

Caregiving for Your Parents

A Step-by-Step Guide for the
Overwhelmed and Unprepared

Ilene Angel

Copyright © 2026 by Ilene Angel

New York, N.Y.

All rights reserved.

No portion of this book may be reproduced in any form without written permission from the publisher or author, except as permitted by U.S. copyright law.

The intent of the author is only to offer information of a general nature to help you in your role as caregiver. The author of this book does not dispense medical, legal, or financial advice. The author solely expresses opinion. The content is not a substitute for professional consultation. The author does not prescribe the use of any technique as a form of treatment for physical, emotional, or medical problems without the advice of a physician. The author does not prescribe any financial decisions without the legal advice of an elder care attorney and/or accountant. In the event you use any of the information in this book for yourself and those you care give for, the author and the publisher assume no responsibility for your actions.

Print ISBN: 978-1-105-67195-1
Imprint: Lulu.com

Ebook ISBN: 978-1-105-67191-3
Imprint: Lulu.com

Library of Congress Control Number: 2026903988

This Download...

This download is the second section of *Caregiving for Your Parents - A Step-by-Step Guide for the Overwhelmed and Unprepared*, which contains checklists and planner pages for you to fill out so that you can easily reference what you need in one place and have it with you.

Wishing you all the best in your caregiving journey...

EMERGENCY INFORMATION

Patient's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Birthdate: _____

Social Security Number: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Health Insurance Information

If it's Medicare:

Name of Primary Insurance: Medicare

Member Beneficiary Identifier (MBI): This is a combination of numbers and letters that are NOT the Social Security number: _____

Coverage Type (Part A, Part B, etc.) _____

Effective Dates: _____

*There are separate cards for things like HMOs and Medicare Part D for drugs.

If it's Medicaid:

Name of Insurance (This can be a managed care program, like Fidelis Care): _____

DOB (Date of Birth): _____

Member ID #: _____

Card Number: _____

*Medicaid varies state by state, so each card can look different and have different information on it.

Secondary or Supplemental Health Insurance

Name of Secondary Insurance Company (Example:
AARP/United Healthcare): _____

Policy Holder's Name: _____

Policy Number: _____

Specified Plan Type (Type A, F, G, N): _____

List of Medications

Name of Pharmacy: _____

Address of Pharmacy: _____

Pharmacy Phone Number: _____

Medicine: _____

Dosage: _____

Instructions: _____

(Example: Take two pills in the evening with food)

Medicine: _____

Dosage: _____

Instructions: _____

Medicine: _____

Dosage: _____

Instructions: _____

Medicine: _____

Dosage: _____

Instructions: _____

Medicine: _____

Dosage: _____

Instructions: _____

Medicine: _____

Dosage: _____

Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

Medicine: _____
Dosage: _____
Instructions: _____

List of Doctors

PRIMARY CARE

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

SPECIALISTS

*Include everyone, like dentist, eye doctor, podiatrist, cardiologist, urologist, etc.

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Specialty: _____

Name of Doctor: _____

Address: _____

Phone Number: _____

Names of any staff: _____

Letter to Each Doctor

Date of Letter

Doctor's Name

Doctor's Address

To Whom It May Concern:

I, (fill in patient's name), give my permission for Dr. (fill in the doctor's name) and his (or her) staff to talk to my daughter/son/children, (fill in the. names and relationships), about any and all issues regarding my health and/or health care.

Signed,

Patient's signature

Medical Alert Device

Name of Company: _____

Device Type/Model: _____

Cost: _____

Due Date: _____

Contract Info: _____

Personal Info You'll Need to Handle Affairs

Cell Phone Passcode: _____

Computer Password: _____

Tablet Password: _____

House key or where to find it: _____

Alarm Code, if there is one: _____

Garage Door Code, if there is one: _____

Gated Entry Code, if there is one: _____

Or Entry Card, if there is one: _____

Key to Mailbox, if there is one: _____

Monthly Income

Do they receive a pension? _____ yes _____ no

If so, is it direct deposited? _____ yes _____ no

Into what bank? _____

Which account number? _____

*If they get a check in the mail, you will need to deposit it.

Do they receive Social Security? _____ yes _____ no

If so, is it direct deposited? _____ yes _____ no

Into what bank? _____

Which account number? _____

*If they get a check in the mail, you will need to deposit it.

Do they receive any other types of payments, such as military or government benefits? _____ yes _____ no

If so, is it direct deposited? _____ yes _____ no

Into what bank? _____

Which account number? _____

*If they get checks in the mail, you will need to deposit them.

Bill Paying

*If online bill paying is set up to do manually, you will need Websites, Usernames, and Passwords for each type of payment listed below.

Mortgage Payment Information

Website: _____

Username: _____

Password: _____

Mortgage Company: _____

Mortgage Payment Amount: _____

Mortgage Payment Due Date: _____

Common Charges or Maintenance

Website: _____

Username: _____

Password: _____

Company: _____

Amount: _____

Due Date: _____

Rent Payment Information

Website: _____

Username: _____

Password: _____

Rental Mgmt. Company: _____

Rent Amount: _____

Due Date: _____

Where to send or drop off rent, if necessary:

Car Payments

Website: _____

Username: _____

Password: _____

Finance Company: _____

Payment Amount: _____

Due Date: _____

Parking Lot/Spot Payments

Website: _____

Username: _____

Password: _____

Parking Company: _____

Parking Spot #: _____

Payment Amount: _____

Due Date: _____

Home Insurance

Website: _____

Username: _____

Password: _____

Insurance Company: _____

Payment Amount: _____

Due Date: _____

Car Insurance

Website: _____

Username: _____

Password: _____

Insurance Company: _____

Payment Amount: _____

Due Date: _____

Health Insurance

Website: _____

Username: _____

Password: _____

Insurance Company: _____

Payment Amount: _____

Due Date: _____

Secondary Health Insurance

Website: _____

Username: _____

Password: _____

Insurance Company: _____

Payment Amount: _____

Due Date: _____

Long-Term Care Insurance

Website: _____

Username: _____

Password: _____

Insurance Company: _____

Payment Amount: _____

Due Date: _____

Loan Payments

Any separate loan that is not already part of something else you are paying.

Type of Loan: _____

Loan Institution: _____

Recurring Payment Amount: _____

Due Date: _____

Utilities

Gas

Website: _____

Username: _____

Password: _____

Gas Company: _____

Amount Billed: _____

Due Date: _____

Electric

Website: _____

Username: _____

Password: _____

Electric Company: _____

Amount Billed: _____

Due Date: _____

Sanitation

Website: _____

Username: _____

Password: _____

Sanitation Company: _____

Amount Billed: _____

Due Date: _____

Water

Website: _____

Username: _____

Password: _____

Water Company: _____

Amount Billed: _____

Due Date: _____

Oil

Website: _____

Username: _____

Password: _____

Oil Company: _____

Amount Billed: _____

Due Date: _____

*You should find out if there is any kind of service contract in place if anything goes wrong. For instance, I have a service contract with my oil company.

Cell Phone

Website: _____

Username: _____

Password: _____

Cell Phone Carrier: _____

Amount Billed: _____

Due Date: _____

Home Phone (if applicable)

Website: _____

Username: _____

Password: _____

Home Phone Carrier: _____

Amount Billed: _____

Due Date: _____

Internet

Website: _____

Username: _____

Password: _____

Provider: _____

Amount Billed: _____

Due Date: _____

Cable TV and/or Streaming

Website: _____

Username: _____

Password: _____

Provider: _____

Amount Billed: _____

Due Date: _____

Storage Units (if applicable)

Website: _____

Username: _____

Password: _____

Storage Facility: _____

Location: _____

Monthly Amount: _____

Due Date: _____

Credit Cards

Website: _____

Username: _____

Password: _____

Card Type (Visa, store card, etc.): _____

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Website: _____

Username: _____

Password: _____

Card Type (Visa, store card, etc.): _____

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Website: _____

Username: _____

Password: _____

Card Type (Visa, store card, etc.): _____

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Website: _____

Username: _____

Password: _____

Card Type (Visa, store card, etc.): _____

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Website: _____

Username: _____

Password: _____

Card Type (Visa, store card, etc.): _____

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

MISCELANEOUS

If there is any other type of bill or payment due, fill it out here.

