



# CAREGIVER KIT

## Contact Us

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Monday - Thursday 8:00 a.m. - 5:00 p.m.  
Friday 8:00 a.m. - 3:00 p.m. EST





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# Home Safety & Security Checklist

Use this list to identify accessibility, safety and security issues and fall hazards.

For each question,

✓ **YES** if it describes the situation in the home.

✓ **NO** if it is not a situation in the home.

Use the **Action Taken** to make notes when you have removed the hazard.



## General Living Areas

Yes No Action Taken

	Yes	No	Action Taken
Is there adequate lighting throughout the house?			
Are there night lights where needed?			
Is home well ventilated?			
Are all doorways accessible and easy to operate?			
Are doors wide enough for a walker or wheelchair?			
Are locks sturdy and easy to operate?			
Is furniture arranged for good traffic flow?			
Is there an uncluttered walking pathway?			
If there are any changes in levels, are they obvious or marked in some way?			
Is it easy to get up and down safely from chairs, sofas, and other seats?			
Can the TV, radio, light or telephone be operated from the chair or sofa?			
Are windows easy to use?			
Is it necessary to walk over or around cords or wires (like cords from lamps, extension cords, or telephone cords)?			
Are there any frayed or cracked cords or exposed wiring?			
Are there any outlets or switches which are unusually warm or hot to touch?			
Do all outlets and switches have cover plates so that no wiring is exposed?			
Does any outlet have smudge marks indicating an electrical short has occurred around the socket where plugs are inserted?			
Are cords attached to the walls, baseboards, etc., with nails or staples?			
Are light bulbs the appropriate size and type for the lamp or fixture?			
Do extension cords carry more than their proper load, as indicated by the rating labeled on the cord and the appliance?			
Are there working smoke detectors on every floor?			
Are the smoke detectors checked every six months?			



## General Living Areas, continued

Yes No Action Taken

Is there a carbon monoxide detector?		
Is there a fire extinguisher and does someone in the home know how to use it?		
Is the fire extinguisher inspected or checked on a regular basis?		
Are small stoves or heaters placed where they cannot be knocked over and away from furnishings and flammable materials, such as curtains and rugs?		
Is carpeting in good condition and not loose or torn?		
Are throw rugs and runners slip-resistant or tacked or taped down?		
Is the house free of pests?		
If using floor wax, is it the non-skid type?		
Are shelves well-secured to the wall and not overburdened with items that have the potential of falling?		
Does the fireplace have a spark screen?		
Has the chimney been cleaned in the last year?		
Are the plumbing and utilities working?		
Is the telephone readily available for emergencies?		
Can the telephone ring be heard in all areas of the home?		
Does the telephone have a volume control for increased hearing if necessary?		
Are emergency phone numbers posted near each telephone?		
Is there a first aid kit and manual handy?		
If smoking in the home, are deep, wide ashtrays with grooves used?		
If smoking in the home, are lit cigarettes never left unattended?		
If smoking in the home, are ashtrays and furniture always checked before leaving the house or going to bed?		
If smoking in the home, is it done safely by never doing so in bed or when drowsy?		

### Notes:



# Kitchen

	Yes	No	Action Taken
Is the area over the stove, counters and sink well lit?			
Are the appliances in working order and unplugged when not in use?			
Are all extension and appliance cords located away from the sink or range areas?			
Are the sink faucets easy to use?			
Can the refrigerator and freezer be opened and closed easily?			
Can the high and low cabinets be opened and closed easily?			
Are cabinet doorknobs easy to use?			
Is adequate workspace available and at the right height?			
Is there seating available while working?			
Are the dishes, pots, silverware, and food supply easily reached without climbing or bending?			
Are cupboards and drawers kept closed to avoid bumping into them?			
Are the stove controls easily reached and clearly marked?			
Are ventilation systems or range exhausts functioning properly and are they in use while cooking?			
Is there a timer available as a reminder to turn off the burner?			
Are pot holders in easy reach but not hanging above the stove?			
Are clothes with loose flowing sleeves avoided when cooking?			
Are pot handles turned away from the edges of the stove and from other burners when cooking?			
Can the stove door be opened and closed easily?			
Are the outlets easily reached?			
Can food be safely transported to eating area?			
Are spills mopped up immediately?			
Are sharp objects stored safely in protective racks?			
Are flammables kept away from the stove area?			
Is there a stable, well-maintained step stool with handles?			
Are toxic products like cleaners, detergents, etc. stored separately from food?			
Are toxic products kept in their original containers with their original labels?			



