

Caregiver Organizer

This organizer is intended to help you or a loved one keep health-care information in one place and share it with health-care professionals, family members, and others who might need it. It's also an easy and convenient way to share abilities, strengths, and preferences to ensure you or your loved one is respected, heard, and understood.

Note: We encourage you to keep this binder in a safe, secure place to protect personal information. Call Amerigroup to request replacement forms for this packet.

Contents:

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- Important information
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- Additional tools
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Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

(Insert photo)

How to best care for:

(Preferred name or nickname)

PERSON YOU SUPPORT	
Full name:	
Nickname or preferred name:	
Address:	
Phone numbers:	Home: Cell: Work: Other:
Email:	
Date of birth:	
Primary language/mode of communication:	
Medicaid ID:	
Medicare ID:	
Military ID:	
Other insurance ID:	
Is there a living will?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally authorized representative/health care proxy/guardian?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

* If yes, insert a copy of the related documents into sleeves at the back of this binder.

Note: Social Security Number, driver's license number, and passport number may also be needed. Please keep these in a safe, different place to protect against identity theft.

Members can access their secure Amerigroup account online (<https://member.amerigroup.com/public/login>) or through the app, where they can:

- Change their primary care provider*
- Print their ID card
- Set mailing preferences
- Access the Benefit Reward Hub

* If the member has Medicare, the primary care provider will be changed through their Medicare plan.



A CAREGIVER'S GUIDE TO DEVELOPING A PERSON-CENTERED DESCRIPTION

This guide will help you and your loved one develop a one-page description to help other caregivers understand how best to support your loved one. It describes what is important **to** your loved one to be happy and content as well as what is important **for** them to be healthy and safe.

You can develop the description over time, and you can always add or remove what has been listed. Each one-page description highlights what people like and admire about your loved one, what is important to them, and how best to support them.

We have listed a set of questions on the following pages as well as examples to help you complete the one-page description with your loved ones and others who know them best.

One-page person-centered description instructions

What is important to me?

Talk with your loved one and other people important in their life.

Consider:

- What are the things that make your loved one happy?
- What makes your loved one smile?
- What do they like to do?
- Who are the people closest to your loved one? Who are their favorite people to spend time with?
- What makes a good day? What do they look forward to?
- What makes a bad day? What are the things that bother your loved one?

Examples of things your loved one likes:

- Jane likes to watch her granddaughter play soccer.
- Mike loves to fill the bird feeder every morning, even if it is full. But he can be grumpy if he does not have time to feed the birds.
- Laura likes to look stylish and loves to shop for the latest fashions.
- Troy likes his independence and privacy.
- Troy likes to do things for himself and have his own space at home and in the classroom at school.
- Addy loves talking to anyone who is willing to sit down and chat.
- Addy loves listening to music and playing with musical toys and instruments like a piano or drum.

What do people like and admire about me?

This is sometimes hard to answer, so you may want to ask other people close to you and your loved one.

Consider:

- What are some great things about your loved one?
- What are some things your loved one does well?
- What compliments do people give your loved one?
- What do people thank your loved one for?

Examples of things people admire:

- George has a nice smile.
- Jenny always remembers birthdays.
- Jenny is good at computer games.
- Alice can hug you with just her eyes.
- Alice has a giggle that makes everyone laugh.
- John has a special way with dogs.
- John has a strong memory.

How to best support me:

Take the information you've written down and think about how best to support your loved one. Remember to think about what your loved one would think is important. Be sure to think about things others may not know that if done wrong could make for a bad day. Also think about things that could make for a good day when done right.

Consider:

- What does your loved one do without help/support?
- When does your loved one need help/support?
- When things go wrong, what comforts your loved one?

Examples:

- Rose likes it when she's encouraged to work hard at her therapies and likes praise once she's completed her exercises.
- Rose wants to finish her schoolwork on time and likes praise when she is working. Rose also wants breaks whenever she starts to get fidgety or frustrated.
- James wants you to wait for him to try to do something before stepping in to help. Wait for James to ask for help.
- Bob wants his daily routine to be the same and to be told ahead of time if there is a change.
- Dory wants you to always keep your promises or say why you can't keep your promise.
- When Jayden is scared, he wants you to look in his eyes, ask to hold his hands, and say everything is OK.
- Johnny likes to go to Target but he wants to make sure it's during slow business hours. Johnny does not like crowds.

