

# CAREGIVER JOURNAL



Caregiving  
Collaborations™



sunshine health™

1-866-796-0530 [SunshineHealth.com](https://www.SunshineHealth.com)

**C**aring

**A**daptable

**R**eliable

**E**ncouraging

**G**racious

**I**ncredible

**V**aluable

**E**xceptional

**R**espectable

## Dear Caregiver,

Sunshine Health would like to thank you for partnering with us in caring for your loved ones. You will play an important role in planning and maintaining your loved ones' care through Sunshine Health.

As part of our Caregiver Collaborations Program, we want to express our gratitude by providing you this caregiver binder. Inside you will find useful content and forms to record important patient/caregiver information, plus a calendar for important dates and tips for caregivers. This binder will help you to keep all your important caregiver information in one convenient, easily accessible location. We hope that this material will assist you in your journey as a caregiver.

The selflessness you demonstrate each and every day is inspiring. Your hard work and dedication is so vital for your loved one's well-being. You are appreciated, and your work does not go unnoticed.

**Thank you for the amazing job you do.**

Sincerely,



“

*Doctors diagnose, nurses heal and caregivers make sense of it all.*

— Brett H. Lewis —

”

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MEMBER/CAREGIVER  
BASIC INFORMATION

- A. MEMBER BASIC INFORMATION
- B. CAREGIVER BASIC INFORMATION
- C. BACKUP/EMERGENCY CONTACTS

# Member Basic Information

## BASIC IDENTIFYING INFORMATION

First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

---

## BASIC MEDICAL INFORMATION

Primary Care Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_  
Current Medical Condition: \_\_\_\_\_  
Current Allergies: \_\_\_\_\_  
Any Special Needs: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

---

## PRIMARY INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_  
Member/Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

---

## SECONDARY INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_  
Member/Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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*Be patient with them; don't try to correct them. Let them live in whatever moment they are in ... and join them there.*

Martha B.





# Caregiver Basic Information

## BASIC IDENTIFYING INFORMATION

First and Last Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

## CAREGIVING SCHEDULE

TIME:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 A.M. – 3 P.M.							
3 P.M. – 11 P.M.							
11 P.M. – 7 A.M.							

## CAREGIVING STRATEGIES

1. Stick to Daily Routines. Consistency and routines make days predictable and less confusing.
2. Create a Safe Home Environment. Remove clutter, use locks, create visual and written reminders, prevent falls.
3. Get Organized. Use smartphone alarms, label cupboards and clean closets.
4. Reduce Frustrations. Break down tasks, involve your loved one in meaningful activities that reduce boredom and loneliness.
5. Be Patient and Flexible. Allow extra time, reduce distractions.
6. Focus on Individualized care. Remember the person, not the disease.

“

*There is no cookie-cutter formula for caregiving.  
Every situation has its different challenges and joys.*

Anonymous

”



# Backup/Emergency Contacts

## PRIMARY EMERGENCY BACKUP

First and Last Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

## BACKUP SCHEDULE (If Needed)

TIME:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 A.M. – 3 P.M.							
3 P.M. – 11 P.M.							
11 P.M. – 7 A.M.							

## SECONDARY EMERGENCY BACKUP

First and Last Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

## BACKUP SCHEDULE (If Needed)

TIME:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 A.M. – 3 P.M.							
3 P.M. – 11 P.M.							
11 P.M. – 7 A.M.							

“

Caregiving is a constant learning experience.

— Vivian F. —

”





**sunshine health**





MEMBER MEDICAL  
INFORMATION

- A. DOCTOR/SPECIALIST INFORMATION
- B. MEDICAL INFORMATION
- C. OTHER AGENCIES
- D. DURABLE MEDICAL EQUIPMENT

# Doctor/Specialist Information

## PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Notes: \_\_\_\_\_

## SPECIALTY PHYSICIAN

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Notes: \_\_\_\_\_

## SPECIALTY PHYSICIAN

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Notes: \_\_\_\_\_

## SPECIALTY PHYSICIAN

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Notes: \_\_\_\_\_

## PHARMACY

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Notes: \_\_\_\_\_

## PREFERRED HOSPITAL

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Notes: \_\_\_\_\_



*Try to separate your emotions from the task at hand and always be kind.*

Lynne B.











# Other Agencies

**SUCH AS:** Hospice, Home Health Agencies, Volunteer Organizations; and include what they do for the member.

**AGENCY NAME:**

---

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Schedule/Services: \_\_\_\_\_

Notes: \_\_\_\_\_

**AGENCY NAME:**

---

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Schedule/Services: \_\_\_\_\_

Notes: \_\_\_\_\_

**AGENCY NAME:**

---

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Schedule/Services: \_\_\_\_\_

Notes: \_\_\_\_\_



*When people say 'I couldn't do what you do,' take it as a compliment. They are telling you how very strong and how very special you are.*

Anonymous







# LEGAL INFORMATION/ ADVANCE DIRECTIVES

- A. LEGAL INFORMATION/ADVANCE DIRECTIVES
- B. ADVANCE DIRECTIVE FORMS

# Legal Information/Advance Directives

Preparing for the “what ifs” in life might not be something we want to address, but it’s something everyone should take very seriously. Below are some examples of Advance Directives. You can insert copies of the legal documents if already completed, or use the resources included to create/develop them.

A **Power of Attorney (POA)** is a document that allows members to appoint a person or organization to manage their affairs should they become unable to do so. The person appointed becomes their agent (or attorney-in-fact), and the person who makes the appointment is known as the principal. However, all POAs are not created equal. Each type gives the principal’s attorney-in-fact/agent (the person who will be making decision on your behalf) a different level of control:

## 1. Durable Power of Attorney

Allows the agent to manage all the affairs of the principal should they become unable to do so. This POA does not have a set time limit and becomes effective immediately upon the incapacitation of the principal. It also expires upon the principal’s death.

## 2. Medical Power of Attorney

Grants authority to the agent to take specific control over the healthcare decision of the principal, should they become incapacitated or unable to do so. This POA usually takes effect upon the consent of the presiding physician, and it allows the agent to authorize all medical decisions related to the principal.

## 3. Special or Limited Power of Attorney

Used on a limited basis for one-time financial or banking transactions, such as the sale of a property. The agent has no other authority to act on behalf of the principal, other than what is assigned to them in the limited power of attorney.

**The Do Not Resuscitate (DNR) Order ensures the wishes of a person who doesn’t want CPR or other life-sustaining methods used if his or her heart or breathing stops are met. Here are some important things to keep in mind:**

1. The DNR order must be signed by a doctor.
2. If you are a family member caregiver, you may also need to sign the order.
3. The DNR order will still be in effect, even if no healthcare proxy has been chosen.
4. There is also an Out of Hospital DNR order that tells emergency staff not to perform CPR if the member’s heart fails while at home. This order must also be signed by a doctor.

**The Florida Designation of Healthcare Surrogate** lets members name a competent adult to make decisions about their medical care, including decisions about life-prolonging procedures, if they can no longer speak for themselves. The designation of healthcare surrogate is especially useful, because it appoints someone to speak for the member any time they are unable to make their own medical decisions—not only at the end of life. The healthcare surrogate’s powers go into effect when the member’s doctor determines that he or she is physically or mentally unable to communicate a willful and knowing healthcare decision.

**The Florida Living Will** lets members state their wishes about healthcare in the event that they are in a persistent vegetative state, have an end-stage condition or develop a terminal condition. The living will goes into effect when the member’s physician determines that they have one of these conditions and can no longer make their own healthcare decisions. The living will also allows members to express their organ donation wishes.

**Whom should members appoint as their surrogate/POA?**

The surrogate/POA is the person members appoint to make decisions about their healthcare should they become unable to make those decisions themselves. The surrogate/POA may be a family member or a close friend who's trusted to make serious decisions. The person named as surrogate should clearly understand the member's wishes and be willing to accept the responsibility of making healthcare decisions for them.

Members can also appoint a second person as their alternate surrogate. The alternate will step in if the first person named as a surrogate is unable, unwilling or unavailable to act for them.

