



MY SUPPORT TEAM

Write your responses to each of the items.		Ways in which others can help me.
What I would like others to know about my situation and how I'm feeling.		<input type="checkbox"/> Socialization/companionship for me <input type="checkbox"/> Socialization/companionship for loved one <input type="checkbox"/> Facilitate/manage online updates (ex. CaringBridge, LotsaHelping Hands) <input type="checkbox"/> Grocery shopping; other errands <input type="checkbox"/> Meal preparation <input type="checkbox"/> Manage online sites for meal coordination (Meal Train; Take Them a Meal) <input type="checkbox"/> Help with medication management/pick-up prescriptions <input type="checkbox"/> Accompany to medical appointments <input type="checkbox"/> Transportation <input type="checkbox"/> Activities, recreation, exercise. Specify _____ <input type="checkbox"/> Yard and home maintenance tasks <input type="checkbox"/> Housekeeping, laundry. <input type="checkbox"/> Help with loved one's personal care (eating, grooming, bathing, etc.) <input type="checkbox"/> Help in finding resources for caregiving <input type="checkbox"/> Help with legal and/or financial issues <input type="checkbox"/> ZOOM/FaceTime/Skype visits with loved one <input type="checkbox"/> Other: _____
People I can talk with for emotional and/or spiritual support.		
People I can reach out to who can help with caregiving, respite, and other tasks.		
People who I feel comfortable calling <i>at the last minute</i> should an immediate need arise.		