

Section 1: People who may need to talk with my caregiver

Complete by hand. Keep full account numbers, Social Security numbers, passwords, and any diagnoses, medications or care instructions off this sheet; an office name, a phone number and a form status are enough for a working note. The provider's office can explain its process and provide the form it needs. [A02]

Whose handoff this is

Prepared for

Date completed

Office or person

One block per office or person, such as a doctor's office, lawyer, bank, insurance company, or credit card company. Copy this page for more rows. Permission to talk may need a signed and returned form. [A01]

Office or person

Phone

Permission form signed and returned (yes / no / pending) and date

Notes

Office or person

Office or person

Section 1: People who may need to talk with my caregiver (continued)

Phone

Permission form signed and returned (yes / no / pending) and date

Notes

Office or person

Office or person

Phone

Permission form signed and returned (yes / no / pending) and date

Notes

Sources for this sheet: A01, A02. Full citations follow.

Section 2: Where things live

Three short lines only. The full grid of documents and locations belongs on the document-location sheet in the in case of death binder worksheet; these lines record where that sheet is and who else knows.

Locations

Where the document-location sheet is kept

Where originals are kept

Who else knows these locations

Section 3: What my caregiver may do

Check what applies today. Permission to talk with someone is different from decision authority: a health care agent or agent under a power of attorney is named in those separate documents, not on this sheet. [A01]

Mark what applies

- ☐ May talk with my providers (permission given)
- ☐ May talk with my bank or lawyer (permission given)
- ☐ Named as my health care agent in my directive (separate document)
- ☐ Named as my agent in my power of attorney (separate document)
- ☐ Helper only, no authority named

Sources for this sheet: A01. Full citations follow.

Section 4: Review

Review this handoff at least once a year and after any major life event, such as a divorce, a move, or a major change in health. [A01]

Review dates

Review by (date)

Notes for the next review

Sources for this sheet: A01. Full citations follow.

Fictional example: one completed handoff

Every entry on this page is invented. Names, offices, banks and dates are fictional; no real institutions appear.

Completed example (fictional)

Prepared for: Dana R. (fictional example)

Date completed: October 17, 2026 (invented date)

Office or person: Dr. Patel's office (fictional)

Phone: 555-0134 (fictional)

Permission form signed and returned: Yes; signed and returned March 2026 (invented date)

Notes: Front desk confirms the form is on file

Office or person (second row): River City Bank (fictional)

Permission form signed and returned (second row): Pending; form requested October 2026 (invented date)

Where the document-location sheet is kept: The kitchen drawer; a copy with Dana's daughter Priya (fictional)

Where originals are kept: Home fireproof box (invented detail)

Who else knows these locations: Priya (fictional)

What my caregiver may do: Checked: named as health care agent in a separate directive; bank permission pending

Review by (date): March 2027 (invented date)

Sources and official instructions

[A01] Getting Your Affairs in Order Checklist: Documents to Prepare for the Future. National Institute on Aging. Content reviewed February 1, 2023; checked October 17, 2026.

[https://www.nia.nih.gov/health/advance-care-planning/
getting-your-affairs-order-checklist-documents-prepare-future](https://www.nia.nih.gov/health/advance-care-planning/getting-your-affairs-order-checklist-documents-prepare-future)

[A02] Getting Started With Caregiving. National Institute on Aging. Checked October 17, 2026.

<https://www.nia.nih.gov/health/caregiving/getting-started-caregiving>