**How do I make my Florida Advance Directive legal?**

The law requires that members sign their Advance Directive in the presence of two adult witnesses, who must also sign the document. If physically unable to sign, the member may have someone sign for them, in their presence and at their direction, and in the presence of their two witnesses.

The surrogate and alternate surrogate cannot act as witnesses to this document. At least one of the member's witnesses must not be his or her spouse or a blood relative.

**Should members add personal instructions to their Florida Advance Directive?**

One of the strongest reasons for naming a surrogate is to have someone who can respond flexibly as medical situations change and deal with unforeseen situations. If members add instructions to this document it may help their surrogate carry out their wishes, but they should be careful not to unintentionally restrict their surrogate's power to act in their best interest. In any event, members should be sure to talk with their surrogate about their future medical care and describe what they consider to be an acceptable "quality of life."

**Legal Help**

It is wise to speak with a lawyer about these documents and certain financial concerns. A lawyer can help set up a will or estate plan, as well as give advice on key matters in the life of your care recipient.

Document	Completed	Location of Originals
<i>Do Not Resuscitate Order</i>		
<i>Power of Attorney</i>		
<i>Healthcare Surrogate</i>		
<i>Healthcare Proxy</i>		
<i>Living Will</i>		

*\*\*Please see plastic sleeve to keep copies of legal documents in case of an emergency.*

If there are no Advance Directives in place, [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) has specific Healthcare Advance Directives forms available to download. Please see the form section of this binder for available forms. The Sunshine Health Plan Member Handbook also contains Healthcare Advance Directive Living Will Form for access.

"5 Wishes" is also an available resource. To obtain a copy, please call 1-888-5-WISHES or 1-888-594-7437 or visit the website: [www.agingwithdignity.org](http://www.agingwithdignity.org) for a downloaded form.



*Don't dwell on the disease. Value the moments, the pearls of wisdom, their smile and humor.*

Anonymous





# Advance Directives

## LIVING WILL

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, (20\_\_\_\_), I \_\_\_\_\_, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and:

\_\_\_\_\_ (initial) I have a terminal condition, or

\_\_\_\_\_ (initial) I have an end stage condition, or

\_\_\_\_\_ (initial) I am in a persistent vegetative state, and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such a condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

I understand the full importance of this declaration, and I am emotionally and mentally competent to make this declaration.

### Additional Instructions (optional):

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### Witness Signatures:

_____	Signature	_____	Signature
_____	Printed Name	_____	Printed Name
_____	Address	_____	Address
_____	Phone	_____	Phone

## DESIGNATION OF HEALTHCARE SURROGATE

I \_\_\_\_\_, designate as my healthcare surrogate under S. 765.202, Florida Statutes:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

If my healthcare surrogate is not willing, able, or reasonably available to perform his or her duties, I designate as my alternate healthcare surrogate:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## INSTRUCTIONS FOR HEALTHCARE

I authorize my healthcare surrogate to: (Initials required in blank spaces below.)

\_\_\_\_\_ Receive any of my health information, whether oral or recorded in any form or medium, that:

1. Is created or received by a healthcare provider, healthcare facility, health plan, public health provider, employer, life insurer, school or university, or healthcare clearinghouse; and
2. Relates to my past, present, or future physical or mental health or condition; the provision of healthcare to me; or the past, present, or future payment for the provision of healthcare to me.

I further authorize my healthcare surrogate to:

\_\_\_\_\_ Make all healthcare decisions for me, which means he or she has the authority to:

1. Provide informed consent, refusal of consent, or withdrawal of consent to any and all of my healthcare, including life-prolonging procedures.
2. Apply on my behalf for private, public, government or veteran's benefits to defray the cost of healthcare.
3. Access my health information reasonably necessary for the healthcare surrogate to make decisions involving my healthcare and to apply for benefits for me.

**Specific instructions and restrictions:**

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While I have decision-making capacity, my wishes are controlling and my physician and healthcare providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation.

To the extent that I am capable of understanding, my healthcare surrogate shall keep me reasonably informed of all decisions that he or she has made on my behalf and matters concerning me.

This healthcare surrogate designation is not affected by my subsequent incapacity except as provided in Chapter 765, Florida Statutes.

