FOR ADULT CHILDREN OF AGING PARENTS

The Caring for Aging Parents Checklist

Everything worth putting in place for a parent who is aging — starting with the five small things that buy you time later, then the wider list to work through as you go.

How to use this checklist

Print it and keep it somewhere you will see it. Part One is the short list — five things that take a weekend between them and matter most in the first bad week. Do those first. Part Two is the wider list; work through it a section at a time over months, not days. Nothing here has to be finished. A partly done list is worth far more than a plan you never started. Date each item as you complete it so you can see progress and know what to revisit.

PART ONE — The First Five

Start here

These are the things that keep a first crisis from becoming a first bad year. Four of the five can be done without your parent's permission or participation.

1. Get the three documents in place

- ☐ Find out whether a will already exists, and where it is kept.
- ☐ Find out whether a durable power of attorney exists, and who is named.
- ☐ Find out whether an advance healthcare directive or living will exists.
- ☐ Write down the location of each document — or note that it is missing.
- ☐ Ask whether the named people are still the right people (and still living and willing).
- ☐ Contact an elder law attorney licensed in your parent's state to prepare or update anything missing.
  Capacity matters: your parent must understand what she is signing at the moment she signs it.
- ☐ Ask the attorney what else is worth having — HIPAA release, financial account authorizations, beneficiary updates.
- ☐ Store a copy where you can reach it, not only where your parent keeps it.

2. Build the medication list before the ER asks for it

- ☐ Line up every bottle on the counter and photograph the labels.
  The label already carries the drug, dose, prescriber, and pharmacy.
- ☐ Include over-the-counter items: sleep aids, pain relievers, antacids, allergy pills.
- ☐ Include supplements, vitamins, herbal products, eye drops, inhalers, creams, patches.

- [ ] Note any known drug allergies or past bad reactions.
- [ ] Add pharmacy name and phone number.
- [ ] Add the name and phone number of each prescribing doctor.
- [ ] Keep the photos in your phone where you can find them fast.
- [ ] Print a copy and put it on the refrigerator, where paramedics look.
- [ ] Set a reminder to re-photograph the bottles after any hospital stay or medication change.

3. Walk the house once, after dark

- [ ] Walk the bed-to-bathroom route at night, with only the lights your parent actually uses.
- [ ] Check whether the light switch is within reach of someone half awake.
- [ ] Look for thresholds, transitions, or door saddles that get stepped over.
- [ ] Look for cords, rugs, magazines, pet bowls, or furniture legs in the path.
- [ ] Note where the light from the hallway stops and a dark stretch begins.
- [ ] Check the stairs — lighting at both top and bottom, and a graspable handrail.
- [ ] Fix the one thing that surprised you most before you leave.
- [ ] Add plug-in night lights along the route (bedroom, hallway, bathroom).
- [ ] Schedule a weekend for the rest of what you found.

4. Go to one appointment before there is an emergency

- [ ] Call the doctor's office and ask what form is needed to add you as an authorized contact.
  Without a signed release, the office legally cannot discuss her care with you at all.
- [ ] Complete and return that form; confirm by phone that it is on file.
- [ ] Ask the office how they prefer to be reached, and who answers after hours.
- [ ] Ask whether the practice has a patient portal, and get access set up.
- [ ] Go with your parent to one routine, uneventful appointment.
- [ ] Bring the medication list and give the office a copy.
- [ ] Write down the names of the doctor, the nurse, and the front-desk person.
- [ ] Do the same for any specialist she sees regularly.

5. Decide who does what before you are arguing

- [ ] Hold one twenty-minute call with your siblings — before there is a crisis to discuss.
- [ ] Name who owns money and paperwork.
- [ ] Name who owns medical appointments and the doctor relationship.
- [ ] Name who owns the house, repairs, and yard.
- [ ] Name who owns regular contact and check-in calls.
  This counts as real work, including from three states away.

- [ ] Agree what the person living closest is not automatically responsible for.
- [ ] Send the list around by email so it exists in writing.
- [ ] Set a date to revisit it — six months out, or after any hospitalization.

PART TWO — The Wider Checklist

Work through over time

None of this is urgent this week. Take one section at a time.

