

PERSONAL INFORMATION Organizer



Be Prepared!

Like a natural disaster, caregiving can be overwhelming. Often, natural disasters sweep in at a point when we are least prepared or equipped to handle the long-term effects of the storm. The first step toward being financially prepared to care for a loved one is budgeting and listing health care benefits. Next, it is important to take time to closely review the benefits, in addition to what is covered under each health insurance plan. It will be useful to create a list that details where each policy is and what it covers. Keep this list in a safe place.

Name: _____

Social Security Number: _____

Medicare Number: _____

Medicaid Number: _____

Insurance Company: _____

Policy Number: _____

Group Number: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Life Insurance Policy Number: _____

Primary Bank Account (bank name): _____

Account Number: _____ Phone Number: _____

Savings Account Name: _____

Account Number: _____ Phone Number: _____

🏠 FIXED ASSETS

Life Insurance: _____ Asset Value Medication Benefit: _____ Asset Value
Burial Reserve Amount: _____ Asset Value Insurance Coverage: _____ Asset Value
Burial Space: _____ Asset Value Net Value of Car: _____ Asset Value
Medicaid Waiver Coverage: _____ Asset Value Net Value of Home: _____ Asset Value
Savings: _____ Asset Value Checking: _____ Asset Value
Other: _____ Asset Value

TOTAL FIXED ASSETS:

💊 TOTAL COST OF MEDICATION:

MEDICATION NAME	MONTHLY MEDICATION FEE
1. _____	\$ _____ .00 per month
2. _____	\$ _____ .00 per month
3. _____	\$ _____ .00 per month
4. _____	\$ _____ .00 per month
5. _____	\$ _____ .00 per month
6. _____	\$ _____ .00 per month

Total Cost of Medication: _____ x 12 months = _____
Subtract medication assistance or prescription medication insurance: _____

TOTAL COST:

👨‍⚕️ DIRECT CARE COSTS

These fees may be hourly, weekly, or monthly related to the direct care a loved one receives. List the total cost without subtracting any reimbursed services.

Contracted/Caregiver or Respite Care Costs: _____
Case Manager Name: _____ Phone Number: _____
Monthly Care Manager-related fees or contribution: _____ \$ _____ .00

DIRECT CARE COST:

CONSUMABLE CAREGIVER SUPPLIES

Items that must be purchased monthly for care such as medical supplies, incontinent briefs, supplemental meals, etc.

ITEM	MONTHLY COST
1. _____	\$ _____ .00
2. _____	\$ _____ .00
3. _____	\$ _____ .00
4. _____	\$ _____ .00

CONSUMABLE SUPPLY COST:

OTHER MONTHLY EXPENSES

Insurance Premium	\$ _____ .00 per month
Mortgage/Rent:	\$ _____ .00 per month
Utilities:	\$ _____ .00 per month
Co-Insurance Premium:	\$ _____ .00 per month
Groceries/Meals:	\$ _____ .00 per month
Clothing	\$ _____ .00 per month

TOTAL EXPENSES:

MONTHLY INCOME

Salary/Employment	\$ _____ .00 per month
Monthly VA Benefits:	\$ _____ .00 per month
Monthly Social Security:	\$ _____ .00 per month
Monthly Pension:	\$ _____ .00 per month
CD's	\$ _____ .00 per month
Stocks	\$ _____ .00 per month
Bonds	\$ _____ .00 per month
Other	_____

TOTAL MONTHLY INCOME:

● TOTAL EXPENSES

Total Cost of Medication _____ .00 per month
Direct Care Cost _____ .00 per month
Consumable Caregiver Supplies _____ .00 per month
Other Monthly Expenses _____ .00 per month
Total Monthly Expenses _____ .00 per month

TOTAL INCOME

TOTAL EXPENSES

= NET INCOME

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