Pursuant to section 765.104, Florida Statutes, I understand that I may, at any time while I retain my capacity, revoke or amend this designation by:

1. Signing a written and dated instrument which expresses my intent to amend or revoke this designation;
2. Physically destroying this designation through my own action or by that of another person in my presence and under my direction;
3. Verbally expressing my intention to amend or revoke this designation; or
4. Signing a new designation that is materially different from this designation.

My healthcare surrogate’s authority becomes effective when my primary physician determines that I am unable to make my own healthcare decisions unless I initial either or both of the following boxes:

If I initial this box [\_\_\_\_\_] my healthcare surrogate’s authority to receive my health information takes effect immediately.

If I initial this box [\_\_\_\_\_] my healthcare surrogate’s authority to make healthcare decisions for me takes effect immediately. Pursuant to section 765.204(3), Florida States, any instructions of healthcare decisions I make, either verbally or in writing, while I possess capacity shall supersede any instructions or healthcare decisions made by my surrogate that are in material conflict with those made by me.

**SIGN AND DATE THE FORM HERE:**

<b>Date:</b>	<hr/>	<b>Sign Your Name</b>
<b>Address:</b>	<hr/>	<b>Print Your Name</b>
	<hr/>	
<b>City, State</b>	<hr/>	

**SIGNATURES OF FIRST AND SECOND WITNESSES**

<b>Print Name:</b>	<b>Print Name:</b>
<hr/>	<hr/>
<b>Address:</b>	<b>Address:</b>
<hr/>	<hr/>
<b>City, State:</b>	<b>City, State:</b>
<hr/>	<hr/>
<b>Signature:</b>	<b>Signature:</b>
<hr/>	<hr/>
<b>Date:</b>	<b>Date:</b>
<hr/>	<hr/>



# EMERGENCY PLANNING

A. EMERGENCY DISASTER PLANNING

B. DISASTER PREPAREDNESS

# Emergency Disaster Planning

Are you currently registered with an  
Emergency Shelter in case of an emergency \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, name of the location: \_\_\_\_\_

After a disaster, let your friends and family know you are okay by registering at “Safe and Well” at <https://safeandwell.communityos.org/cms//> or by calling 1-800-733-2767.

You can also give them a call, send a quick text or update your status on social networking sites.

## Emergency checklists

### EMERGENCY CONTACT PAGE

<b>All Emergencies:</b>	_____ <b>911</b> _____	Police (Non-Emergency):	_____
Fire Department (Non-Emergency):	_____	Ambulance Agency:	_____
Family Doctor:	_____	Poison Control Center:	_____ 1-800-222-1222 _____
Member Name:	_____		
Home Address:	_____		
Family Member’s Contact Information:	_____		
Family meeting place outside the neighborhood:	_____		

### ESCAPE ROUTES AND MEETING PLACES

- |  |   |
|--|---|
| <input type="checkbox"/> Water — one gallon per person, per day<br>(3-day supply for evacuation and 2-week supply for home)  | <input type="checkbox"/> Copies of personal documents<br>(medication list and pertinent medical information,<br>deed/lease to home, birth certificates, insurance policies) |
| <input type="checkbox"/> Food — it is a good idea to include foods that<br>do not need cooking (canned, dried, etc.)<br>(3-day supply for evacuation and 2-week supply for home)<br>- Remember the manual can opener | <input type="checkbox"/> Cell phone with an extra battery and charger(s)  |
| <input type="checkbox"/> Flashlight with extra batteries and bulbs<br>(do not use candles)   | <input type="checkbox"/> Family and friends’ emergency contact information  |
| <input type="checkbox"/> Battery-operated or hand-crank radio  | <input type="checkbox"/> Cash and coins (ATMs may not be accessible)  |
| <input type="checkbox"/> First aid kit and manual  | <input type="checkbox"/> Emergency blanket  |
| <input type="checkbox"/> Medications (7-day supply) and medical items  | <input type="checkbox"/> Map(s) of the local area   |
| <input type="checkbox"/> Multi-purpose tool<br>(several tools that fold up into a pocket-sized unit)   | <input type="checkbox"/> Whistle (to attract the attention of emergency personnel)  |
| <input type="checkbox"/> Sanitation and personal hygiene items<br>(toilet paper, plastic garbage bags)   | <input type="checkbox"/> One change of clothing   |
|  | <input type="checkbox"/> Pet supplies (including food and vaccination records)  |
|  | <input type="checkbox"/> Extra set of keys (car, house, etc.)   |
|  | <input type="checkbox"/> Pack of cards to provide entertainment<br>and pass the time  |