# Bathroom

	Yes	No	Action Taken
Can you safely transfer into the tub or shower?			
Is there a tub bench or tub chair to assist with transfer into the tub or shower?			
Are there grab bars where needed?			
Is the bath mat skid-resistant?			
Can you safely transfer to the toilet?			
Is there a safety frame, raised seat or grab bar available to assist with transfer to the toilet?			
Are the outlets within reach?			
Are the light switches easy to use?			
Are the sink and tub faucets, shower control and drain plugs easy to use?			
Are soap, shampoo and towels within easy reach?			
Are appliances such as hair dryers, shavers and radios kept away from water?			
Are appliances unplugged when not in use?			
Are hot water pipes covered?			
Is the hot water heater regulated to prevent scalding or burning?			
Is mirror height appropriate for both sitting and standing?			
Is the medicine cabinet cleaned out yearly?			
Is there a bottle of Ipecac on hand in case of poisoning?			



# Bedroom

	Yes	No	Action Taken
Can you get up and down safely from the bed?			
Is the light switch accessible from the bed?			
Is the telephone in easy reach?			
Are clothes in the closet or dresser in easy reach?			
Is there a clear path to the bathroom?			
If a walking aid is used, is it next to the bed?			
Is there an exit route planned and practiced in case of fire?			
Is there a flashlight with fresh batteries within easy reach of the bed?			
Are electric blankets used safely by never tucking the coils under the mattress?			
Are electric blankets used safely by never keeping anything on top of them?			
Are electric blankets used safely by never folding the blanket when it is plugged in?			



## Garage / Basement / Storage

Yes No Action Taken

Does the garage have an automatic opener?		
Are work areas, especially where power tools are used, well lit?		
Can lights be turned on without first having to walk through the dark area?		
Are the closets well lit?		
Can the closet rods and hooks in the closets be easily reached?		
If fuses are used, are they the correct size for the circuit?		
Are power tools equipped with a 3-prong plug or marked to show that they are double insulated?		
Are power tool guards in place?		
Are containers of volatile liquids tightly capped?		
Are gasoline, paints, solvents, or other products that give off vapors or fumes stored away from ignition sources?		



## Stairways

Yes No Action Taken

Are secure handrails present?		
Are there light switches at both the top and bottom of the stairs?		
Are the stair treads deep enough for your whole foot?		
Are the steps even and of the same size and height?		
Are any of the steps broken or uneven?		
Is there adequate lighting?		
Has the stairway light bulb burned out?		
Is the covering or carpet secure and in good condition?		
Are the steps free of clutter?		
Would a lift or ramp be feasible if it became necessary?		
Are throw rugs and runners kept away from stairs and landings?		

### Notes:



## Outside

	Yes	No	Action Taken
Are all entrances well lit?			
Are the driveway, steps, footpath and porches well lit?			
Do steps and walk surfaces provide good traction (textured surfaces) and are in good condition, free of clutter, snow and leaves?			
Do steps have a sturdy, easy-to-grip handrail?			
Are steps edges clearly marked?			
Is a parking space always available?			
Is the parking space close to the home entrance?			
Is the door threshold too high or low to get in or out easily?			
Can visitors be viewed prior to entry?			
Can the doorbell be heard in every part of the house?			
Is the door lock sturdy and easy to operate?			
Can the mail be retrieved safely?			
Is the number of the house easily clearly visible from the street and well lit at night?			



## Personal Safety

	Yes	No	Action Taken
Are street shoes worn instead of slippers around the home?			
Do shoes have low, flat heels?			
Do slippers have non-slip soles?			
Does clothing fit securely with no dangling cords or hems?			
Do you get up slowly from sitting or lying down to avoid becoming dizzy?			
Do you carry smaller loads, especially when using stairs, and make extra trips if necessary?			
Do you know how to reduce the impact of a fall by relaxing and letting your muscles go limp and rolling as you fall?			
Have you learned the stop, drop and roll technique if an article of clothing lights on fire?			

**Notes:**



# Tips for Modifying the Home

More than **one in four people age 65 years or older** fall each year.\* The risk of falling increases with age, however, many falls can be prevented.

Here are some suggestions for how to modify your home to better prevent accidents such as falls.



