



SILVER STREAK

SENIOR SERVICES

Protecting Independence • Preserving Dignity • Preventing Fraud 

Caregiver Planner™



**Plan Today for a Safer,
Easier Tomorrow.**

Practical worksheets, checklists and
resources to help you care
with confidence.

**YOU'RE NOT ALONE.
WE'RE HERE TO HELP YOU FIND
THE RESOURCES YOU NEED.**

EDUCATION • FREE RESOURCES • TRUSTED PROVIDERS
SILVERSTREAKHELP.COM

This planner is a tool to help you organize important information and have more informed conversations.

It is not medical, legal, financial or emergency advice.

Always consult qualified professionals for specific guidance.



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**GETTING
STARTED**

How to Use This Planner

Keep it current. Print extra copies of repeatable pages.



USE THIS PLANNER TO

- ☐ Keep important information at your fingertips
- ☐ Prepare for appointments and emergencies
- ☐ Coordinate care with family and providers
- ☐ Reduce repeated searching and guesswork
- ☐ Plan for changes before a crisis



TIPS FOR SUCCESS

- ☐ Use only the pages relevant to your situation
- ☐ Update information whenever something changes
- ☐ Print extra copies of repeatable pages
- ☐ Keep the planner in a safe, easy-to-find place



ADDITIONAL NOTES



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CARE
RECIPIENT

Care Recipient at a Glance

The master snapshot that stays at the front of the planner.



PERSONAL INFORMATION

Full Name

Address

Preferred Name

Primary Physician

Date of Birth

Preferred Pharmacy

Phone

Primary Diagnosis

Email

Communication Needs



QUICK OVERVIEW / NOTES



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**CARE
RECIPIENT**

What Matters Most

Preferences and routines that help preserve dignity and quality of life.



LIFE PREFERENCES

What brings them joy?

Daily routines they want to keep?



CARE PREFERENCES

Where do they prefer to live?

Who do they want involved in decisions?



QUALITY OF LIFE

What does a good day look like?

What are they most worried about?



ADDITIONAL NOTES



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CARE TEAM

Care Team & Emergency Contacts

The people to call when information or help is needed.



PRIMARY EMERGENCY CONTACTS

Name / Relationship / Phone

Second Contact / Relationship / Phone



FAMILY & PROFESSIONAL CARE TEAM

Name / Role / Phone



ADDITIONAL NOTES



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HEALTH

Medical Conditions & Health History

Print another copy whenever conditions change or are added.



CURRENT CONDITIONS / DIAGNOSES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



ALLERGIES & REACTIONS

Allergen / Medication – Reaction – Severity



SURGERIES / HOSPITALIZATIONS

Date – Procedure / Reason – Facility



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HEALTH

Doctors, Specialists & Pharmacies

Print additional copies whenever the care team changes.



PRIMARY CARE PHYSICIAN

Name

Address

Practice

Portal / Contact

Phone

Next Visit



SPECIALISTS

Name / Specialty / Phone



PHARMACY

Name / Phone / Address



ADDITIONAL NOTES



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MEDICATIONS

Medication & Supplement List

Keep one current master list and share it with appropriate clinicians.



MEDICATION / SUPPLEMENT ENTRIES

1. Medication / Supplement – Dose – Purpose – Prescriber

2. Medication / Supplement – Dose – Purpose – Prescriber

3. Medication / Supplement – Dose – Purpose – Prescriber

4. Medication / Supplement – Dose – Purpose – Prescriber

5. Medication / Supplement – Dose – Purpose – Prescriber



ALLERGIES / IMPORTANT REACTIONS

Allergen / Medication – Reaction – Severity



ADDITIONAL NOTES



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MEDICATIONS

Medication Tracker

Use this repeatable page for starts, stops, dose changes and observations.



MEDICATION CHANGES / OBSERVATIONS

1. Date – Medication – Change / Dose – Reason / Effect

2. Date – Medication – Change / Dose – Reason / Effect

3. Date – Medication – Change / Dose – Reason / Effect

4. Date – Medication – Change / Dose – Reason / Effect

5. Date – Medication – Change / Dose – Reason / Effect

6. Date – Medication – Change / Dose – Reason / Effect

7. Date – Medication – Change / Dose – Reason / Effect



ADDITIONAL NOTES



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MEDICATIONS

Additional Medications & Supplements

A repeatable continuation page for the master medication list.



MEDICATION / SUPPLEMENT ENTRIES

1. Medication / Supplement – Dose – Purpose – Prescriber

2. Medication / Supplement – Dose – Purpose – Prescriber

3. Medication / Supplement – Dose – Purpose – Prescriber

4. Medication / Supplement – Dose – Purpose – Prescriber

5. Medication / Supplement – Dose – Purpose – Prescriber



ALLERGIES / IMPORTANT REACTIONS

Allergen / Medication – Reaction – Severity



ADDITIONAL NOTES



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DAILY CARE

Daily Care Routine

Capture the routines that make the day safer and more predictable.



