

GOALS & NEEDS CHECKLIST

Use this list to start the conversation about what is most important to your loved ones and what strengths they bring to bear.

Goals	Strengths
<input type="checkbox"/> To remain healthy and active	<input type="checkbox"/> Great negotiator
<input type="checkbox"/> To stay/move near family	<input type="checkbox"/> Adequate savings
<input type="checkbox"/> To remain in my own home for as long as possible	<input type="checkbox"/> Low-maintenance single story home
<input type="checkbox"/> To stay active with religious or community groups	<input type="checkbox"/> Large network of friends
<input type="checkbox"/> To maintain hobbies	<input type="checkbox"/> Close relations with family
<input type="checkbox"/> To be around people	<input type="checkbox"/> Other
<input type="checkbox"/> To move to a residence with support services	
<input type="checkbox"/> Other	

Needs

First determine if there is an immediate need under each area. If there is not a pressing issue, prioritize the tasks to be addressed and develop a timeline.



GENERAL NEEDS ASSESSMENT

(One for each individual who will need care)

Area of Need	Types of Possible Tasks	Point Person
Home Maintenance and Living Situation	<input type="checkbox"/> Pay rent/mortgage <input type="checkbox"/> Home repairs <input type="checkbox"/> Ongoing maintenance <input type="checkbox"/> Safety concerns <input type="checkbox"/> Grocery shopping & meal preparation <input type="checkbox"/> Lawn care <input type="checkbox"/> Pet care <input type="checkbox"/> Housekeeping <input type="checkbox"/> Research alternative living arrangements <input type="checkbox"/> Other: -----	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Financial Affairs	<input type="checkbox"/> Paying bills <input type="checkbox"/> Keeping track of financial records <input type="checkbox"/> Managing assets <input type="checkbox"/> Applying and supervising public benefits programs	<hr/> <hr/> <hr/> <hr/>
Transportation Needs	<input type="checkbox"/> Driving decisions <input type="checkbox"/> Coordinating rides <input type="checkbox"/> Locating transportation services	<hr/> <hr/> <hr/>
Personal Care	<input type="checkbox"/> Organization of family and professional care providers <input type="checkbox"/> Help with daily grooming and dressing <input type="checkbox"/> Rides to hair stylist <input type="checkbox"/> Clothes shopping	<hr/> <hr/> <hr/> <hr/>



GENERAL NEEDS ASSESSMENT (One for each individual who will need care)

Area of Need	Types of Possible Tasks	Point Person
Health Care	<p>_____ Determine medical or emotional problems</p> <p>_____ Make, accompany, drive or make alternate logistic arrangements for doctor's appointments</p> <p>_____ Submit medical insurance and bills</p> <p>_____ Explain medical decisions</p> <p>_____ Medication management (fill prescriptions, fill pill boxes, give reminders, and dispense medications)</p> <p>_____ Perform medical tasks (wound care, injections, and catheter)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Communications	<p>_____ Keeping family caregiving team informed</p> <p>_____ Coordinating team visits</p> <p>_____ Daily check in</p>	<p>_____</p> <p>_____</p> <p>_____</p>
Socialization	<p>_____ Sending greeting and thank you notes</p> <p>_____ Arranging for visitors</p> <p>_____ Arranging outings</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Adaptive Devices	<p>_____ Ordering, maintaining, and paying for adaptive devices (e.g., wheelchair, walker, etc.)</p> <p>_____ Training on how to use devices</p> <p>_____ Other: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

