Home Care Starter *Kit*

Welcome Message from Senior Care Finder Team

At Senior Care Finder, we connect thousands of families every year with the right home care providers in their area. We know that being prepared with the right questions and information is just as important as finding the right provider. This starter kit gives you proven preparation tools that lead to successful care matches, ensuring you're ready to make confident decisions when you find the perfect home care provider for your needs.

WHAT'S INSIDE YOUR KIT?

- Care Planning
- Provider Selection
- Documents
- Emergency Prep
- Home Safety

HOW TO USE THIS KIT?

1. **Start with Section 1** – Work through each section in order
2. **Take your time** – Each section takes 10–20 minutes
3. **Keep it handy** – Use as your reference guide

WHAT YOU'LL ACCOMPLISH

✓ Create a safer home environment for your loved one
✓ Understand exactly what level of care is needed
✓ Know the right questions to ask home care providers
✓ Have all important documents organized and accessible
✓ Be prepared for emergencies with clear action plans

TIME INVESTMENT

- Section 1: Home Safety Assessment (15–20 minutes)
- Section 2: Care Planning Worksheet (10–15 minutes)
- Section 3: Provider Selection Guide (30 minutes per agency)
- Section 4: Document Organization (20–30 minutes)
- Section 5: Emergency Preparedness (15 minutes)

SECTION 1: HOME SAFETY ASSESSMENT

Making Your Home Safer – Room by Room

How to Use This Section:

1. Walk through each room in your home
2. Check off safety items you already have
3. Mark priority improvements needed
4. Get help with changes that require installation

Time Needed: 15–20 minutes

ROOM-BY-ROOM SAFETY CHART

BATHROOM (Priority: HIGH)	Have It	Need It
Grab bars by toilet	☐	☐
Grab bars in shower/tub	☐	☐
Non-slip mats in tub	☐	☐
Shower chair or seat	☐	☐
Good lighting	☐	☐
Night light	☐	☐

BATHROOM (Priority: HIGH)	Have It	Need It
Easy-to-reach toilet paper	☐	☐
Shower chair or seat	☐	☐

KITCHEN (Priority: HIGH)	Have It	Need It
Non-slip mats by sink	☐	☐
Good lighting over stove	☐	☐
Easy-to-reach everyday items	☐	☐
Stable step stool	☐	☐
Clear walkways	☐	☐
Working smoke detector	☐	☐

LIVING ROOM & HALLWAYS (Priority: MEDIUM)	Have It	Need It
Clear pathways	☐	☐
Secure area rugs	☐	☐
Good lighting	☐	☐
Stable furniture	☐	☐
Easy-to-reach light switches	☐	☐

BEDROOM (Priority: MEDIUM)	Have It	Need It
Clear path to bathroom	☐	☐
Night light from bed to bathroom	☐	☐
Phone within reach of bed	☐	☐
Easy access to bed	☐	☐
Lamp near bed	☐	☐

YOUR SAFETY ACTION PLAN

Instructions: Use your "Need It" checkmarks from the previous pages to fill out this action plan. Check the box as you complete each task.

Fix This Week (Most Important):

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
- ☐ 4. _____
- ☐ 5. _____

Fix This Month:

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
- ☐ 4. _____
- ☐ 5. _____

Get Help From:

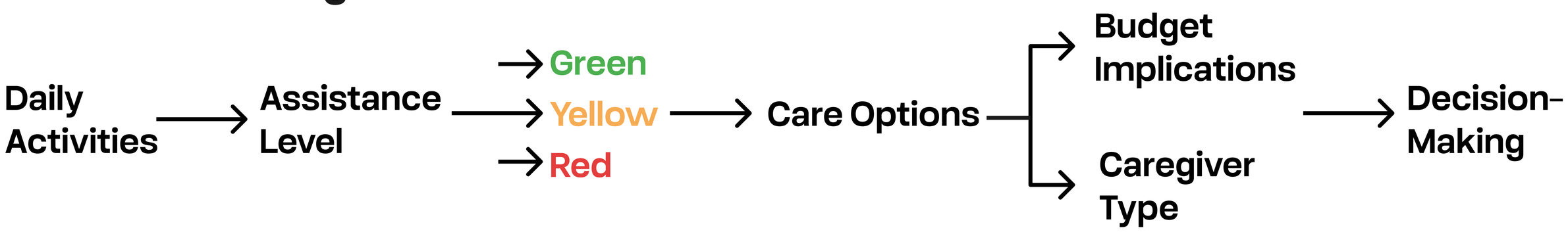
Handyman: _____

Family:_____

Professional:_____

SECTION 2: CARE PLANNING WORKSHEET

Understanding Your Care Needs



This section helps you:

- Figure out what help is needed
- Plan your daily routine
- Choose the right caregiver
- Estimate care costs

Instructions:

Circle the number that best describes current needs:

1 = No help needed

2 = Some help needed

3 = Full help needed

Time Needed: 10–15 minutes

DAILY ACTIVITIES ASSESSMENT CHART

Activity	1 = No Help	2 = Some Help	3 = Full Help	Notes
Bathing/Showering	☐	☐	☐	
Getting Dressed	☐	☐	☐	
Using Bathroom	☐	☐	☐	
Walking/Moving	☐	☐	☐	
Eating Meals	☐	☐	☐	
Taking Medicine	☐	☐	☐	
Light Housework	☐	☐	☐	
Meal Preparation	☐	☐	☐	
Shopping/Errands	☐	☐	☐	
Transportation	☐	☐	☐	
Companionship	☐	☐	☐	

TOTAL SCORE: _____ out of 33

Score Guide:

- 11–16: Light assistance needed
- 17–22: Moderate assistance needed
- 23–33: Comprehensive care needed

BASIC INFORMATION CHART

Personal Details	Information
Name	
Age	
Address	
Phone	
Emergency Contact	
Emergency Phone	

Medical Information	Details
Primary Doctor	
Doctor's Phone	
Preferred Hospital	
Health Insurance	
Medicare Number	

DAILY ROUTINE PREFERENCES

Preferred Times:

Wake-up time: _____

Bedtime: _____

Breakfast: _____

Lunch: _____

Dinner: _____

Activities you enjoy:

•

•

•

Things that upset or worry you:

•

•

•

CAREGIVER PREFERENCES CHART

Preference Category	Your Choice		
Gender Preference	☐ Female	☐ Male	☐ No Preference
Language Preference	☐ English	☐ Spanish	☐ Other

CAREGIVER BASIC INFORMATION CHART

Important Personality Traits	Select All That Apply
Talkative and social	☐
Quiet and calm	☐
Energetic and active	☐
Patient and gentle	☐
Professional and formal	☐

Important Experience	Select All That Apply
Dementia/memory care	☐
Physical therapy help	☐
Medical equipment	☐
Meal preparation	☐
Housekeeping	☐

CARE SCHEDULE & BUDGET CHART

Care Schedule	Hours per Week
Weekday mornings	_____ hours
Weekday afternoons	_____ hours
Weekday evenings	_____ hours
Weekends	_____ hours
Overnight care	_____ hours
TOTAL HOURS	_____ hours

Budget Range	Select All That Apply
Under $2,000/month	☐
$2,000 - $4,000/month	☐
$4,000 - $6,000/month	☐
Over $6,000/month	☐

Payment Help Available	Select All That Apply
Long-term care insurance	☐
Veterans benefits	☐
Family assistance	☐
Personal savings	☐

SECTION 3: PROVIDER SELECTION GUIDE

Finding the Right Home Care Provider

Use this as your interview script

Time Needed: 30 minutes per agency

AGENCY INTERVIEW CHART

Use this during phone calls as your interview script

Agency Information	Agency A	Agency B	Agency C
Agency Name			
Contact Person			
Phone			
Date Called			