Home safety and fall prevention

- [ ] Consider having a senior home safety specialist assess the home.
  They can identify risks and recommend solutions specific to the house and to your parent.
- [ ] Install grab bars in the bathroom — beside the toilet and inside the shower or tub.
  Grab bars must be anchored into studs or blocking. Suction-cup bars are not grab bars.
- [ ] Replace a step-over tub with a walk-in shower, or add a transfer bench.
- [ ] Add non-slip mats or strips inside the tub and shower.
- [ ] Widen doorways where a walker or wheelchair does not fit comfortably.
- [ ] Create a no-step entry, or add a ramp where there are steps.
- [ ] Add or repair handrails on both sides of any staircase.
- [ ] Remove or secure loose throw rugs.
- [ ] Ask about a raised toilet seat or toilet safety frame.

Comfort, lighting, and layout

- [ ] Check that chairs have firm back support and arms to push up from.
- [ ] Check that the bed is a height she can get in and out of easily.
- [ ] Rearrange furniture to create clear, wide walking paths.
- [ ] Increase lighting in stairways, hallways, kitchen, and bathroom.
- [ ] Use bright, non-glare bulbs; replace anything dim or flickering.
- [ ] Add automatic night lights in bedrooms and bathrooms.
- [ ] Move everyday items to between shoulder and hip height — no step stools, no deep bending.

Technology that helps

- [ ] Look into a medical alert system so help is one button press away.
- [ ] Decide between an in-home unit and a mobile one that works away from the house.
- [ ] Consider a voice assistant for reminders, calls, timers, and hands-free help.
- [ ] Consider smart plugs or smart bulbs so lights can be turned on without crossing a dark room.
- [ ] Consider a smart doorbell or camera at the entry, if she is comfortable with it.
- [ ] Make sure someone knows the passwords and account details for anything installed.

Healthcare and insurance

- ☐ Get a clear picture of her health insurance — Medicare, Advantage, supplement, or other.
- ☐ Learn what her plan covers for prescriptions, outpatient care, and durable medical equipment.
- ☐ Understand what it does not cover — especially long-term care.
- ☐ Consider a session with a benefits counselor or insurance advisor.
- ☐ Keep a running record of appointments, diagnoses, and medication changes.
- ☐ Attend appointments when you can; prepare questions in advance and take notes.
- ☐ Keep a list of every provider she sees, with phone numbers.

Medications and preventive care

- ☐ Set up a pill organizer, reminder app, or automatic dispenser if doses are being missed.
- ☐ Ask for a full medication review with her doctor or pharmacist at least once a year.
  Ask directly whether anything on the list can be stopped or reduced.
- ☐ Ask whether any combination on the list raises fall or confusion risk.
- ☐ Keep routine check-ups, screenings, and vaccinations on the calendar.
- ☐ Schedule vision and hearing checks — both affect falls and isolation.
- ☐ Ask about a dental visit; mouth pain quietly changes eating and weight.

Legal and financial planning

- ☐ Confirm the will, power of attorney, and advance directive are current — not decades old.
- ☐ Ask an elder law attorney what else her state requires or recommends.
- ☐ Make a list of accounts, income sources, insurance policies, and pensions.
- ☐ Find out roughly what monthly income is available and what the fixed costs are.
- ☐ Price the care options in her area — in-home aide hours, assisted living, nursing care.
- ☐ Check whether she holds a long-term care insurance policy, and read what it actually pays.
- ☐ Look into Medicaid eligibility rules in her state before you need them.
- ☐ Check veterans' benefits if she or her spouse served.
- ☐ Watch for signs of financial scams or unusual withdrawals.

Communication that works

- ☐ Use plain language; skip the medical shorthand.
- ☐ Say back what you heard before responding, so she knows she was understood.
- ☐ Raise hard topics at a calm time, not in the middle of a crisis or a holiday dinner.
- ☐ Lead with her wellbeing and her choices, not with what worries you.
- ☐ Prepare questions before appointments so nothing gets forgotten in the room.

- [ ] Speak up as her advocate when she is not being heard — then let her answer.
- [ ] Hold a family meeting when something changes, so nobody hears it secondhand.
- [ ] Write down what was decided and send it to everyone involved.

Looking after yourself

- [ ] Learn the early signs of caregiver burnout: exhaustion, irritability, dread, numbness.
- [ ] Set a realistic limit on what you personally will take on.
- [ ] Find one caregiver support group — local or online — and attend once.
- [ ] Ask a specific person for a specific piece of help this month.
- [ ] Look into respite care, adult day programs, or a few paid aide hours.
- [ ] Check what your area agency on aging offers — meals, transportation, in-home support.
- [ ] Protect your own sleep, meals, and medical appointments.
- [ ] Keep one thing in your week that has nothing to do with caregiving.
- [ ] Talk to a counselor if the weight is not lifting.

