TEMPLATE A

One-Page Care Summary

Hand this to every agency and facility so they quote the same needs.

Item	Notes
Parent's name, age, address	
Diagnoses that affect daily care	
Activities of daily living (ADLs) needing help: bathing, dressing, eating, toileting, transferring, continence	
Household tasks needing help: meals, housework, laundry, shopping, medications, money, transportation	
Memory and supervision needs	
Mobility: walker, wheelchair, one-person or two-person help, lift	
Medical tasks (wounds, injections, oxygen, diabetes care)	
Hours or level of help needed	
Overnight needs	
Preferences: language, gender of caregiver, routines, food, faith	
Payer: private, long-term care insurance, Medicaid program, veterans benefits	
Main family contact and phone	