Website: _____

Username: _____

Password: _____

Name of Company: _____

Type of Service: _____

Amount: _____

Due Date: _____

Website: _____

Username: _____

Password: _____

Name of Company: _____

Type of Service: _____

Amount: _____

Due Date: _____

Website: _____

Username: _____

Password: _____

Name of Company: _____

Type of Service: _____

Amount: _____

Due Date: _____

Home Health Aides

Agency Name: _____

Agency Contact Person: _____

Agency Phone #: _____

Price per hour: _____

Price for live-in, if applicable: _____

Name of Aide 1: _____

Name of Aide 2: _____

Name of Aide 3: _____

Name of Aide 4: _____

Name of Aide 5: _____

Name of Aide 6: _____

Name of Aide 7: _____

Where is the Money?

BANKS

Bank #1 Name: _____

Bank Location: _____

Online Banking Username: _____

Online Banking Password: _____

Routing Number: _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank #2 Name: _____

Bank Location: _____

Online Banking Username: _____

Online Banking Password: _____

Routing Number: _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank #3 Name: _____

Bank Location: _____

Online Banking Username: _____

Online Banking Password: _____

Routing Number: _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Bank Account Number: _____

Account Type (checking, etc.): _____

Whether you need it now or later, you will need to know about any money there is, where and in what form it is, and how to access it.

LIFE INSURANCE

Are there life insurance policies? ____ yes ____ no

If yes, how many? _____

Where are the policy papers? _____

Insurance Company 1: _____

Beneficiary: _____

Insurance Company 2: _____

Beneficiary: _____

Insurance Company 3: _____

Beneficiary: _____

401K

Is there a 401K? _____ yes _____ no

If yes, how many? _____

With what companies? _____

Beneficiaries: _____

Where is the paperwork? _____

IRAs

Are there any IRAs? _____ yes _____ no

How many? _____

Roth IRAs? _____ yes _____ no

How many? _____

Beneficiaries: _____

Where were they opened? (bank, broker)

Where is the paperwork? _____

SAVINGS BONDS

Are there any savings bonds? _____ yes _____ no

If so, how many? _____

Was a beneficiary registered to inherit them upon death when they were purchased? _____ yes _____ no

Beneficiaries: _____

Where are the physical bonds and any paperwork?

ANNUITIES

Are there any annuities? _____ yes _____ no

If so, with what company? _____

Contact phone #: _____

Beneficiaries: _____

Where is the paperwork? _____

MUTUAL FUNDS

Are there any Mutual Funds? _____ yes _____ no

Brokerage Firm: _____

Broker: _____

Broker Contact #: _____

Beneficiaries: _____

Where is the paperwork? _____

STOCKS

Are there any stocks? _____ yes _____ no

Brokerage Firm: _____

Broker: _____

Broker Contact #: _____

Were beneficiaries assigned either on the stocks themselves or in a will or trust? _____ yes _____ no

If so, beneficiaries: _____

Where is the paperwork? _____

CERTIFICATES OF DEPOSIT

Are there Certificates of Deposit? _____ yes _____ no

If so, with what institution or firm?

Were beneficiaries assigned and set up when purchased? _____ yes _____ no

If so, beneficiaries: _____

Where is the paperwork? _____

SAFETY DEPOSIT BOXES

Is there a safety deposit box? _____ yes _____ no

Bank: _____

Box #: _____

Where is the key? _____

SAFES

Is there a safe in the house? _____ yes _____ no

Where? _____

What is the combination? _____

Where is the key? _____

HIDDEN MONEY

Is there any money hidden in the house?

_____ yes _____ no

Where? _____

People and Things You Might Need

Parent's Accountant's Name: _____

Accountant's Contact #: _____

Parent's Lawyer Name: _____

Lawyer's Contact #: _____

Your Accountant's Name: _____

Accountant's Contact #: _____

An Elder Care Attorney: _____

Attorney's Contact #: _____

An Estate Planning Attorney: _____

Attorney's Contact #: _____

A Real Estate Attorney: _____

Attorney Contact #: _____

Financial Advisor: _____

Advisor's Contact #: _____

You may need access to your parent's previous year's tax return, especially if you are using a different accountant than they did.

Wills, Trusts, and Legal Designations

Is there a will ONLY? _____ yes _____ no

If so, where is it? _____

Executor: _____

Is there a trust? _____ yes _____ no

What kind of trust? _____ Revocable _____ Irrevocable

Trustee and/or survivor trustee? _____

Where is it? _____

Are there Advance Directives? _____ yes _____ no

Where is the paperwork? _____

Is there a Healthcare Proxy? _____ yes _____ no

Who is it? _____

Where is the paperwork? _____

Is there a Power of Attorney? _____ yes _____ no

Who is it? _____

Where is the paperwork? _____

Is there a DNR (Do Not Resuscitate)? _____ yes _____
no

If so, where is the paperwork? _____

Hospice

Name of hospice: _____

Phone # of hospice: _____

Name of hospice nurse: _____

Name of hospice doctor: _____

Emergency phone # (if different than main hospice number):

Hospice social worker: _____

Hospice Chaplain: _____

Hospice Bereavement Coordinator:

Supplies Checklist

- Tylenol _____
- Ibuprofen _____
- Tissues _____
- Aquaphor _____
- Band-Aids _____
- Non-adhesive gauze _____
- Paper tape/tape for sensitive, elderly skin _____
- Pillbox with days of week and times of day _____

- Waterproof mattress cover _____
- Pulse oximeter _____
- Infrared thermometer for adults _____
- Blood pressure machine _____
- Baby monitor/camera with sound _____
- Washable bed pads - large _____
- Chucks pads - disposable _____
- Desitin and/or A&D Ointment _____
- Bed alarm/chair alarm _____
- Wipes _____
- Lotion _____
- A bell _____
- Life Alert, if they are alone and/or still mobile _____
- Shower chair _____
- Grab bars (which will need to be installed) _____
- Straws _____
- Adult Sippy Cup for Elderly _____
- Jello _____

Applesauce _____

Pudding _____

Jarred or canned peaches or fruit _____

Ensure/Boost _____

Soup _____

Ice Cream _____

Whatever the person wants! _____

Swivel Seat _____

Rollator Walker _____

Religious Wishes

Does your parent belong to a church, temple, or any other kind of house of worship? _____ yes _____ no

Name: _____

Name of Clergyperson: _____

Contact number: _____

Does your parent want the congregation to pray for them? _____ yes _____ no

Do they want to be visited by a clergy member?
_____ yes _____ no

Do they want congregants to visit them?
_____ yes _____ no

Do they want any end-of-life rituals, like last rites?
_____ yes _____ no

If so, what rituals? _____

Funeral Arrangements

Did your parent pre-arrange their own funeral?
_____ yes _____ no

If so, where? _____

Contact info: _____

Will they be buried or cremated:
_____ Buried _____ Cremated

Did they select and pay for a coffin? _____ yes _____ no

If so, where? _____

Did they select and pay for an urn? _____ yes _____ no

If so, where? _____

Do they already have a cemetery plot chosen and paid
for? _____ yes _____ no

If so, where? _____

Is the funeral itself and all the burial costs already
chosen and paid for? _____ yes _____ no

If so, where? _____

Do they want their ashes scattered?
_____ yes _____ no

If so, where? _____

Did they pre-order a gravestone? _____ yes _____ no

If so, where? _____

*If you are ordering a gravestone for them, PROOF-READ it before signing off on it!

Name of funeral home: _____

Address of funeral home: _____

Phone number: _____

Name of clergy: _____

Clergy phone #: _____

Do they want a specific type of religious funeral?

_____ yes _____ no

If so, what type? (For example: Orthodox Jewish, Catholic) _____

Do they want a secular funeral? _____ yes _____ no

Military funeral? _____ yes _____ no

Masonic funeral? _____ yes _____ no

First responder (police or fire) funeral?

_____ yes _____ no

Places to Notify After Death

Things to Cancel or Change Names On

Social Security Office _____

Medicare or Medicaid _____

Employee Pension Offices _____

Doctors _____

Banks _____

Safety Deposit Boxes _____

Insurance Companies _____

Credit Card Companies _____

Three Credit Bureaus _____

Anything on Autopay _____

Subscriptions _____

Memberships _____

EZ Pass _____

Utilities _____

- Gas _____
- Electric _____
- Oil _____
- Solar _____
- Sanitation _____
- Water _____

Title of Vehicles _____

Deeds on Real Estate _____

Anything that costs money or any place that sends money must be notified.