If your parent refuses to discuss any of this

Start with the four things that do not require her permission: the medication photos, the dark walkthrough, the release form question, and the sibling call. Those are yours to do, and she never has to be part of them. For the documents, do not open with her decline — open with your own. "I'm getting my will and power of attorney sorted out this year. Would you look at mine with me?" That is a different conversation than the one she is bracing for.

Companion workbook: Use the *Caring for Aging Parents Workbook* alongside this checklist. It has the conversation scripts, the scenario practice, and the pages where you write down what you actually found.

This checklist is general information for family caregivers, not legal, medical, or financial advice. Please confirm anything specific to your parent's situation with the appropriate licensed professional in her state.

FOR ADULT CHILDREN OF AGING PARENTS

The Caring for Aging Parents Workbook

A place to write down what you actually found, decide what happens next, and practice the conversations before you have to have them for real.

Start here

Most families do not have everything in place before the first crisis. Almost none do. The ones who come through it well are usually the ones who quietly did four or five small things early. This workbook is where those things get written down. Work through it in any order. Skip what does not apply. Leave a page blank and come back to it in three months. Nothing in here has to be finished for it to be useful — a half-filled medication page in your bag at the emergency room is worth more than a perfect plan on a shelf at home.

What is in this workbook

Part	What you will do
1. Where things stand today	An honest snapshot before you change anything
2. The three documents	Track what exists, what is missing, and who to call
3. The medication page	Build the list an ER will ask you for
4. The dark walkthrough	Record what you found at night and triage the fixes
5. The doctor relationship	Provider directory, release forms, appointment prep
6. Who does what	Assign the lanes and run the sibling call
7. The money picture	What is coming in, what care costs, what the gap is
8. Practice scenarios	Seven hard situations, before they happen
9. Your own limits	Burnout check and a support plan for you
10. Resources and next steps	Where to look, and your 30-day / 90-day plan

Use the companion checklist alongside this workbook. *The Caring for Aging Parents Checklist* holds the things to tick off. This workbook holds the thinking, the writing, and the decisions behind them.

PART 1 — Where things stand today

Fill this in before you change anything. In six months it will tell you how far you have come.

Today's date _____

Parent's name _____

Who else is involved in her care right now _____

What brought you here

A hospitalization. A fall. A phone call from a neighbor. Or nothing yet — just a feeling.

What happened, or what have you noticed, that made you start paying closer attention?

The honest snapshot

	In place	Partly	Not yet	Don't know
Will				
Durable power of attorney				
Advance healthcare directive				
Current medication list				
Release on file at doctor's office				
Home checked for fall hazards				
Medical alert system				
Siblings know who does what				
Clear picture of her finances				

	In place	Partly	Not yet	Don't know
Support in place for you				

Looking at that table — what worries you most, and why that one?

What is already going well that you want to protect? Name it, so it does not get lost in everything that needs fixing.

If the phone rang tonight, what is the first thing you would wish you already had in front of you?

What is the smallest thing on this page you could finish this week?

PART 2 — The three documents

A will, a durable power of attorney, and an advance healthcare directive. These three determine how much you are allowed to help.

Why timing matters more than paperwork

Your parent has to be able to understand what she is signing at the moment she signs it. Once capacity is genuinely in question, that window closes, and what replaces it is a court process that is slow, public, and expensive. This is the single item on the list where waiting costs the most. An elder law attorney licensed in your parent's state is the right person for the actual documents — this workbook is only for getting organized before that call.

What exists right now

Document	Exists?	Where is it kept?	Date signed	Who is named
Will				
Durable power of attorney (financial)				
Advance healthcare directive / living will				
Healthcare power of attorney				
HIPAA release				

If the honest answer to "where is it kept" is somewhere in the house, probably — write that. Knowing that now is better than discovering it at 2am.

Questions for the attorney

Bring this page to the appointment. Add your own as they occur to you.

- ☐ Which of these documents does my parent's state require, and in what form?
- ☐ Does the power of attorney take effect immediately, or only on incapacity?
- ☐ What can I do with it, and what can I not do?
- ☐ Do banks and brokerages here accept it, or do they want their own forms?
- ☐ What happens if the named person cannot serve — is there a successor?
- ☐ What does the healthcare directive actually cover, and who decides what?
- ☐ Do we need a separate HIPAA release, and for which providers?
- ☐ How old is too old — when should these be redone?