INTERVIEW QUESTIONS CHART

Agency Information	Agency A	Agency B	Agency C
Are you licensed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
License Number			
Do you have liability insurance?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are caregivers bonded?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Caregiver Background	Agency A	Agency B	Agency C
Caregiver background checks?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check background references?"	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Provide caregiver training?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
What training?			
Hourly Rate	$_____	$_____	$_____
Extra Fees	$_____	$_____	$_____
Backup plan if caregiver calls sick?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Can stop service anytime?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you keep staff long-term?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

INTERVIEW QUESTIONS CHART

Rating Category	Agency A	Agency B	Agency C
Overall Impression (1 - 10)			
Would you hire them?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

NOTES

Use this section when interviewing different Agencies

Agency A

Agency B

Agency C

RED FLAGS CHECKLIST

Red Flag Warning Signs	Agency A	Agency B	Agency C
Won't show license	☐	☐	☐
Asks for money upfront	☐	☐	☐
Can't provide references	☐	☐	☐
Pressures you to sign immediately	☐	☐	☐
Doesn't do background checks	☐	☐	☐
Won't let you meet caregiver	☐	☐	☐
Can't explain backup plan	☐	☐	☐
No local office/address	☐	☐	☐

Any red flags = DO NOT HIRE

MY FINAL DECISION

Top Choice: _____

Why I chose them: _____

_____

_____

Start Date: _____

First Caregiver: _____

Schedule: _____

Backup Choice: _____

SECTION 4: DOCUMENT ORGANIZATION

Getting Your Important Papers Ready

Why This Matters:

- **Caregivers need emergency info**
- **Doctors need medical history**
- **Family needs to know your wishes**

How to Use This Section:

1. Gather documents you have
2. Make copies for caregivers
3. Tell family where originals are
4. Update as needed

Time Needed: 20–30 minutes

DOCUMENT PRIORITY CHART

NEED RIGHT AWAY	Have It	Need It	Location
Emergency contact list	☐	☐	
Current medication list	☐	☐	
Health insurance cards	☐	☐	
Medicare/Medicaid cards	☐	☐	

NEED RIGHT AWAY	Have It	Need It	Location
Doctor contact	☐	☐	
Hospital preference	☐	☐	
Medicare/Medicaid cards	☐	☐	

NEED WITHIN A WEEK	Have It	Need It	Location
Power of Attorney for Healthcare	☐	☐	
Living Will/Advance Directives	☐	☐	
Power of Attorney for Finances	☐	☐	
Do Not Resuscitate (if applicable)	☐	☐	
Health insurance policy details	☐	☐	
Long-term care insurance	☐	☐	

GATHER WHEN POSSIBLE	Have It	Need It	Location
Birth certificate	☐	☐	
Social Security card	☐	☐	
Driver's license or ID	☐	☐	
Bank account information	☐	☐	
Insurance policies (life, home, car)	☐	☐	
Will and testament	☐	☐	
Trust documents	☐	☐	
Property deeds	☐	☐	

DOCUMENT STORAGE CHART

ORIGINAL DOCUMENTS (Keep These Safe)

Storage Method:	☐ Fireproof safe	☐ Safety deposit box	☐ Secure file cabinet

Location: _____

Combination/Key Location:_____

Who Has Access:_____

COPIES FOR CAREGIVERS (Easy Access for Emergencies)

Storage Location:	☐ Kitchen Drawer	☐ Desk Drawer	☐ Bedside Table	☐ Other:_____

Exact Location: _____

FAMILY COPIES (Backup for Family Members)

Given To:

Name: _____ Phone: _____

Relationship:_____

Also Given To:

Name: _____ Phone: _____

Relationship:_____

CAREGIVER INFORMATION SHEET

Emergency Information for Caregivers	Details
Important papers are located:	
Family contact who has copies:	
Phone:	
Relationship:	
Doctor to call first:	
Doctor's phone:	
Preferred hospital:	
Hospital address:	