Characteristics of people who support me best:

Look at what you have written in the other sections and think about people your loved one gets along with, what others like and admire about your loved one, and who they were with the last time they had a good day. Ask your loved one or other people closest to your loved one what is important to them, and then write it down. Remember you can change or add information any time.

Consider:

- What are the people like that your loved one gets along with most?
- Are there personality traits common to your loved one's favorite people?
- What are some things that are important to your loved one that need to be considered?
- Are there character traits your loved one finds upsetting or frustrating?

Examples:

- Will go with Jane to her granddaughter's soccer match and enjoys soccer, too
- Chatty and talkative like Addy
- Loves music like Addy and likes to play the piano.
- Positive, understanding, and encouraging Rose to keep up the hard work and not to give up on her therapy and exercises
- Respectful of routines and honors what's important to Bob; always explains to Bob if a change is going to happen and why, even if it's just once



What people like and admire about
_____:

Things that are important to
_____:

Insert photo

What others need to know/do to best support
_____:

Characteristics of people who support
_____ best:

INTEGRATED SUPPORT STAR

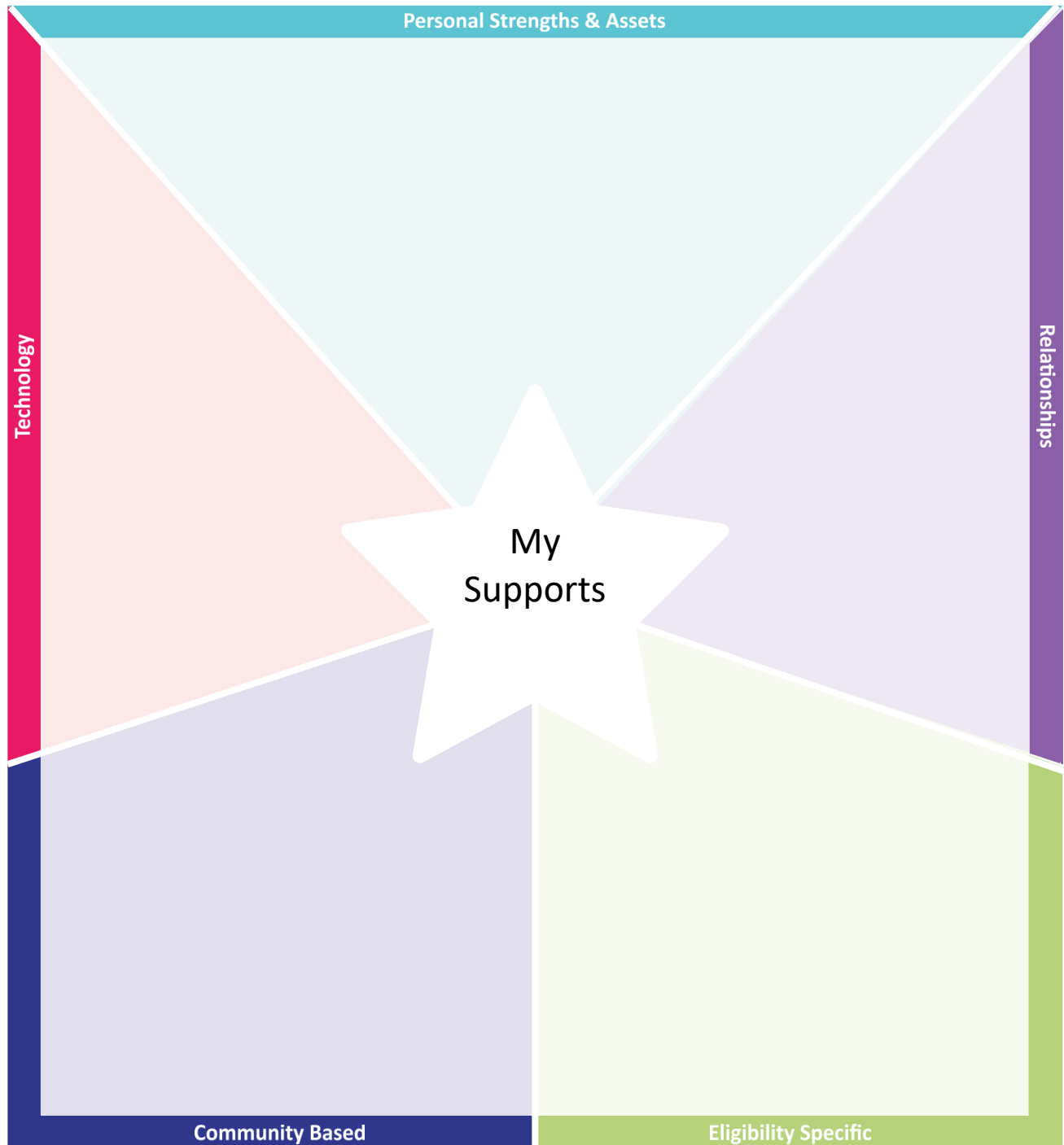
INSTRUCTIONS

The Integrated Support Star principle and tool can be used by anyone (individuals, families, or professionals) to guide their thinking about supports. It can be used for mapping current services and supports, problem-solving for a specific need, or planning the next steps. The star can help explore current needs, identify gaps, or plan how to access supports for the future. Fill in each section of the support star to identify supports you currently have in each category.





INTEGRATED SUPPORTS STAR



Developed by the Charting the LifeCourse Nexus - LifeCourseTools.com