My own questions

Attorney or firm considered _____

Referred by _____

Call scheduled for _____

What this will cost _____

The conversation, if she has not signed anything

Do not open with her decline. Open with your own. It is a different conversation than the one she is bracing for, and it is honest.

One way to say it

"I'm getting my own will and power of attorney sorted out this year. Would you look at mine with me? I'd rather do it now than leave it to the kids to figure out."

Write it in your own words — the way you would actually say it to her:

What is she most likely to say back? Write her real objection, not the polite version.

What is your honest answer to that objection?

Who else could raise this with her more easily than you can — a sibling, a pastor, her doctor, an old friend, her accountant?

If it takes a year

Sometimes it does. Sometimes it takes a hospitalization and she agrees from a bed while you are filling out forms in a hallway. If that is how it goes, you will still be glad you had the medication list in your phone. That is the point of the small things — not that they prevent the hard moment, but that they make you useful inside it.

PART 3 — The medication page

If your parent goes to an emergency room, someone will ask what she takes within the first few minutes. "A little white pill for her blood pressure" is not an answer anyone can act on.

The ten-minute version

Line the bottles up on the counter and photograph the labels. The label already carries the drug, the dose, the prescriber, and the pharmacy. Keep the photos in your phone. Print a copy and put it on the refrigerator, where paramedics look. Then fill in this page at your own pace — the photos already did the urgent part.

Prescriptions

Medication	Dose	How often	What it is for	Prescriber

Do not stop here. The items people leave off are the ones that interact.

Everything else she takes

Over-the-counter sleep aids, pain relievers, antacids, allergy pills, supplements, vitamins, herbal products, eye drops, inhalers, creams, patches.

Item	Dose / how often	Why she takes it	Doctor knows?

Allergies and past reactions

Pharmacy and prescribers

Pharmacy name and location

Pharmacy phone

Primary care doctor

Specialists

Keep it current

Re-photograph the bottles after any hospital stay, any new specialist, and any time a dose changes. Once a year, ask her doctor or pharmacist for a full medication review — and ask directly whether anything on the list can be stopped, and whether any combination raises her risk of falling or of confusion.

Date this page was last updated

PART 4 — The dark walkthrough

Daytime walkthroughs miss almost everything. The path she takes at 2am from the bed to the bathroom is the one that matters, and you cannot evaluate it at noon.

How to do it

Wait until dark. Use only the lights she actually turns on — no overhead light, no phone flashlight. Walk her route, at her pace, the way she walks it. Notice the reach to the light switch for someone half awake, the threshold she steps over, the cord crossing the path, the corner where the light from the hall stops.

Date and time of the walkthrough _____

Route walked (from / to) _____

What you found

Where	What you noticed	How risky	Fix it when?

The one thing you fix tonight

Pick the single item that surprised you most. Fix that one before you leave the house. Leave the rest for a weekend.

FIXED TONIGHT

The weekend list

What needs a trip to the hardware store, a helper, or a professional.

THIS MONTH

The bigger projects

Grab bars anchored into studs, a walk-in shower, a ramp, a widened doorway, better stair lighting. These need money, time, and often her agreement.

LATER THIS YEAR

Which of these will she push back on, and what is the smallest version she might say yes to?

PART 5 — The doctor relationship

Most adult children first talk to their parent's doctor during a crisis, as a stranger, over the phone, and often after hours. That is the hardest possible version of that conversation.

The paperwork nobody warns you about

Without a signed release on file, the office legally cannot discuss your parent's care with you at all — not her test results, not her medication changes, not whether she showed up. Staff will not volunteer this. You find out when you need something and are told no. Call each office and ask what form they need to add you as an authorized contact.

Provider directory

Practice / doctor	What for	Phone	Release on file?

For each office, find out

- ☐ The exact name of the form that adds me as an authorized contact
- ☐ Whether it must be signed in person or can be mailed or uploaded
- ☐ How they prefer to be reached, and who answers after hours
- ☐ Whether there is a patient portal, and how I get access

Before the appointment

Go with her to one routine, boring appointment before anything is wrong. Being a known face changes how the emergency calls go.

Appointment date and time

Which provider

Three questions I want answered

What has changed since the last visit

Sleep, appetite, weight, mood, memory, balance, pain, new falls or near-falls.