## ESCAPE ROUTES AND MEETING PLACES

- Plan the best and quickest escape routes out of your home and evacuation routes out of your neighborhood.
- Decide on a meeting place outside your neighborhood, in case you cannot return home.
- If you or someone in your household uses a wheelchair, make sure all escape routes from your home are wheelchair accessible.
- Know the safe places within your home, in case you need to shelter during extreme weather events (e.g., tornado).
- Practice your escape drill every six months.
- Plan for transportation, if you need to evacuate to a shelter.

*\*\*Please ask your Care Coordinator for a copy of the Special Needs Shelter Application for your area, as well as a map of available shelters and evacuation zones.*

## IMPORTANT NUMBERS IN CASE OF DISASTER/EMERGENCY

FEMA Disaster Assistance/Registration:	<b>800-621-3362</b> TTY: 800-462-7585	FEMA Fraud Hotline:	<b>866-720-5721</b>
State of Florida Emergency Info, 24-hour hotline:	<b>800-342-3557</b>	Safe and Wellness Helpline (To see if people are OK or in a shelter):	<b>844-221-4160</b>
Red Cross Food, Shelter and Financial Assistance:	<b>866-438-4636</b>	Department of Children and Families Information:	<b>866-762-2237</b>
Elder Helpline:	<b>800-963-5337</b>	Verify Contractor License:	<b>850-487-1395</b>

### *If No Emergency Plan Is Available:*

The saying goes, “Fail to Plan, Plan to Fail.” If you haven’t prepared for the possibility of a disaster, the results can be devastating. That’s what Emergency Planning is all about.

Emergencies can come from many directions. They can be caused by natural disasters, such as hurricanes, floods, earthquakes ... even snowstorms. Fires and explosions can be caused by anything from sparks from a piece of equipment to throwing a cigarette on the floor.

You need to plan ahead, anticipate what could go wrong, and know what you need to do to minimize the impact of emergency situations.

“

*Remember, even if they don’t seem to know you, you still know who they are.*

Joanne P.

”



# Disaster Preparedness

Emergencies and disasters can strike quickly, without warning, and can force you to evacuate your neighborhood or be confined to your home. What would you do if your basic services—water, gas, electricity or communications—were cut off?

Learn how to protect yourself and cope with disaster by planning ahead. Even if you have physical limitations, you can still protect and prepare yourself.

Local officials and relief workers may not be able to reach everyone right away. You can deal with disaster better by preparing in advance and by working with those in your support network: your family, neighbors and friends as a team. Knowing what to do is your responsibility.

## THE THREE STEPS TO PREPAREDNESS

- 1. Get a Kit** – Disasters can happen at any moment. By planning ahead you can avoid waiting in long lines for critical supplies, such as food, water and medicine, and you will also have essential items if you need to evacuate.
  - For your safety and comfort, have a disaster supplies kit packed and ready in a designated place before a disaster hits.
  - Assemble enough supplies to last for at least three days.
  - Store your supplies in one or more easy-to-carry containers, such as a backpack or duffel bag.
  - You may want to consider storing supplies in a container that has wheels.
  - Be sure your bag has an ID tag.
  - Label any equipment, such as wheelchairs, canes or walkers, that you would need with your name, address and phone numbers.
  - Keeping your kit up-to-date is also important. Review the contents at least every six months or as your needs change.
  - Check expiration dates and shift your stored supplies into everyday use before they expire. Replace food, water and batteries, and refresh medications and other perishable items with “first in, first out” practices.
- 2. Make a Plan** – The next time disaster strikes, you may not have much time to act. Planning ahead reduces anxiety. Prepare now for sudden emergencies and remember to review regularly for changes.