DAILY ROUTINE

Morning

Breakfast / Medications

Midday

Afternoon

Dinner

Evening

Bedtime



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DAILY CARE

Weekly Care Planner

Coordinate recurring care, errands, appointments and responsibilities.



WEEKLY PLAN

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday / Sunday



THIS WEEK'S PRIORITIES / NOTES



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DAILY CARE

Monthly At-a-Glance

Keep important dates and deadlines visible.



IMPORTANT DATES THIS MONTH

1. Date – Appointment / Task – Person Responsible

2. Date – Appointment / Task – Person Responsible

3. Date – Appointment / Task – Person Responsible

4. Date – Appointment / Task – Person Responsible

5. Date – Appointment / Task – Person Responsible

6. Date – Appointment / Task – Person Responsible

7. Date – Appointment / Task – Person Responsible

8. Date – Appointment / Task – Person Responsible



ADDITIONAL NOTES



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APPOINTMENTS

Appointment Preparation

Prepare questions and bring the information you need.



VISIT DETAILS

Date

Doctor / Provider

Reason for Visit



QUESTIONS TO ASK

Questions



THINGS TO BRING

- ☐ Medication list
- ☐ Symptom notes
- ☐ This planner

- ☐ Insurance / benefit cards
- ☐ Relevant records



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APPOINTMENTS

Appointment Notes & Follow-Up

Record what changed and what needs to happen next.



KEY DISCUSSION POINTS

Notes



TESTS / REFERRALS / ORDERS

Notes



MEDICATION CHANGES

Notes



FOLLOW-UP / NEXT STEPS



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HOSPITAL

Hospital / ER Grab-and-Go Sheet

Keep this current and easy to find. Check boxes only when packing.



GRAB-AND-GO CHECKLIST

- ☐ Photo ID and insurance / benefit cards
- ☐ Current medication list
- ☐ Allergies and important conditions
- ☐ Advance directive / POA location
- ☐ Doctors and specialist contacts
- ☐ Emergency contacts
- ☐ Mobility / hearing / vision needs
- ☐ Glasses, hearing aids and charger
- ☐ Change of clothes
- ☐ This planner



ADDITIONAL NOTES



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HOSPITAL

Hospital Discharge Checklist

Use before leaving the hospital or rehabilitation setting.



BEFORE YOU LEAVE

- ☐ Understand diagnosis and next steps
- ☐ Receive written discharge instructions
- ☐ Review medication changes
- ☐ Know warning signs and who to call
- ☐ Schedule follow-up appointments
- ☐ Confirm equipment / therapy / home-health needs
- ☐ Understand wound / mobility instructions
- ☐ Update this planner



DISCHARGE NOTES



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**HOME &
MOBILITY**

Home Safety Checklist

A quick screen. Use the separate Aging in Place Planner for a deeper review.



ENTRANCES & WALKWAYS

- ☐ Clear of clutter
- ☐ Handrails where needed
- ☐ Good lighting



BATHROOM

- ☐ Grab bars installed
- ☐ Shower chair if needed
- ☐ Non-slip surfaces



BEDROOM

- ☐ Clear path to bathroom
- ☐ Phone / call device within reach



GENERAL

- ☐ Remove tripping hazards
- ☐ Emergency plan visible
- ☐ Frequently used items within reach



ADDITIONAL NOTES



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**HOME &
MOBILITY**

Mobility & Assistance Needs

Track abilities, equipment and changes over time.



CURRENT ABILITIES / SUPPORTS

Walking / Mobility

Transfers

Bathing

Dressing

Toileting

Eating / Nutrition

Household Tasks

Transportation



CHANGES TO WATCH



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COORDINATION

Transportation & Appointment Log

Repeatable page. Print as many copies as needed.



TRANSPORTATION / APPOINTMENTS

1. Date / Time – Destination – Driver / Transport – Notes

2. Date / Time – Destination – Driver / Transport – Notes

3. Date / Time – Destination – Driver / Transport – Notes

4. Date / Time – Destination – Driver / Transport – Notes

5. Date / Time – Destination – Driver / Transport – Notes

6. Date / Time – Destination – Driver / Transport – Notes

7. Date / Time – Destination – Driver / Transport – Notes

8. Date / Time – Destination – Driver / Transport – Notes



ADDITIONAL NOTES



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COORDINATION

Caregiving Responsibility Map

Make primary and backup responsibilities visible.



WHO DOES WHAT?

1. Task – Primary Person – Backup – Frequency / Due Date

2. Task – Primary Person – Backup – Frequency / Due Date

3. Task – Primary Person – Backup – Frequency / Due Date

4. Task – Primary Person – Backup – Frequency / Due Date

5. Task – Primary Person – Backup – Frequency / Due Date

6. Task – Primary Person – Backup – Frequency / Due Date

7. Task – Primary Person – Backup – Frequency / Due Date

8. Task – Primary Person – Backup – Frequency / Due Date



ADDITIONAL NOTES



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COORDINATION

Family Communication Log

A repeatable log for important conversations and decisions.



