

JUST IN CASE...CARE MANAGEMENT PLAN

This plan is for use of the individual and his or her designated family members or personal contacts.

1. Who is to be involved in decisions about your care?

Name Relationship

Contact Information

Name Relationship

Contact Information

2. Is there anyone who should not be involved in decisions about your care?

Name

3. Who is your primary health care provider?

Name Contact Information

4. Do you have a mental health care provider whom you would like to be consulted?

Name Contact Information

5. Insurance

Copy of health insurance cards? Yes No Where?

Copy of long-term care insurance policy? Yes No Where?

Copy of life insurance policy? Yes No Where?

Copy of automobile insurance policy? Yes No Where?

6. If you are eligible for VA benefits, where are the needed papers such as discharge papers?

7. Who has power of attorney for you, if needed?

Name Contact Information

8. Do you have an advance directive? Yes No Where? _____

If yes, who is your health proxy? _____ Contact Information _____

9. Do you have a financial advisor, attorney or banker who should be consulted?

Name _____ Contact Information _____

Name _____ Contact Information _____

10. Do you have a list of the numbers of your bank accounts? Yes No Where? _____

11. Do you have a list of computer passwords for bank accounts and other accounts, such as telephone, cable, power?

Yes No Where? _____

12. Is there a safe deposit box? Yes No

Where? _____

Where is key? _____

13. Are there payments that need to be paid regularly, such as

Mortgage or Rent Power Heating/Fuel Telephone Car Loan

How are those usually paid? _____

Dates due? _____

14. If you have pets, who will care for them?

Name _____ Contact Information _____

15. If you now employ anyone to help in your home or for outside maintenance, please list them here. These might include people who clean, who plow, who help with errands, or who regularly provide other services.

Name _____ Service _____

Contact Information _____

Name _____ Service _____

Contact Information _____

Name _____ Service _____

Contact Information _____

16. What are your thoughts about who you might want to hire to provide these services, if needed?

a. Assistance with food prep

b. Assistance with cleaning

c. Assistance with paying bills

d. Assistance with pet care

e. Assistance with home maintenance

f. Assistance with computer access to information, bank accounts, bill paying etc.

g. Supervision for people in household with health issues such as disabilities or dementia

17. What are your thoughts about who you might want to provide services outside the home, if needed, such as the following:

a. Driving or other transportation

b. Someone to be another "pair of ears" at medical appointments

c. Someone to advocate for you when needed

d. Someone to shop at grocery, drugstore, etc.

18. What are your preferences about other care or assistance that might be needed, such as:

a. Home health service

b. Personal care service

c. Residential and/or nursing setting

d. If more than one person in your household, what help will be needed by the other person (s) during your emergency?

e. Re-homing pets

19. Do you have directions for funeral or memorial service on file at St. Michael's? Yes No

20. If you have a prepaid funeral arrangement, with what funeral home?

21. If you have a burial plot, where is it?

22. Where are these pieces of personal information?

Social security card

Birth certificate

Marriage certificate

Death certificate for deceased spouse

Divorce papers

Military records — VA ID#

Discharge papers

Driver's license

Passport or citizenship papers

Address book or list of friends and colleagues with contact information

OTHER NOTES: