

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?

- 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.