



## Caregiving Plan

Activity	Care provider(s)?	How often should care be provided?	What is the cost?	How is it paid for?
✓ <i>dispensing medications</i>				
✓ <i>dressng</i>				
✓ <i>bathing</i>				
✓ <i>feeding</i>				
✓ <i>taking to doctor's visits</i>				
✓ <i>taking to social events</i>				
✓ <i>shopping</i>				
✓ <i>paying bills</i>				
✓ <i>social stimulation</i>				
✓ <i>laundry</i>				
✓ <i>cleaning</i>				

Plan Date: \_\_\_\_\_

Plan Participants: \_\_\_\_\_  
(signatures here)

\_\_\_\_\_  
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