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Contact information

CAREGIVER INFORMATION	
Name/relationship:	
Phone number:	
Email address:	
Name/relationship:	
Phone number:	
Email address:	
Name/relationship:	
Phone number:	
Email address:	
EMERGENCY CONTACTS	
Name/relationship:	
Phone number:	
Email address:	
Name/relationship:	
Phone number:	
Email address:	
Name/relationship:	
Phone number:	
Email address:	
AMERIGROUP SERVICE COORDINATOR CONTACT INFORMATION	
Name/relationship:	
Phone number:	
Email address:	
OTHER CONTACTS	
Name/relationship:	
Phone number:	
Email address:	
Name/relationship:	
Phone number:	
Email address:	
Name/relationship:	
Phone number:	
Email address:	

MEDICAL PROFESSIONAL CONTACTS

Primary care physician

Name:	Phone:
Address:	Email:

Specialist

Name:	Phone:
Address:	Email:

Specialist

Name:	Phone:
Address:	Email:

Specialist

Name:	Phone:
Address:	Email:

Specialist

Name:	Phone:
Address:	Email:

Dentist

Name:	Phone:
Address:	Email:

Psychologist/psychiatrist

Name:	Phone:
Address:	Email:

Optometrist/ophthalmologist

Name:	Phone:
Address:	Email:

Audiology

Name:	Phone:
Address:	Email:

MEDICAL CONTACTS	
Home health agency	
Name:	Phone:
Address:	Email:
Home health agency	
Name:	Phone:
Address:	Email:
Pharmacy	
Name:	Phone:
Address:	Email:
DME/medical supplies	
Name:	Phone:
Address:	Email:
DME/medical supplies	
Name:	Phone:
Address:	Email:
Hospital	
Name:	Phone:
Address:	Email:
Urgent care center	
Name:	Phone:
Address:	Email:
Occupational therapy	
Name:	Phone:
Address:	Email:
Speech therapy	
Name:	Phone:
Address:	Email:
Physical therapy	
Name:	Phone:
Address:	Email:

PERSONAL AND COMMUNITY SUPPORTS	
Transportation	
Name:	Phone:
Address:	Email:
Meal/nutrition	
Name:	Phone:
Address:	Email:
Home repair	
Name:	Phone:
Address:	Email:
In-home support/respite	
Name:	Phone:
Address:	Email:
Adult day center	
Name:	Phone:
Address:	Email:
Local senior center	
Name:	Phone:
Address:	Email:
Local intellectual and developmental disability authority (LIDDA)	
Name:	Phone:
Address:	Email:
Other	
Name:	Phone:
Address:	Email:

EDUCATION SUPPORTS (if applicable)	
School information	
Name:	Phone:
Address:	Email:
Teacher	
Name:	Phone:
Address:	Email:
Teacher	
Name:	Phone:
Address:	Email:
Paraprofessional	
Name:	Phone:
Address:	Email:
Applied behavior analysis (ABA) or other behavioral support	
Name:	Phone:
Address:	Email:

Medical profile

ABOUT ME

Height: _____ Weight: _____ Blood type: _____

Blood pressure range: _____ Blood sugar range: _____

HEALTH CONDITIONS

- ☐ Anxiety
- ☐ Depression
- ☐ Mental/behavioral health issue — list type _____
- ☐ Seizure disorder — list type _____
- ☐ Cerebral palsy
- ☐ Dementia
- ☐ Arthritis
- ☐ Heart disease — list type _____
- ☐ High blood pressure
- ☐ Specify type: _____

- ☐ COPD
- ☐ Asthma
- ☐ Cancer — list type _____
- ☐ Diabetes mellitus
- ☐ Muscle disease — list type _____
- ☐ Swallowing disorder
- ☐ Other: _____

ALLERGIES (FOOD, MEDICINE, ETC.)

Allergic to:

Reaction:

SHOT DATES/HISTORY

Tetanus: _____ Flu: _____

Pneumonia: _____ Hepatitis: _____

Shingles: _____ COVID: _____

Other: _____

PAST SURGERIES

Date: _____ **Type/comments:** _____

MEDICAL EQUIPMENT AND ADAPTIVE AIDS

- ☐ Glasses
- ☐ Contacts
- ☐ Dental implants
- ☐ Dentures
- ☐ Hearing aids
- ☐ Communication device — list: _____

- ☐ Pacemaker
- ☐ Metal implants
- ☐ Cane
- ☐ Walker
- ☐ Manual wheelchair

- ☐ Brace — list: _____

- ☐ Hoyer lift
- ☐ Bedside commode
- ☐ Shower chair
- ☐ Blood glucose monitor
- ☐ Blood pressure cuff
- ☐ Other: _____
- _____
- _____
- _____
- _____

EMERGENCY/LIFE-SUSTAINING DEVICES

- ☐ Ventilator — list settings: _____
- ☐ Back up battery: _____
- ☐ Generator
- ☐ Other: _____

OTHER IMPORTANT MEDICAL INFORMATION

Medicine list

List all prescription and over-the-counter drugs, vitamins, and supplements. Be sure to update the list every time medicines change.

Rx#	Medicine name	Dose and instructions <i>(with/without food, blood work, and how often)</i>	Treats	Who prescribes	Pharmacy name, phone, and address
000123 <i>(on the bottle)</i>	Generic: Levothyroxine Brand: Synthroid	123 mg with food in the evenings	Thyroid	Dr. Smith	Main Street Pharmacy 123-456-7890 123 Main St City, ST ZIP code

Rx#	Medicine name	Dose and instructions <i>(with/without food, blood work, and how often)</i>	Treats	Who prescribes	Pharmacy name, phone, and address

Rx#	Medicine name	Dose and instructions <i>(with/without food, blood work, and how often)</i>	Treats	Who prescribes	Pharmacy name, phone, and address

Important information

NEED-TO-KNOW HOME INFORMATION

Heating, ventilation, and air conditioning (HVAC)

Where is the HVAC system located?

Gas type (Ex: Propane or natural): _____

Location of all emergency shut-off valves: _____

When was the last time the chimney was cleaned? _____

Note: If the home uses wood-burning heat, ensure all chimneys are checked and/or cleaned once per year.

