

Caregiving Hardship Checklist

This form is designed to help caregivers identify the specific, often overlooked challenges they face while providing care for a disabled loved one. Please check any that apply and add details if needed. This helps Medicaid understand the level of need and why YOU may be the best person to provide care.

- ☐ Child/person only responds to me or one specific family member
- ☐ Extreme sensitivity or distress when dressed or touched by others
- ☐ Must be monitored constantly to avoid wandering, injury, or self-harm
- ☐ Incontinence or bowel accidents while in public or in transit
- ☐ Requires assistance using the toilet or changing adult diapers
- ☐ Non-verbal or very limited communication
- ☐ Aggressive or self-injurious behavior when handled incorrectly
- ☐ Needs assistance eating, using utensils, or drinking safely
- ☐ Needs bathing or help with hygiene but becomes afraid or uncooperative
- ☐ Wakes throughout the night and must be supervised during sleep hours
- ☐ Can't explain symptoms clearly to others (pain, hunger, emotions)
- ☐ Becomes emotionally distressed when a routine is changed
- ☐ Medical devices or feeding tubes require constant monitoring
- ☐ Cannot dress themselves and becomes agitated if rushed or touched wrong
- ☐ Refuses to wear safety gear (e.g., seatbelt, helmet) and has meltdowns
- ☐ Has dangerous reactions during transportation (e.g., removes seatbelt, hits driver)
- ☐ Needs constant support at school or public events to prevent crisis
- ☐ Caregiver must advocate for child at all medical and public appointments
- ☐ History of abuse, trauma, or neglect by other caregivers or staff
- ☐ Cultural/language/behavioral reasons others may not understand their needs

Other Notes or Specific Examples:

Why I Believe I Am the Best Person to Provide Care:
