

Parental Information - Mother, Father, Step-Parents: Your dependent's biological and adoptive parents' histories could be important in determining future medical or legal matters. In addition, such histories provide useful personal background for future caregivers.

Mother's Name (Including maiden name)				Social Security Number	
Living?	Yes <input type="radio"/>	No <input type="radio"/>	Date & Cause of Death		
Birth Date			Place of Birth		
Where Raised			Ethnicity		
Siblings					
Religion			Fluent Languages		
Citizenship			Marital History		
Education			Employment History		
Military Experience			Extent of Current Involvement with Dependent		
Current Address				Phone Numbers	

Father's Name (biological father)				Social Security Number	
Living?	Yes <input type="radio"/>	No <input type="radio"/>	Date & Cause of Death		
Birth Date			Place of Birth		
Where Raised			Ethnicity		
Siblings					
Religion			Fluent Languages		
Citizenship			Marital History		
Education			Employment History		
Military Experience			Extent of Current Involvement with Dependent		
Current Address				Phone Numbers	

Step-Parent's Name Mother <input type="checkbox"/> Father <input type="checkbox"/>				Social Security Number	
Living?	Yes <input type="radio"/>	No <input type="radio"/>			
Birth Date			Place of Birth		
Where Raised			Ethnicity		
Siblings					
Religion			Fluent Languages		
Citizenship			Marital History		
Education			Employment History		
Military Experience			Extent of Current Involvement with Dependent		
Current Address				Phone Numbers	

[Insert extra pages as needed to include the same kind of information for any other step-parents.]

Considerations for Future Living Arrangements: Because living arrangements are so fundamental to your dependent's future well-being, a detailed list of considerations is provided. The future is always uncertain, of course, but be as specific as possible.

Indicate changes you anticipate making as your dependent ages.

	Near Future	Further Future
	Ages () to ()	Ages () to ()
Type of Facility		
Type of Room, Bath, etc.		
Needed Physical Accommodations		
Needed Cognitive Accommodations		
Financial Limitations		
Degree and Type of Supervision		
Desired Programs, Activities & Therapies		
Places (doctors, grocery, etc.) that Need to be Reached Conveniently		
Other Considerations (describe)		
Ideal Living Arrangement (describe)		

[Insert extra pages as needed to describe future living arrangements.]

Before completing the following section, locate your dependent's medical records. His or her primary care physician should be able to provide any recent information you are lacking. Many physicians, however, do not keep records after 10 years. It is a good idea to periodically request copies of your dependent's current medical files. Update this workbook as changes occur.

Section IV – MEDICAL INFORMATION

Current Medical Status: To the extent possible, include explanations in non-medical lay-person terms.

Primary Diagnosis		Year Diagnosed	
Cause			
Seizure Status		Functional Age	
Any Blood-Related Disorders			
Vision Status		Vision Assistive Devices (type, vendor, last purchase)	
Hearing Status		Hearing Assistive Devices (type, vendor, last purchase)	
Speech Status		Speech Assistive Devices (type, vendor, last purchase)	
Mobility Status		Mobility Assistive Devices (type, vendor, last purchase)	
Other Necessary Medical Supplies (such as urinary, respiratory, or feeding)			
Any Activities or Conditions to be Avoided for Medical Reasons			

Insert copies of receipts from vendors of assistive equipment and medical supplies.

Dependent's Prior Legal Advisors: Record prior legal consultants in case future caregivers need to follow up on an existing legal arrangement.

Name	Address	Phone Numbers	Nature Of Prior Legal Service

Dependent's Existing Legal Arrangements: To the extent you are familiar with existing legal arrangements, enter the requested information. Legal documents, however, are complex. You may want to consult with an attorney or long-term care planner to complete these pages.

Describe: who, what, when, where		
Durable Power of Attorney	Yes <input type="radio"/> No <input type="radio"/>	
Healthcare Power of Attorney	Yes <input type="radio"/> No <input type="radio"/>	
Living Will	Yes <input type="radio"/> No <input type="radio"/>	
Testamentary Will - key instructions - personal representative	Yes <input type="radio"/> No <input type="radio"/>	
Guardianship - type - guardian - alternate guardian(s) - reporting requirements	Yes <input type="radio"/> No <input type="radio"/>	
Other (write in)		

[Insert copies of documents as needed to provide additional information about them.]