### *Meet With Your Family and Friends*

- Explain your concerns to your family and others in your support network, and work with them as a team to prepare. Arrange for someone to check on you at the time of a disaster. Be sure to include any caregivers in your meeting and planning efforts.
- Assess yourself and your household. What personal abilities and limitations may affect your response to a disaster? Think about how you can resolve these or other questions, and discuss them with your family and friends. Details are important to ensure your plan fits your needs. Then, practice the planned actions to make sure everything “works.”

## 2. *Make a Plan, continued*

### *Family Communication Plan*

- Carry family contact information in your wallet.
- Choose an out-of-town contact person. After a disaster, it is often easier to make a long-distance call than a local call from a disaster area.

### *Community Disaster Plan*

- Ask about the emergency plan and procedure that exists in your community.
- Know about the community response and evacuation plans, including the community's plan for evacuating those without private transportation.
- Make arrangements with a neighbor who could drive you.
- Know the escape routes and meeting places (See checklist on the next page).

### *Post-Emergency Phone Number Near Your Phones*

- Post emergency numbers near all of your phones. Include the numbers of those in your support network. Remember that in some emergencies telephone lines might not be working. Consider having alternative plans for contacting those in your network.

### *Plan for Those With Disabilities*

- Keep support items like wheelchairs and walkers in a designated place so they can be found quickly. This step is essential for those who have home-health caregivers, particularly for those who are bed-bound.

### *Utilities*

- Talk to your utility company about emergency procedures and know how and when to turn off water, gas and electricity at the main switches or valves. Share this information with your family. Keep any tools you will need nearby. Turn off the utilities only if you suspect the lines are damaged, you suspect a leak or if local officials instruct you to do so. (Note: If gas is turned off for any reason, only a qualified professional can turn it back on. It could take several weeks for a professional to respond. Heating and cooking would need alternative sources.)

### *Smoke Alarms and Carbon Monoxide Alarms*

- Test your smoke alarms and carbon monoxide alarms regularly. Consider strobe or vibrating alert systems that might meet your needs. Change the batteries in all alarms at least once a year or according to the manufacturer's instructions.

### *Insurance Coverage*

- Talk with your insurance agent to be sure that you have adequate insurance coverage. Homeowners insurance does not cover flood damage and may not provide full coverage for other hazards.

### *Vital Records and Documents*

- Keep copies of vital family records and other important documents, such as birth and marriage certificates, Social Security cards, passports, wills, deeds, and financial, insurance and immunizations records in a safe location, like a fire safe or safe-deposit box.

### *Hearing Aids/Cochlear Implants*

- If you wear hearing aids or assistive devices, consider storing them in a bedside container that is attached to your nightstand using Velcro. Some disasters (e.g., earthquakes) may shift items that are not secured, making them difficult to find quickly.

### 3. Be Informed

#### *Community Warning Systems*

Know how local authorities will warn you of a pending or current disaster situation and how they will provide information to you before, during and after a disaster.

#### *Friends, Family Caregivers and Neighbors*

Before a disaster happens it is a good idea to have a conversation with those in your support network: your friends, family and neighbors. Let them know your needs in an emergency situation; ask them how they could assist with your plan and whether they would be willing to help. Consider that during some emergencies, travel is severely limited and they may not be able to get to you.

#### *Local Neighborhood Emergency Teams*

Connect with a group in your local neighborhood. Some of these could include CERT (Community Emergency Response Team), a neighborhood watch, community block associations, faith-based organizations, etc. Even if you feel you cannot become a member, let them know your needs and ask them how they could assist with your disaster plan. If available, take advantage of advance registration systems in your area for those who need help during community emergencies.

#### *Local Volunteer Fire Departments*

Connect with your local volunteer fire department and let them know your needs (especially if you live in a rural area). Discuss with them how they might be able to assist in your disaster plan.

#### *Local EAS (Emergency Alert System)*

Certain television and radio stations will broadcast emergency messages from local authorities. Find out which stations broadcast on the Emergency Alert System (EAS).

#### *NOAA Weather Radio/All-Hazard Alert Radio*

These special radios provide one of the earliest warnings of weather and other emergencies and can be programmed to alert you to hazards in your specific area. Call your local National Weather Service office or visit [www.nws.noaa.gov](http://www.nws.noaa.gov) for more information.