Electrical

Where are the main electrical shutoffs? _____

Water

Where is the main water shut off valve? _____

Fire safety

Where are smoke and/or carbon monoxide alarms? _____

Notes:

- If the home does not have these, install new devices.
- Check all batteries at least yearly.
- Check expiration dates on all fire extinguishers. Replace if expired.
- Flush dryer ventilation yearly to prevent fires.
- Check that all door and window locks are functional in the home. If not, replace or repair.
- Ensure that garage doors have functioning safety sensors.
- In case a key is lost, keep a spare in a safe place.
- Know how and when to use electrical breakers in emergencies.
- Avoid shocks and shortages by replacing cracked cover plates or switches.
- Make sure all appliances are plugged in grounded outlets. (They have three prongs instead of two.)
- Buy surge protectors for major electronics.
- Test outlets in damp areas (beside sinks or in outdoor areas). Cap off outlets not in use.
- Replace air filters often.

HOME SAFETY CHECKLIST	
Phone checklist:	
<input type="checkbox"/>	Make sure the person you support knows how to use all phones, including cellphones.
<input type="checkbox"/>	Program 911, your phone number, and other caregivers' numbers on speed dial.
<input type="checkbox"/>	Post emergency information by the phone(s), on the refrigerator, and other places clearly visible. Include who to call in an emergency, the house address and cross street, medical information, etc.
Emergency planning:	
<input type="checkbox"/>	Check that smoke and carbon monoxide detectors work.
<input type="checkbox"/>	Make a plan for what to do in a power outage, fire, and other emergencies.
<input type="checkbox"/>	Store flashlights by the bed and other easy-to-get-to places.
Prevent falls:	
<input type="checkbox"/>	Remove or tack down loose carpet.
<input type="checkbox"/>	Donate or throw away throw rugs — big and small.
<input type="checkbox"/>	Fix loose floorboards and remove thresholds in doorways.
<input type="checkbox"/>	Clear pathways of clutter, small furniture, electrical cords, etc.
<input type="checkbox"/>	Install handrails along stairs and hallways (one on each side of a stairwell).
<input type="checkbox"/>	Install grab bars in bathrooms and near the bed and closet.
<input type="checkbox"/>	Get rid of wobbly chairs, tables, or other unstable furniture.
<input type="checkbox"/>	Use nonslip treads and/or mark the edges of steps with bright tape.
<input type="checkbox"/>	Use rubber mats and nonslip strips on floors that might be wet (in bathrooms and kitchen).
Lighting and visibility:	
<input type="checkbox"/>	Check that lighting is bright in all areas in the home.
<input type="checkbox"/>	Add nightlights along any path used at night.
<input type="checkbox"/>	Be sure light switches are easy to find and use.
<input type="checkbox"/>	Clearly mark stove dials, especially the OFF position with red tape or nail polish.
<input type="checkbox"/>	Clearly mark hot and cold water taps.
<input type="checkbox"/>	Be sure all medicines are clearly labeled so they can be read easily.
Accessibility:	
<input type="checkbox"/>	Switch to lever-style handles and doorknobs.
<input type="checkbox"/>	Place frequently used items on shelves that are within reach.
<input type="checkbox"/>	Research products that will help make the home safer and easier to navigate (reachers/grabbers, portable toilets, stair chairs, ramps, etc.).
<input type="checkbox"/>	Consider a raised toilet seat.
Other:	
<input type="checkbox"/>	Set the hot water heater to 120 degrees.
<input type="checkbox"/>	Throw away medicines that are no longer needed.
<input type="checkbox"/>	Note food expiration dates.
<input type="checkbox"/>	Review basic food safety tips.

KEY DOCUMENT CHECKLIST	
Health care:	
<input type="checkbox"/>	Medical records
<input type="checkbox"/>	Copy of the plan of care (if in Case Management)
<input type="checkbox"/>	Living will, health-care proxy and/or durable power of attorney
<input type="checkbox"/>	DNR or other medical orders
Job records:	
<input type="checkbox"/>	List of recent employers, dates of employment, and terms of employment
<input type="checkbox"/>	Military records
Special instructions:	
<input type="checkbox"/>	Burial, cremation and/or funeral instructions, if any
<input type="checkbox"/>	Instructions how to care for a pet, plants, house, or dependent

You, another caregiver, or a family member should be the sole keeper of all important documents. Store them in one secure location (not with this binder). All caregivers should be able to contact the keeper, when needed.

