into

- ☐ Caring for Caregivers Alliance Respite Days
- ☐ PA Caregiver Support Program (SeniorLine)
- ☐ Adult day program
- ☐ In-home respite from an agency
- ☐ A family or friend "swap day"
- ☐ Short-term stay at a care community

If you're feeling overwhelmed or hopeless, you don't have to wait for a hard day to get worse. Call or text **988**, any time, or call **resolve Crisis Services** in Allegheny County at **1-888-796-8226**.

Important Numbers

In a crisis

911Medical emergency or
danger**988**Suicide & Crisis Lifeline,
call or text, 24/7**1-888-796-8226**resolve Crisis Services,
Allegheny County, 24/7**2-1-1**PA 211: local help with
food, housing, bills**1-800-222-1222**

Poison Control, 24/7

Pittsburgh & Pennsylvania

Allegheny County SeniorLine **412-350-5460**
Area Agency on Aging: in-home help,
respite, caregiver support

SeniorLine toll-free **1-800-344-4319**

PA Link to Aging & Disability **1-800-753-8827**

Resources
Statewide front door to services

Community HealthChoices Helpline **1-844-824-3655**
Medicaid long-term care at home

Independent Enrollment Broker **1-877-550-4227**
Home assessments; CHC and LIFE
enrollment

NAMI Keystone PA **412-366-3788**
Family support for mental illness

National

Eldercare Locator **1-800-677-1116**
Find your local Area Agency on Aging

Alzheimer's Association 24/7 **1-800-272-3900**
Helpline

VA Caregiver Support Line **1-855-260-3274**

SAMHSA National Helpline **1-800-662-4357**
Mental health and substance use, 24/7

Medicare **1-800-633-4227**

Social Security **1-800-772-1213**

My numbers

Who	Phone	Notes

Caring for Caregivers Alliance

Free tools, community and support for caregivers in the Pittsburgh area and
beyond.

412-326-5030

contact@caringforcaregiversalliance.org
caringforcaregiversalliance.org

Numbers checked October 2026. Programs and phone numbers can change; if a number doesn't work, call SeniorLine or dial 2-1-1 for help.