After the appointment

What was said

What changed — medications, referrals, tests

Next appointment

Who I spoke with, and their role

PART 6 — Who does what

If there are siblings, the roles get assigned by default: whoever lives closest becomes responsible for everything, resents it, and says nothing for about two years. Name the lanes out loud instead.

The lanes

Lane	What it covers	Who owns it	Backup
Money and paperwork	Bills, accounts, insurance, taxes, benefits		
Medical	Appointments, the doctor relationship, medications		
House	Repairs, yard, safety projects, contractors		
Regular contact	Calls, visits, knowing how she actually is		
Legal	Documents, attorney, keeping copies current		
Day to day	Groceries, rides, laundry, errands		

Regular contact counts as real work, including from three states away. Put a name in that row.

The twenty-minute call

One call. Not a family summit. The goal is a list, not a resolution.

- ☐ Agree what we are each already doing — out loud, without arguing about it
- ☐ Fill in the lane table above
- ☐ Name what nobody is doing yet
- ☐ Agree what the closest sibling is not automatically responsible for
- ☐ Set a date to revisit — six months, or after any hospitalization
- ☐ Send it around in an email so it exists in writing

Call scheduled for _____

Who will be on it _____

What are you currently doing that nobody has acknowledged?

What are you doing that you would hand over tomorrow if someone offered?

What would you not hand over, even if offered — and why?

Which sibling is going to be hardest to reach agreement with, and what is the smallest thing they could realistically own?

You are not solving the family dynamic here. You are removing one argument from a week that will already have enough of them. What is that one argument, for your family?

PART 7 — The money picture

You do not need exact figures. You need to know roughly what is available, what care costs where she lives, and how big the gap is.

What comes in each month

Source	Roughly how much	Notes
Social Security		
Pension		
Retirement account withdrawals		
Other income		

What care costs near her

Call two or three providers in her area and ask. Prices vary enormously by region.

Option	Local cost	Who to call
In-home aide (per hour)		
Adult day program (per day)		
Assisted living (per month)		
Memory care (per month)		
Nursing home (per month)		

Coverage to check

- ☐ What Medicare covers — and confirm what it does not (long-term care)
- ☐ Whether a Medicare Advantage or supplement plan adds anything
- ☐ Medicaid eligibility rules in her state, and the look-back period
- ☐ Veterans' benefits, if she or her spouse served
- ☐ Any long-term care insurance policy — and what it actually pays out

What is the gap between what she has and what care would cost, and who needs to know about it?

Who in the family needs to see these numbers, and what will you say when you show them?

What are you personally willing and able to contribute — money, hours, or neither? Write the honest answer, not the generous one.

What would have to happen for her to stay in her home, and at what point does that stop being the right answer?

PART 8 — Practice scenarios

Seven situations that happen to almost everyone eventually. Working through them on paper now is how you avoid deciding them at 2am with no information.

SCENARIO 1 — The 2am call

The situation

The phone rings at 2am. Your mother has fallen and been taken to an emergency room forty minutes from your house. A nurse asks what medications she takes, whether she has a healthcare proxy, and who has authority to make decisions if she cannot.

What can you answer right now, tonight, from memory or from your phone?

What would you not be able to answer — and where would you have to go to find it?

Who is the second call you make, and what do you tell them?

What would you change this week so that call goes better?

SCENARIO 2 — She shuts it down

The situation

You raise the subject of a power of attorney gently, over coffee. She says "I'm not dead yet" and changes the subject. The next two times you try, she leaves the room.

Which of the five first steps can you still do without her permission?

What is she actually protecting — her independence, her privacy, her money, her fear of what comes next? Write your best honest guess.

What would you say next time, opening with your own paperwork instead of hers?

If she still says no a year from now, what will you have done anyway?

SCENARIO 3 — The neighbor calls

The situation

A neighbor phones to say your mother knocked on her door at 11pm, confused, asking about a relative who died years ago. By morning she seems completely herself and does not remember it.

What are the first three things you check or rule out?

Who do you call, and what exactly do you tell them?

What would you want written down before that appointment — dates, times, what she said?

Who else needs to know this happened, and who does not need to know yet?

SCENARIO 4 — Discharge tomorrow

The situation

After four days in the hospital, a case manager tells you your mother is being discharged tomorrow morning. She cannot manage stairs yet. Nobody has asked whether her house has stairs.

