

Personal Care Team Member Information Form

Full Name:

Daytime Phone:

Evening Phone:

Cell Phone:

Email Address:

Mailing Address:

I can help provide care (please fill in all that apply):

Sundays from _____ to _____

Mondays from _____ to _____

Tuesdays from _____ to _____

Wednesdays from _____ to _____

Thursdays from _____ to _____

Fridays from _____ to _____

Saturdays from _____ to _____

I can help in the following areas (please fill in all that apply):

☐ In-Home Supervision /
Companionship

☐ Meal Planning

☐ Grocery Shopping

☐ Meal Preparation

☐ Dishwashing /
Kitchen Cleanup

☐ Bathing

☐ Other Personal Hygiene
(care of skin, mouth,
hair, nails, etc.)

☐ Scheduling Medical
Appointments

☐ Managing Medications

☐ Coordinating
In-Home Care

☐ Hands-On Medical
Treatments / Exercise

☐ Medical Recordkeeping

Transportation for:

☐ Medical Appointments

☐ Support Groups
and Counseling

☐ Shopping and Errands

**Rest and Relaxation /
Recreation Activities for:**

☐ The Person Who Is Ill

☐ The Primary Caregiver

☐ Family Member / Visitors

☐ Child Care

☐ Elder Care

☐ Pet Care

☐ Laundry

☐ House Cleaning /
Trash Removal, etc.

☐ Home Maintenance
and Repairs

☐ Yard Care and Gardening

☐ Banking

☐ Paying Bills and
Financial Recordkeeping

☐ Managing
Insurance Claims

☐ Handling
Legal Matters

☐ Securing Government and
Community Services

☐ Care Team Meetings /
Dinners