

Contact Organization for Caregivers¹

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When you are seeking medical care for an older adult, you may need to contact multiple agencies and offices before you get the information you need. This document contains a form to use when contacting these organizations so that you can keep track of your conversations and record the information for future reference.

Make several copies of the caregiver's contact form (see the following page). This contact form will help you organize the information you need and will serve as a reminder of the questions you should ask.

For More Information

This is one of six publications in a series on caregiving and aging. The other publications in this series are:

FCS2257: *Long-Term Care: Places to Call Home* (<http://edis.ifas.ufl.edu/fy869>)

FCS2259: *Puzzled by Your Care Receiver's Refusal of Services?* (<http://edis.ifas.ufl.edu/fy871>)

FCS2260: *Balancing Work and Caregiving: Tips for Employers* (<http://edis.ifas.ufl.edu/fy872>)

FCS2261: *Balancing Work and Caregiving: A Guide for Employers* (<http://edis.ifas.ufl.edu/fy873>)



Figure 1. As a caregiver for an older adult, you may have to contact multiple agencies and health care providers to ensure the adult under your care gets the help and services he or she needs. Use this form to keep track of your contacts. Credits: Ciaran Griffin

FCS2262: *Final Wishes: End-of-Life Decisions* (<http://edis.ifas.ufl.edu/fy874>)

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Caregiver Contact Form

Here is a sample outline to follow for the contact:

My name is: _____

Who am I speaking to? _____

I'm caring for: _____

I need: _____

Can you help me? ____ Yes ____ No

If "No": Can you refer me to anyone else? _____

How can I contact them? _____

If "Yes," continue with the following questions:

What services do you provide? _____

What are the costs? _____

How are they paid? _____

What are the eligibility requirements? _____

Is there a wait for services? If yes, how long must we wait? _____

Will you send me a brochure or application? _____

Is there anyone else I should speak to? _____

When can I expect to hear from you? _____

Thank you for your help.

Complete this section immediately after the contact.

Agency contacted: _____

Specific doctor or professional contacted: _____

Method of contact: _____

Phone number: _____

Email address: _____

Mailing address: _____

Date of contact: _____