## Typical Problems:

Access to home
Slipping in the tub or shower
Trouble getting in and out of shower
Trouble turning handles or doorknobs
Trouble climbing stairs
Inadequate heating or ventilation

## Possible Solutions:

Install ramps, lower or remove thresholds
Place non-skid strips or decals in the tub or shower
Install grab bars, shower seats or transfer benches
Replace doorknobs or handles with levers
Install handrails for support
Install insulation, air conditioning or storm windows

## Getting the Work Done:

- Make a list of the changes needed.
- Determine who could make the modifications ? you, family or friends, a contractor or a handyman.
- Determine if you qualify for housing modification assistance. Check with your local area agency on aging and local lenders or banks to see what funding options are available.
- Ask for recommendations from friends and family who have had similar work done.
- Proceed with hiring a contractor or handyman or completing the work yourself.

## If Hiring a Contractor:

- Check out the recommendations by investigating contractors. The Better Business Bureau or Consumer Protection Office are good sources of information.
- Make sure all contractors you consider are bonded and licensed. Ask for written proof.
- Ask for banking or supplier references to make sure the contractor is financially stable.
- Get three estimates in writing. Make sure the estimate includes a detailed description of the work to be completed.
- Review the estimates carefully and ask for explanations for anything that is unclear. Have someone else look over the estimates with you. The lowest bid may not be the best bid.
- Choose the contractor and ask for a detailed contract in writing. There should be no blanks in the document. Make a copy of anything you sign.
- Feel comfortable with the contractor. There is a federal law that allows you to cancel any home repair contract by giving written notice (within a certain number of days).
- Do not sign the final check or completion agreement until the work completed has been inspected by local authorities (if necessary) and meets your expectations.

\*<https://www.nia.nih.gov/health/falls-and-falls-prevention/falls-and-fractures-older-adults-causes-and-prevention#:~:text=More%20than%20one%20in%20four,related%20problems%20—%20rises%20with%20age.>

# Tips for Preventing Falls

More than **one in four people age 65 years or older** fall each year.\*  
The risk of falling increases with age, however, many falls can be prevented.

Here are some suggestions for reducing the risk of falls.



Remove all throw rugs from the house – throw rugs force a person to change the height he or she lifts his or her foot when walking. Many people do not adjust and catch their toes.

Install thinner carpet – thicker carpet causes ankles to wobble causing unsteadiness.

Remove all electrical or telephone cords from walking areas.

Store frequently used items at waist level to avoid reaching and bending. Move the microwave to the counter not overhead. Do not use stepladders or step stools.

Be sure hallways and staircases are well lit.

Use handrails when walking up or down stairs.

Be extra careful when the bathroom floor is wet. Install handrails and non-slip strips where needed.

Wipe up any kitchen spills as soon as they happen.

Check chair and bed height. Higher chairs are easier to get out of. Having armrests on the chair assists so you can push and you don't need to pull to stand up.

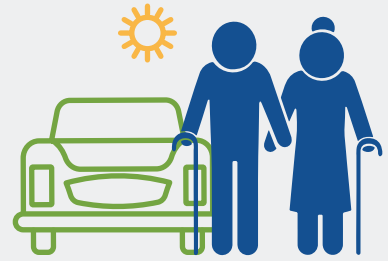
If you use glasses, keep them within easy reach when going to bed. Turn on the bedroom light if you get up in the middle of the night. Get out of your bed slowly. Sit before standing up.

Wear shoes and slippers that have non-skid soles. Avoid wearing socks only.

\*<https://www.nia.nih.gov/health/falls-and-falls-prevention/falls-and-fractures-older-adults-causes-and-prevention#:~:text=More%20than%20one%20in%20four,related%20problems%20-%20rises%20with%20age.>

# Driving Skills Assessment

Use this checklist to identify signs when your loved one may either need to alter his/her driving schedule or stop driving altogether.



## Did your loved one do any of the following recently?

	Yes	No	Severity / Frequency
Drove at inappropriate speeds—either too fast or too slow			
Responded slowly to pedestrians, bicyclists, or other vehicles			
Asked passengers to check if it was clear to change lanes or turn			
Ignored or misinterpreted a traffic sign or light			
Became irritated or frustrated when driving			
Bumped into a curb			
Appeared confused or scared			
Mistook the brake and gas pedals for each other			
Got lost on a familiar route			
Had a near miss			
Had difficulty physically while driving (includes turning neck or head or turning wheel)			
Caused a car accident			
Received a traffic citation or warning			
Signaled incorrectly or not at all			
Moved into the wrong lane			
Parked inappropriately			
Stopped in traffic for no reason			
Caused dents or scrapes on car, garage or mailbox			
Poorly anticipated potential danger			

**IF YOU ANSWERED “YES” TO ANY OF THESE QUESTIONS,  
YOU SHOULD CONSIDER THE FOLLOWING:**

- Share what you have observed with your relative and other family members.
- Get loved one’s hearing and vision tested.
- Have loved one’s reflexes tested in a physical examination.
- Research which medications your loved one is taking that might cause drowsiness or confusion.
- Evaluate your loved one’s intake of alcohol to see his/her tolerance has changed.
- Reduce the need to drive by using delivery services and arranging for friends or relatives to give him/her a ride.