What do you need to know before she goes home, and who do you ask?

What would have to be true at the house by tomorrow afternoon?

If it cannot be ready in time, what do you ask the hospital for?

Who could be at the house tomorrow, and what would you ask them to do?

SCENARIO 5 — The sibling who disagrees

The situation

You tell your brother she should not be driving. He says you are overreacting, that she has driven that route for thirty years, and that you always make things dramatic. He lives four hours away and visits twice a year.

What specific, observable facts do you have — not impressions?

What would change his mind, and how could he see it for himself?

If he still disagrees, what do you do anyway, and what do you let go of?

Who outside the family could deliver this news better than either of you?

SCENARIO 6 — The money does not add up

The situation

You notice three large withdrawals you cannot explain and a stack of unopened mail from a charity you have never heard of. She says a nice man calls to check on her.

What is the first thing you do, and what do you deliberately not do yet?

Who has the legal standing to look at those accounts — and does that person exist yet?

How do you raise this without making her feel accused or foolish?

What could be put in place so this is caught earlier next time?

SCENARIO 7 — You are the one running out

The situation

It has been fourteen months. You are sleeping badly, snapping at your own family, and you cancelled your own doctor's appointment for the second time. Someone asks how you are and you hear yourself say "fine."

What are the three earliest signs, for you specifically, that you are past your limit?

What is one thing you could hand to someone else this month — paid or unpaid?

Who would you actually tell the truth to, and when will you call them?

What would you tell a friend in exactly your situation?

PART 9 — Your own limits

Caregiver burnout is physical, emotional, and mental exhaustion, usually accompanied by a shift from caring to numb. It builds slowly enough that you are often the last to notice.

Honest check-in

Tick anything that has been true for you in the last month.

- ☐ Tired in a way that sleep does not fix
- ☐ Short-tempered with people who did nothing wrong
- ☐ Dreading the phone ringing
- ☐ Feeling numb or flat about things that used to matter
- ☐ Anxious, or braced for bad news most of the time
- ☐ Skipping my own meals, sleep, exercise, or medical appointments
- ☐ Withdrawing from friends because it is easier than explaining
- ☐ Feeling guilty no matter what I choose
- ☐ Drinking, eating, or spending differently than I used to
- ☐ Thinking "nobody else is going to do this" several times a week

Several ticks is not a personal failure. It is a workload problem, and workload problems have practical answers.

Your support plan

One person I will tell the truth to this month _____

One task I will hand off, and to whom _____

One support group I will attend once _____

My own appointment I will rebook _____

One thing in my week that is not caregiving _____

What do you need that you have not asked for, because asking felt like admitting something?

_____

_____

_____

_____

PART 10 — Resources and next steps

Fill in the local details as you find them. Names and services change, so confirm anything before you rely on it.

Where to look

What you need	Where it usually comes from	Local contact
Help finding local services	Eldercare Locator, or your local Area Agency on Aging	
Home safety assessment	Occupational therapist, or a senior home safety specialist	
Legal documents	An elder law attorney licensed in her state	
Benefits and insurance help	State health insurance assistance program (SHIP)	
Meals, rides, in-home help	Area Agency on Aging, senior center, local nonprofits	
Respite and adult day care	Area Agency on Aging, hospital social worker	
Caregiver support groups	Hospital, senior center, condition-specific organizations	
Memory concerns	Her primary doctor, then a geriatrician or memory clinic	
Veterans' benefits	VA, or an accredited veterans service officer	

Ask the hospital or her doctor's office for a social worker or case manager. They know the local landscape better than any list, and the referral is usually free.

Your plan

In the next 7 days

In the next 30 days

In the next 6 months

One person I will ask for help this month

What I will ask them for

Re-check dates

Set these now. Put them in your phone.

Review	When	Done
Medication page updated		
Dark walkthrough repeated		
Documents reviewed with attorney		
Sibling lanes revisited		
Your own burnout check-in		
Insurance and benefits reviewed		
Home safety items completed		
Provider list and releases confirmed		

One last thing

You are not building a care plan today, and you are not going to prevent every hard moment. The point of doing the small things early is that they make you useful inside the hard moment when it comes. If all you ever finish is the medication page and one dark walkthrough, you will still be further ahead than most families are on their worst night.

Notes

This workbook is general information for family caregivers. It is not legal, medical, or financial advice. Please confirm anything specific to your parent's situation with the appropriate licensed professional in her state.