

**CAREGIVER CONTRACT PRE-PLANNING QUESTIONNAIRE**

Please take the opportunity at a convenient time to sit down with your family members and address the following questions to help you and your family establish a road map of what the family will do when you and/or your loved one come to a point, due to age or disability, where additional family support will be needed on either a short term or long term basis to assist with daily living tasks.

**CLIENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Fax: \_\_\_\_\_ SS#: \_\_\_\_\_

- Who will serve as your initial caregiver?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

- Who will be second in line to serve as your caregiver if the initial caregiver is no longer able or willing to serve?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

- What services would you want the caregiver to provide for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Will the caregiver be compensated for their services? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - \_\_\_\_\_ Hourly. Amount: \$ \_\_\_\_\_ per hour
  - \_\_\_\_\_ Weekly. Amount: \$ \_\_\_\_\_ per week
  - \_\_\_\_\_ Monthly stipend. Amount: \$ \_\_\_\_\_ per month.
  - \_\_\_\_\_ Lump sum for each year service is provided. \$ \_\_\_\_\_ per year..
  - \_\_\_\_\_ Additional bequest in your Last Will & Testament or Living Trust?
  - \_\_\_\_\_ Other. If Other, please describe. \_\_\_\_\_  
\_\_\_\_\_
  
- Will your caregiver be able to work at an outside job during the term of their service as caregiver?
  - Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - How would you prefer they coordinate their service to you with their outside employment?
    - \_\_\_\_\_ Increase the compensation to the caregiver under the caregiver contract so they do not need to pursue or continue outside employment while assisting me.
    - \_\_\_\_\_ Allow them to pursue or continue outside employment but only on a part time basis and increase their fee paid under the caregiver agreement to allow them to work only part time.
    - \_\_\_\_\_ Allow them to pursue or continue full time employment, but establish a regular weekly schedule of when they and any other family members or third parties will be available to assist me.
  
- How do you want your family to communicate about your care on a regular basis?
  - \_\_\_\_\_ Monthly telephone conference calls at an established date and time.
  - \_\_\_\_\_ Written monthly reports from the caregiver to family members.
  - \_\_\_\_\_ Monthly family breakfast, lunch or dinner.
  - \_\_\_\_\_ Other. If Other, please describe. \_\_\_\_\_  
\_\_\_\_\_

- How will conflicts between you and your caregiver be resolved?

\_\_\_\_\_ Family vote.

\_\_\_\_\_ Successor caregiver resolves issues in dispute.

\_\_\_\_\_ Outside family friend or professional resolves issues in dispute.

\_\_\_\_\_ Other. If Other, please describe. \_\_\_\_\_  
\_\_\_\_\_

- Under what circumstances and how would you or your other family members want to be able to replace a caregiver?

\_\_\_\_\_ Simple notice by you that you are revoking the agreement and replacing the caregiver.

\_\_\_\_\_ Family vote.

\_\_\_\_\_ Outside family friend or professional determines if caregiver should be replaced.

\_\_\_\_\_ Criteria established in agreement for breach and replacement.

\_\_\_\_\_ Other. If Other, please describe. \_\_\_\_\_  
\_\_\_\_\_

- Should the caregiver have the right to resign? Yes: \_\_\_\_\_ No: \_\_\_\_\_

- If so, how much prior notice should they have to provide you? \_\_\_\_\_

- Do you have any specific desires concerning where you should live as your need for assistance with daily living tasks increases? And if so, are there any preferences that you have concerning specific places (i.e. are there certain facilities that you really like or alternatively, would strongly not want to live at)?

\_\_\_\_\_ In home part-time care.

\_\_\_\_\_ Move in to caregiver's home.

\_\_\_\_\_ Have caregiver move in with me.

\_\_\_\_\_ Retirement village.

\_\_\_\_\_ Assisted living.

\_\_\_\_\_ Nursing home.

\_\_\_\_\_ Other. If Other, please describe. \_\_\_\_\_

- If your caregiver determined that assisted living or nursing home care outside of your current home was required for you, how would you want that decision to be made and communicated with you?

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- Are there any other concerns or provisions you would like expressly included in your caregiver contract?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

- If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you established a Durable Power of Attorney (financial), Designation of Patient Advocate (medical), Last Will & Testament, and/or Living Trust?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

- If yes, please attach copies.
- If not, would you like to discuss those agreements at your next meeting with our office?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

- Would you like to schedule a family conference with me as your attorney and your family members to talk through the issues in this questionnaire before the caregiver contract is prepared and finalized for you?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Thank you for your time and commitment to the process of pre-planning for you and your family. We look forward to assisting you and your family in this important area.