When an Adult Child Moves Home to Caregive:

The Family Planning Workbook & Caregiving Agreement

For families navigating one of life's biggest transitions.

Use this workbook before moving day to have the conversations that prevent conflict, protect your relationship, and keep your parent safe.

Prepared for:

_____

Date completed:

_____

How to Use This Workbook

This workbook has four parts. Work through them in order, ideally together as a family, the adult child, the parent, and any other family members who are involved in care decisions.

Before you begin

Set aside 60–90 minutes without interruption. This is not a form to fill out alone and hand to someone. It's a conversation guide. The questions are designed to be read aloud and discussed before anyone writes anything down.

A note on the agreement: The Caregiving Agreement in Part 3 is not a legal document. It's a family commitment, a written record of what everyone has discussed and agreed to. Its power comes from the conversation that produces it, not from any legal force. Think of it as a shared memory of what was decided on a specific day.

Plan to revisit the agreement every three to six months, or whenever something significant changes in your parent's condition or your own circumstances.

PART 1

Pre-Move-In Conversation Guide

Read each question aloud. Discuss it. Then write down what you agreed on. There are no right answers, only honest ones.

> **Tip**
> **If a question feels uncomfortable, that's usually a sign it's one of the most important ones to discuss now rather than later.**

Section A: Medical & Health Decisions

1. Who will be the primary point of contact for doctors, specialists, and pharmacies?

2. Who manages medications, filling prescriptions, tracking doses, and monitoring side effects?

3. Who attends medical appointments? Will the adult child always attend, or only for major visits?

4. Does a healthcare proxy (durable power of attorney for healthcare) exist? Who holds it?

5. Does a financial power of attorney exist? Who holds it?

6. Is there a living will or advance directive in place? Where is it kept?

7. What are the parent's current diagnoses, medications, and known allergies that the adult child needs to know?

8. What are the parent's wishes if there is a medical emergency? Who makes decisions if they cannot?

Section B: Personal Care

> **Note**
> **Personal care includes bathing, dressing, grooming, and toileting. These conversations feel awkward but are far less difficult to have now than in the moment.**

9. What level of personal care assistance does the parent currently need?

10. Which personal care tasks is the adult child comfortable providing? Which are they not?

11. If the adult child is not able or willing to provide certain personal care, who will? (Home health aide, sibling, other?)

12. How does the parent prefer to be helped? What words or approaches feel respectful to them?

Section C: Household Responsibilities

13. Who handles cooking? Who shops for groceries and how often?

14. Who handles laundry, cleaning, and household maintenance?

15. Are there household tasks the parent can and wants to continue doing independently? List them:

16. How will household decisions be made? Who has final say on things like temperature, guests, TV, noise?

Section D: Finances

> **Note**
> **Money is one of the most common sources of caregiver conflict. Vague arrangements become resentments. Be specific.**

17. If the adult child is living in the parent's home, will they contribute to utilities or household expenses? How much and how often?

18. If the parent is living in the adult child's home, how will the parent's expenses be handled?

19. Who pays for home modifications, medical equipment, or in-home help?

20. Is the adult child leaving a job or reducing hours to provide care? If so, how will their lost income be addressed?

21. Who manages the parent's bills and banking? Is there a system in place?

Section E: Schedules, Boundaries & Respite

22. What are the adult child's designated "off hours", times that are reserved for their own rest, exercise, or personal life?

23. Who is responsible for the parent's overnight needs? What happens if the adult child needs uninterrupted sleep?

24. What is the plan for respite care? Who will step in so the adult child can take a break? How often?

25. Are there siblings or other family members who will take on specific responsibilities? List who does what:

26. What does each person in this arrangement need to feel that their own wellbeing is being protected?

Section F: The Relationship

27. What activities do the parent and adult child want to continue doing together that have nothing to do with caregiving?

28. How will disagreements be handled? What is the process when one person feels the arrangement isn't working?

29. What does the parent need in order to feel that they still have dignity and autonomy in this arrangement?

30. What does the adult child need in order to feel that this arrangement is sustainable for them long-term?

PART 2

Home Safety Walkthrough Checklist

Walk through every room together before moving day. Check each item that is already in place. Circle items that need attention and note who is responsible for completing them.

> **Who should do this walkthrough?**
> **The adult child and parent together, ideally. If there are concerns about your parent's mobility or cognition, consider inviting a CAPS (Certified Aging in Place Specialist) or occupational therapist for a professional assessment.**

Date of walkthrough: _____ **Completed by:** _____

✓ Bathroom

- □ Grab bars installed next to toilet — anchored into studs (not suction cup)
- □ Grab bars inside shower or tub — anchored into studs
- □ Shower bench or tub transfer bench in place if needed
- □ Handheld showerhead installed
- □ Non-slip mat inside tub or shower
- □ Non-slip mat on bathroom floor outside tub/shower
- □ Toilet seat height appropriate (feet flat on floor when seated)
- □ Adequate lighting — bright enough to see clearly at night
- □ Nightlight installed for nighttime navigation
- □ Cabinet locks or medication storage if cognitive issues are present

✓ Bedroom

- □ Bed height appropriate — feet flat on floor when seated on edge
- □ Bed rail in place if needed for getting in/out
- □ Clear, unobstructed path from bed to bathroom
- □ Nightlight on the route from bed to bathroom
- □ Phone or call device within reach of the bed
- □ Clutter cleared from all walking paths
- □ Lamp or light switch accessible without getting out of bed

✓ Kitchen

- □ Frequently used items within easy reach — no climbing or overreaching required
- □ Perch stool at counter available if balance is an issue
- □ Stove controls are front-mounted or easily reachable
- □ Countertops clear of unnecessary clutter
- □ No rugs or mats on kitchen floor that could slip or catch a foot
- □ Fire extinguisher present and accessible
- □ Smoke detector within the kitchen area working and tested
- □ Sharp utensils stored safely if cognitive issues are present

✓ Entryways & Exterior Steps

- □ Handrail on all exterior steps — firmly anchored
- □ Ramp assessed or installed if steps are a mobility barrier
- □ Entry area well-lit with motion-activated or easy-to-reach lighting
- □ No loose mats or rugs at entry
- □ Threshold strips flush — no raised edges that catch a foot
- □ Door hardware easy to operate — lever handles preferred over round knobs

✓ Interior Stairs (Multi-Level Homes)

- □ Handrails on both sides of staircase — full length, firmly anchored
- □ Carpet on stairs tight with no loose or frayed edges
- □ Contrast tape or strip on edge of each step if steps are hard to see
- □ Staircase lighting bright and switch accessible at both top and bottom
- □ No items stored on any stair steps
- □ Stair lift assessed or installed if mobility is significantly limited
- □ One-floor living arrangement considered if decline is expected

✓ Flooring Throughout Home

- □ All area rugs removed or fully secured with non-slip backing and tape
- □ Transitions between floor types (carpet to tile, etc.) are flush
- □ No cords or cables crossing walking paths
- □ Walking paths throughout home are clear and well-lit

✓ Lighting Throughout Home

- □ **Hallways well-lit with easy-access switches at both ends**
- □ **Nightlights on route from bedroom to bathroom**
- □ **Motion-activated lights in key areas**
- □ **Bulbs bright enough for someone with age-related vision changes**

✓ Emergency Preparedness

- □ **Emergency contacts list posted visibly in the home**
- □ **Medical alert system or device assessed, ordered or in place if needed**
- □ **Medications list and insurance cards accessible in an emergency**
- □ **Neighbor or nearby contact aware of living situation**
- □ **Smoke and carbon monoxide detectors tested and working throughout home**

Items that need attention, list below with who is responsible and target completion date:

PART 3

The Caregiving Agreement

This agreement is not a legal document. It is a written record of what our family has discussed and agreed to. We are signing it as a shared commitment, a way of honoring the conversation we had and giving ourselves something to return to when things get hard.

How to use this agreement

Complete Parts A through F using the answers from your conversation in Part 1. Read it aloud together before signing. Plan to review it every three to six months, or sooner if your parent's condition or circumstances change significantly.

The Parties to This Agreement

Parent's full name:

Date of birth:

Adult child's full name:

Relationship:

Other family members included in this agreement (name and role):

Date this agreement was completed:

Scheduled review date:

Part A: The Living Arrangement

1. Describe the living arrangement (who is moving where, and when):

2. Is this arrangement intended to be permanent, or is there a planned review date?

3. Who has designated personal space in the home, and what are the expectations around privacy?

Part B: Medical Responsibilities

Primary medical contact:	
Medication management:	
Healthcare proxy holder:	
Financial power of attorney:	
Location of advance directive:	

Part C: Caregiving Responsibilities

We agree that the following responsibilities are assigned as described:

Responsibility	Who is responsible	Notes / frequency
Medication management		
Doctor appointments		
Personal care assistance		
Bathing / grooming		
Meal preparation		
Grocery shopping		
Laundry		
Housekeeping		
Transportation		
Financial management		
Overnight responsibility		
Other:		

Part D: Boundaries & Respite

The adult child's designated personal time (hours, days, or activities that are protected):

Respite care plan, who steps in, how often, and how it is arranged:

Personal care tasks the adult child has stated they are not able to provide (and who will provide them instead):

How the adult child will signal when they need a break or additional support:

Part E: Financial Arrangements

Household expense contributions (who pays what, and how often):

How the parent's personal and medical expenses will be managed:

How the cost of home modifications and care equipment will be handled:

Any arrangement regarding compensation for the adult child's caregiving (if applicable):

Part F: Review & Dispute Process

We agree to review this agreement on the following schedule:

If one person feels the arrangement is not working, we agree to handle it this way:

If we cannot resolve a disagreement between ourselves, we agree to seek help from:

Signatures

By signing below, we confirm that we have read this agreement together, discussed its contents honestly, and are committing to honor it in good faith. We understand this is a family agreement, not a legal contract, and that it reflects our shared intention at the time it was signed.

Parent — Signature		**Date**
Parent — Printed Name		

Adult Child / Caregiver — Signature		**Date**

Adult Child / Caregiver — Printed Name

Witness / Other Family Member (optional) — Signature		**Date**

Witness / Other Family Member (optional) — Printed Name

PART 4

Warning Signs It's Time to Get Outside Help

Keep this page. Pull it out and read through it every three to six months, or any time you feel like the arrangement is under strain. These are not signs of failure, they are signals that the situation has changed and the plan needs to change with it.

> **Remember**
>
> **Getting outside help is not giving up. It is making sure your parent gets the level of care they actually need, and that you stay well enough to keep showing up for them.**

Signs the Caregiver May Need More Support

- ⚠ **Persistent sleep disruption**
  You are consistently losing sleep due to caregiving demands and it is affecting your health, mood, or ability to function.
- ⚠ **Withdrawal from your own life**
  You have stopped seeing friends, exercising, or doing activities that matter to you, and there is no end in sight.
- ⚠ **Frequent illness**
  You are getting sick more often than usual, your immune system is telling you something your mind may be dismissing.
- ⚠ **Resentment or anger**
  You find yourself feeling angry at your parent regularly, even when they haven't done anything wrong. This is a sign of caregiver burnout, not a character flaw.
- ⚠ **Feeling trapped**
  You feel you cannot leave, cannot ask for help, or have no options. That feeling is a crisis signal, not a fact.
- ⚠ **Your own health is being neglected**
  You are skipping your own doctor appointments, medications, or basic self-care because caregiving takes priority.

Signs Your Parent Needs a Higher Level of Care

⚠ **Falls or near-falls**
Any fall warrants a medical evaluation and a fresh home safety assessment. Multiple falls are a serious warning sign.

⚠ **Significant cognitive decline**
New or worsening confusion, memory loss, poor judgment, or disorientation that was not present when you moved in.

⚠ **Personal care needs have increased**
Your parent now needs assistance with tasks they were managing independently when this arrangement began.

⚠ **Medical complexity beyond your training**
Your parent's conditions now require skilled nursing, wound care, IV medications, or other care that is beyond what a family caregiver can safely provide.

⚠ **Unsafe behaviors**
Your parent is leaving the stove on, wandering, refusing medications, or engaging in behaviors that put them or others at risk.

⚠ **The arrangement is causing constant conflict**
Daily arguments about care, resistance to all help from you specifically, or a relationship that is actively deteriorating.

Resources to Contact

Your local Area Agency on Aging	**Find yours at eldercare.acl.gov or call 1-800-677-1116**
Geriatric care manager	**A professional who can assess needs and coordinate care across providers**
Home health agency	**For skilled nursing, physical therapy, or personal care aide services**
Adult day program	**Structured daytime programming for your parent — gives you regular respite**
Caregiver support group	**AARP, local hospitals, and disease-specific organizations often run these**
Family therapist or social worker	**For help navigating family conflict, grief, or the emotional weight of caregiving**