Medical Information	Details
Medical conditions caregivers should know:	
Daily medications:	
Allergies:	

SECTION 5: EMERGENCY PREPAREDNESS

Being Ready for Emergencies

This section covers:

- Who to call in an emergency
- What to do in different situations
- Supplies to have ready
- How to communicate with family

Time Needed: 15 minutes

EMERGENCY CONTACTS

Medical Emergency: Call 911

Primary Family Contact: _____

Phone: _____

Home Care Agency: _____

Phone: _____

Primary Doctor: _____

Phone: _____

EMERGENCY CONTACT CHART

Print and place contact chart in an easily accessible and visible area

EMERGENCY CONTACTS	Name	Phone	Relationship
MEDICAL EMERGENCY	**CALL 911 FIRST**		
Primary Family Contact			
Secondary Family Contact			
Primary Doctor			
After Hours Doctor			
Home Care Agency			
Agency Emergency Line			
Trusted Neighbor			
Pharmacy			
Insurance Company			
Poison Control	1-800-222-1222		

EMERGENCY ACTION PLAN CHART

SEPARATE PRINTOUT – Keep with emergency contacts

MEDICAL EMERGENCY	Action Steps
Injury, Chest Pain, Trouble Breathing	
Step 1	**CALL 911 IMMEDIATELY**
Step 2	Have ready for paramedics: • Medication list • Insurance card • Emergency medical info
Step 3	Call primary family contact:
Step 4	Call home care agency:
Step 5	Call doctor after emergency:

SEVERE WEATHER/POWER OUTAGE Action Steps
Step 1 Stay indoors and safe
Step 2 Use flashlight (not candles)
Step 3 Call family to check in
Step 4 Call agency if caregiver can't come
Step 5 Use emergency supplies (see checklist)

EMERGENCY SUPPLIES CHART

Instructions: Start with Essential items first. Store supplies in an easy-to-reach location. Check and rotate supplies every 6 months.

ESSENTIAL SUPPLIES (Get These First)

Emergency Supplies	Have It	Need It	Last Checked
Flashlight with extra batteries	☐	☐	____ /____ /____
7-day supply of medications	☐	☐	____ /____ /____
Emergency cash ($200 small bills)	☐	☐	____ /____ /____
Cell phone charger (battery pack)	☐	☐	____ /____ /____
Important documents in waterproof bag (medication list, insurance cards, ID copies)	☐	☐	____ /____ /____

IMPORTANT SUPPLIES (Get These Next)

Emergency Supplies	Have It	Need It	Last Checked
First aid kit	☐	☐	____ /____ /____
Bottled water (1 gallon per person)	☐	☐	____ /____ /____
Non-perishable food (canned goods, crackers, peanut butter)	☐	☐	____ /____ /____
Manual can opener	☐	☐	____ /____ /____

HELPFUL SUPPLIES (When Possible)

Emergency Supplies	Have It	Need It	Last Checked
Blankets and warm clothing	☐	☐	____ /____ /____
Personal hygiene items (toothbrush, soap, toilet paper)	☐	☐	____ /____ /____
Spare glasses	☐	☐	____ /____ /____
Written list of important phone numbers	☐	☐	____ /____ /____

SUPPLY CHECK SCHEDULE

Last Full Check: ____ /____ /____

Next Check Due: ____ /____ /____

Reminder: Check supplies every 6 months. Replace expired medications, batteries, and food items.

CONGRATULATIONS!

You've Completed Your Home Care Kit

You now have:

✓ A safer home environment

✓ Clear understanding of care needs

✓ Tools to find the right provider

✓ Organized important documents

✓ Emergency preparedness plan

NEXT STEPS:

1. Review your safety action plan
2. Start calling home care agencies
3. Gather your priority documents
4. Share emergency info with family
5. Schedule your first consultation

Need More Help? **Contact Senior Care Finder**

Visit: www.seniorcarefinder.com

Call: (402) 480-6115

We're here to help every step of the way!