

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