Keeper of important documents	
Name/relationship:	
Phone number/email address	

Additional tools

PREPARE FOR THEIR DOCTOR VISIT

Before the visit:

- Fill out all questions on the following pages.
- Review their medicine list. Make sure it's up to date and bring it to the appointment.
- Write down a list of any questions — it's easy to forget things when you are sitting with the doctor.
- Talk with the person you support and their other caregivers. Find out if they have questions or concerns for the doctor.
- Think about what is most important to you and the person you support to talk about during the visit.
- Be prepared to discuss health details. For example, "Susan has been complaining that her bowel movements have been a problem lately. Could this be because of the new medicine she's taking?"
- Consider keeping a notebook where you save all doctor visit notes.

During the visit:

- Make sure the person you support speaks for themselves as much as possible.
- When the doctor asks questions, let the person you support answer first. Answer for them only if asked to or needed.
- Take notes. Write down:
 - The doctor's advice and instructions.
 - Any answers to your questions.
- If you don't understand the doctor's words or advice, say so. Ask the doctor to explain it differently.
- Ask for instructions in writing or pamphlets that are condition specific.
- Ask for medical and/or community resources to help you follow up on the doctor's advice.
- The person you support may ask that you stay or leave the room during an exam or procedure — respect their wishes and privacy. The doctor or technician should be willing to let you stay if that is the individual's request or desire.

DOCTOR VISIT FORM

Doctor's name: _____

What's the reason for the visit (illness, injury, yearly checkup)? _____

Describe any problem, illness, or injury that worries you and/or the person you support:

Have they experienced this before? ☐ Yes ☐ No ☐ Not sure

How long has this been going on (a week, month, or longer?) _____

Do you know what may have caused it? _____

Write down all questions for the doctor. Make sure to list the most important ones first:

- _____
- _____
- _____
- _____
- _____
- _____

Have they had any life changes (changes in routine, ability to do things, a family illness, moving to a new house, etc.)? ☐ Yes ☐ No

If yes, describe:

Have there been any medicine changes? ☐ Yes ☐ No

If yes, describe: (Don't forget to update the medicine list.)

As a caregiver, is there anything you need help with? (Someone to talk to, someone to stay with the person you support while you run errands, information about community resources, etc.)

List any changes or symptoms in their health since the last visit, what may have caused them, and when they started:

- ☐ Activity level
-
- ☐ Movement (trouble walking, changing positions, etc.)
-
- ☐ Sleeping habits
-
- ☐ Bone/joint stiffness or pain
-
- ☐ Headaches
-
- ☐ Other pain
-
- ☐ Mood or behavior changes
-
- ☐ Shortness of breath
-
- ☐ Skin changes
-
- ☐ Hearing changes
-
- ☐ Vision changes
-
- ☐ Memory changes
-
- ☐ Other
-
-
-

LIST OTHER HEALTH-CARE PROVIDERS THEY SEE:	DATE OF LAST VISIT:	FOR WHAT REASON:

EMERGENCY ID CARDS

Fill out the cards below. Then cut them out and place them in each of your wallets in case of emergency.



Card for the person being cared for:

Emergency Medical ID	
Name: _____	DOB: _____
Address: _____	
City: _____	State: _____
Emergency contacts:	
Name: _____	Phone: _____
_____	_____
Doctor: _____	Phone: _____
_____	_____
Hospital: _____	Phone: _____
_____	_____
Emergency Medical ID	
Medical conditions: _____	

Allergies: _____	

Medicines: _____	

EMERGENCY ID CARDS

Don't list the name and address of the person you care for. If your wallet is stolen, you don't want to alert the wrong people that they're alone and at risk. Instead, list emergency contacts who can then check on them.



Card for the main caregiver:

IN CASE OF EMERGENCY I AM A CAREGIVER MY NAME IS: <hr/> <p>If I'm injured or unavailable, please contact the caregiver listed on the back of this card. Ask them to check on the person I'm a caregiver for.</p>	
IN CASE OF EMERGENCY Name: _____ Phone: _____ _____ _____ _____ _____	

Month Year Calendar

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Business card organizer