**IT MAY NOT BE NECESSARY TO STOP YOUR RELATIVE FROM DRIVING ENTIRELY.  
YOU CAN MODIFY BY LETTING HIM/HER TO:**

- Drive short distances to only well known locations.
- Drive during the day.
- Avoid driving heavily traveled roads, during bad weather and during high traffic hours.
- Allow enough time to get somewhere so rushing isn’t necessary.

# Where to Begin Checklist

Use this list to help determine where you should start in helping care for a loved one. This is intended to help you create a checklist of tasks or things to learn more about in order to best take care of them.



 Getting Started	Answer	Suggestions
<b>What are your loved one's wishes and preferences?</b>		<ul style="list-style-type: none"> <li>• Meet with your loved one to discuss his or her current health situation and any prognosis.</li> <li>• Identify how you will work together.</li> </ul>
<b>Do you know where all important documents and passwords are kept including bank accounts, retirement accounts, safe deposit boxes, investments, wills and trusts?</b>		<ul style="list-style-type: none"> <li>• Discuss the need for knowing the location of all records with your loved one.</li> <li>• Collect all files and documents you think you will need.</li> <li>• Complete a Personal Information and Record Inventory.</li> <li>• Obtain access to your loved one's safe deposit box or at least learn how you might get access if necessary.</li> </ul>
<b>Who else can help with caring for your loved one?</b>		<ul style="list-style-type: none"> <li>• Make a list of all the tasks with which you need help and then make a list of all the people who can help you (relatives, neighbors, friends, community resources). Ask for help.</li> <li>• Look into local caregiver resources that can provide respite care either in the home or at an adult day care facility.</li> <li>• Look into home-delivered meal programs such as Meals on Wheels.</li> </ul>
<b>What will you do to take care of yourself?</b>		<ul style="list-style-type: none"> <li>• Identify how you will find time for yourself each day to do something you enjoy.</li> <li>• Assess your own level of stress.</li> <li>• Join a support group.</li> <li>• Take care of your own health: eat well, get enough sleep, and exercise.</li> </ul>

**Notes:**



## Type of Care Needed

	Answer	Suggestions
What kind of care does your loved one need now and how might that change in the future?		<ul style="list-style-type: none"> <li>Review different types of care.</li> <li>Talk with your loved one about his or her preferences for housing (e.g., wants to stay at home).</li> <li>Complete Assessing Your Loved One's Needs checklist.</li> <li>Consider hiring a Geriatric Care Manager to perform a formal assessment.</li> </ul>
Could your loved one remain at home if he or she had some professional help (example: skilled nurse, home health aide)?		<ul style="list-style-type: none"> <li>Research the types of professional services available in the home.</li> <li>Search local resources to find out which providers are available in your area.</li> <li>Perform a Home Safety and Security Checklist to identify home improvements.</li> </ul>
Would your loved one do well in an assisted living community?		<ul style="list-style-type: none"> <li>Research more about what features assisted living facilities provide.</li> <li>Visit a few assisted living facilities.</li> </ul>
Will he or she likely need a skilled nursing facility or nursing home in the future?		<ul style="list-style-type: none"> <li>Gather more information from his/her doctors.</li> <li>Research and visit a few skilled nursing homes.</li> </ul>
Has your loved one been diagnosed with a mental or health condition that might require specialized care?		<ul style="list-style-type: none"> <li>Gather more information from his/her doctors.</li> <li>Research facilities that provide specialized care related to the diagnosis.</li> </ul>



## Costs and Insurance

	Answer	Suggestions
How much will it cost to provide care?		<ul style="list-style-type: none"> <li>Call providers of care to obtain estimates.</li> <li>Estimate costs based upon expected length of stay and per day costs provided by facilities or professionals.</li> </ul>
What do Medicare and Medicaid cover and is your loved one eligible for either or both?		<ul style="list-style-type: none"> <li>Review relative's Medicare coverage.</li> <li>Research Medicaid eligibility criteria for relative's state.</li> </ul>
What private health insurance does your loved one have?		<ul style="list-style-type: none"> <li>Locate relative's policy documentation or ID card.</li> <li>Locate or order the relative's evidence of coverage from his or her health insurance carrier. Review coverage information.</li> </ul>
Does your loved one have a long term care insurance policy? Does he/she need it?		<ul style="list-style-type: none"> <li>Locate relative's policy documentation.</li> <li>Educate yourself about long term care insurance and obtain estimates for coverage for your loved one.</li> </ul>