FAMILY / CARE TEAM COMMUNICATION LOG

1. Date / Time – People – Topic / Decision – Action Needed

2. Date / Time – People – Topic / Decision – Action Needed

3. Date / Time – People – Topic / Decision – Action Needed

4. Date / Time – People – Topic / Decision – Action Needed

5. Date / Time – People – Topic / Decision – Action Needed

6. Date / Time – People – Topic / Decision – Action Needed

7. Date / Time – People – Topic / Decision – Action Needed



ADDITIONAL NOTES



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**CARE
PROVIDERS**

Paid Caregiver / Agency Information

Keep provider details, schedule and service notes together.



PROVIDER DETAILS

Agency / Caregiver Name

Contact Person

Phone

Email

Website

Services Provided

Schedule

Rate / Billing



EMERGENCY / AFTER-HOURS CONTACT

Name / Phone



SERVICE NOTES



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**CARE
PROVIDERS**

Questions Before Hiring a Care Provider

Compare providers and make an informed decision.



IMPORTANT QUESTIONS TO ASK

- ☐ Are they licensed, bonded and insured?
- ☐ Have they had a background check?
- ☐ Are they Silver Streak approved?
- ☐ Are they Silver Streak verified?
- ☐ What services do they provide?
- ☐ Are caregivers employees or independent contractors?
- ☐ What training do caregivers receive?
- ☐ Do they provide a consistent caregiver?
- ☐ How do they handle emergencies or last-minute changes?
- ☐ Can they provide references from current clients?
- ☐ What if a caregiver is not a good fit?
- ☐ What are their rates, payment options and cancellation policy?
- ☐ Is there a written agreement or contract?



PROVIDER NOTES / COMPARISON



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BACKUP PLAN

Backup Care Plan: If I Can't Be There Tomorrow

Make sure someone can step in without guessing.



WHO STEPS IN

Primary Backup Caregiver

Alternate Contact

Where to Find This Planner

Key Information They Need to Know



WHAT MUST HAPPEN TOMORROW?

1. Task / Time – Instructions – Who Can Help

2. Task / Time – Instructions – Who Can Help

3. Task / Time – Instructions – Who Can Help

4. Task / Time – Instructions – Who Can Help

5. Task / Time – Instructions – Who Can Help



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DOCUMENTS

Where Important Things Are

Record locations, not passwords, PINs or access codes.



IMPORTANT LOCATIONS

Medication list

Insurance cards

Advance directive / living will

POA documents

Will / trust

Financial records

House keys / access

Emergency supplies



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DOCUMENTS

Important Documents Checklist

Know what exists and where originals and copies are stored.



DOCUMENT CHECKLIST

- ☐ Photo ID
- ☐ Medicare / health insurance cards
- ☐ Advance directive / living will
- ☐ Medical Power of Attorney (POA)
- ☐ Durable / Financial Power of Attorney
- ☐ Will and/or trust
- ☐ HIPAA authorization forms
- ☐ Birth / marriage records
- ☐ Veteran benefits information
- ☐ Long-term care insurance
- ☐ Funeral / cemetery / cremation documents



WHERE ORIGINALS / COPIES ARE KEPT



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LEGAL

Legal & Decision-Making Documents

Keep POA, advance directive and decision-maker information together.



LEGAL & DECISION-MAKING DOCUMENTS

Advance Directive / Living Will – Agent / Location

Medical Power of Attorney – Agent / Location

Durable / Financial Power of Attorney – Agent / Location

HIPAA Authorization – Agent / Location

Will / Trust – Agent / Location



ATTORNEY / LEGAL CONTACT

Name

Email

Firm

Document Location

Phone

Review Date



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FINAL WISHES

Final Wishes & End-of-Life Preferences

A conversation guide for personal wishes and preferences.



FINAL ARRANGEMENTS

- | | |
|---|---|
| ☐ Burial | ☐ Cremation |
| ☐ Green / natural burial | ☐ Donation / other arrangement |
| ☐ No preference stated | |



SERVICE PREFERENCES

Funeral Home / Provider

Cemetery / Final Resting Place

Religious / Spiritual Preference

Clergy / Officiant

Preferred Music / Songs

Readings / Scriptures / Poems

Eulogy – Preferred Speaker(s)

Pallbearers / Honorary
Pallbearers

Flowers / Donations / Memorial
Requests

Other Wishes



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INSURANCE

Insurance, Benefits & Accounts

Organize coverage and benefit information without recording passwords.



MEDICARE / HEALTH INSURANCE

Medicare / Member ID

Prescription Plan

Plan / Carrier

Supplement / Secondary

Member Services

Renewal / Review Date



OTHER INSURANCE / BENEFITS

1. Program / Carrier – Member ID – Phone

2. Program / Carrier – Member ID – Phone

3. Program / Carrier – Member ID – Phone



LONG-TERM CARE INSURANCE

Provider / Policy / Claims Phone / Benefit Notes