## Legal

	Answer	Suggestions
<b>Does your loved one have any advanced directives in place?</b>		<ul style="list-style-type: none"><li>• Locate your loved one's important documents.</li><li>• Research advanced directives and discuss options with your loved one.</li></ul>
<b>Does your loved one have any power of attorney?</b>		<ul style="list-style-type: none"><li>• Locate your loved one's important documents.</li><li>• Learn about power of attorney and the procedures.</li><li>• Get advice from an estate attorney.</li><li>• Discuss options with your loved one.</li></ul>
<b>Does your loved one have a will? If not, how can I help create a legally binding will?</b>		<ul style="list-style-type: none"><li>• Locate your loved one's important documents.</li><li>• Learn about power of attorney and the procedures.</li><li>• Get advice from an estate attorney.</li><li>• Discuss options with your loved one.</li></ul>
<b>Is your loved one capable of making his or own decisions anymore?</b>		<ul style="list-style-type: none"><li>• Get advice from an eldercare attorney or family attorney.</li><li>• Discuss options with your loved one and other family members..</li></ul>
<b>Has your loved one communicated any final wishes for after his/her death?</b>		<ul style="list-style-type: none"><li>• Locate your loved one's important documents.</li><li>• Learn more about funeral and memorial service options as well as cemeteries and cremation services.</li><li>• Discuss options with your loved one.</li></ul>

## Notes:

# List of Current Medications

List all medications currently in use. Bring this to any medical appointment. It is also useful when moving into a nursing facility.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PHARMACY INFORMATION:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Drug Name	Reason for Use	Prescribing Physician	Description	Expires on Date	Dosage and Frequency of Use	Special Instructions	Time to Take
<b>Example:</b> Coumadin	Keeps blood moving freely	Dr. Jones	Pink round tablet	2/29/2025	2 mg, take daily at same time	Do not increase the dose, take it more frequently, or stop using unless directed by Dr. Jones. No cranberries or cranberry juice.	8:00 am



# Emergency Preparedness Checklist

Use this checklist to organize your emergency preparations. It should be used in conjunction with the [Emergency Contact and Medical Form](#) and [Tips for Safe Medication Use and Storage](#) also found on this site.



Be sure to **review this form every couple of months** to keep it current.



## The Basics

	Yes	No	Action Taken
Do I know the most important disaster issues for the area where I live (earthquakes, floods, tornadoes)?			
Do I know how I should respond to a disaster that might strike with little or no warning?			
Do I know the recommended evacuation route if there were an evacuation order? What are my transportation options? Where is the nearest shelter?			
Do I know where the shut-off valves are for my home's utilities and how to turn them off? If any special tools are needed, where are they located?			
Do I have an emergency contact person who lives out of the area? Do my relatives or close friends know who this person is?			
Do I know my neighbors in case we need to help each other in an emergency?			
If I am receiving home health services, have I discussed emergency procedures with the provider?			
If I have any special needs, do I have a plan for dealing with them in an emergency? <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Medical equipment requiring electric power</li> <li>• Incontinence supplies</li> <li>• Other: _____</li> </ul>			
If I live in a senior community, am I familiar with its emergency planning and procedures?			



# Emergency Supplies

## Home Supplies:

Drinking water (3-6 day supply)
Food (3-6 day supply, requires no cooking, high energy)
Flashlight (check batteries regularly)
Portable radio (check batteries regularly)
First aid kit
Spare batteries
Manual can opener
Light sticks (safer than candles)
Waterproof matches
Medications (3-6 day supply)
Medications list
Cell phone
Cash or traveler's checks
Emergency medical form

## Evacuation Travel Bag:

Personal hygiene items (toilet paper, alcohol wipes, gel hand sanitizer)
Backup prescription glasses
Extra change of clothes
Rain slicker or poncho
Walking shoes
Blanket or sleeping bag
Water bottles
Breakfast or energy bars
Disposable dust masks
Medications list
Emergency medical form

## Other Preparations:

Keep gas tank at least half full
Spare hearing aid batteries
Emergency supply of pet food