#### *Door-to-Door Warning From Local Emergency Officials*

In some emergencies local responders may come door-to-door and deliver emergency messages or warnings. Listen carefully and follow their instructions!

#### *Senior Living and Assisted Living Communities*

If you live in a senior community, become familiar with any disaster notification plans that may already exist. Talk to your community management or resident council about how you can all be more prepared together.

## WHEN DISASTER STRIKES

### *Sheltering in Place vs. Staying at Home*

In some emergencies, such as a chemical emergency, you would need to know how to seal a room for safety on a temporary basis. This is called “shelter in place.” In some cases, you may be told to “stay at home.” This means stay where you are and make yourself as safe as possible until the emergency passes or you are told to evacuate. In this situation, it is safer to remain indoors than to go outside. Stay in your home and listen to instructions from emergency personnel. Listen to your television or radio for emergency messages. Be prepared to be on your own and have additional food and water for seven to 14 days.

### *If You Need to Evacuate*

**Coordinate with your family and home care provider for evacuation procedures.**

- Try to carpool, if possible.
- Wear appropriate clothing and sturdy shoes.
- Take your disaster supplies kit – “Go Bag.”
- Lock your home.
- Use the travel routes specified or special assistance provided by local officials. Don’t take any shortcuts, as they may be unsafe.
- When you arrive at a shelter, notify the shelter management of any needs you may have. They will do their best to accommodate you and make you comfortable.
- Let your out-of-town contact know when you leave and where you are going.
- Make arrangements for your pets.

### *Public Shelters*

Relief organizations, like the American Red Cross, may open shelters if a disaster affects a large number of people or the emergency is expected to last several days.

**Be prepared to go to a shelter if:**

- Your area is without electrical power.
- Floodwater is rising.
- Your home has been severely damaged.
- Police or other local officials tell you to evacuate.

### *Immediately After a Disaster*

- If the emergency occurs while you are at home, check for damage using a flashlight. DO NOT light matches or candles or turn on electrical switches. Check for fires, chemical spills and gas leaks.
- Shut off any damaged utilities.
- Check on your neighbors, especially those who are elderly or have disabilities.
- Call your out-of-town contacts and let them know you are okay.
- Stay away from downed power lines.
- Do not drive through flooded roads.
- Monitor local broadcasts for information about where you can get disaster relief assistance.

### *Financial Exploitation/Scams*

Unfortunately, after a disaster there may be some people who will try to take advantage of your vulnerability. Beware of high-pressure sales, disclosing personal financial information (account numbers and credit card information) and services provided with no written contract.



# Don't Leave Home Without Them!

AN EVACUATION SHELTER IS NOT INTENDED TO BE COMFORTABLE. SHELTERS ARE VERY CROWDED.

You should prepare to bring items to help make your stay more comfortable.

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## WHEN EVACUATING TO A SHELTER, BRING THE FOLLOWING ITEMS:

### 1. All Required Medications and Medical Support Equipment

- Wheelchair/walker, oxygen, dressings, feeding and suction equipment, diapers, etc.
- Any specific medication or care instructions (TWO WEEK SUPPLY)
- Name and phone number of physician/home healthcare agency/hospital where you receive care

### 2. Dietary Needs – You need to bring nonperishable food to survive for 72 hours per person

### 3. Food and Water/Liquids – Snacks, fruit juice, Gatorade, water, fruits, crackers (72-hour supply)

### 4. Sleeping Gear – Bring your own pillows, sheets, blankets, portable cot or air mattress, chaise lounge, folding chairs, or sleeping bags for each person. Evacuation shelters tend to be cold, so bring a blanket or sweater to keep warm. **COTS OR BEDS ARE NOT PROVIDED AT THE SHELTER.**

### 5. Important Papers – Wills, deeds, licenses, insurance policies, home inventory, doctor's orders, Do Not Resuscitate, Living Will.

### 6. Identification – With photo and current address, medical identification card.

### 7. Cash – Check cashing/credit card services may not be available for several days after the storm. BUT: Don't bring too much! There will be no place to secure money or valuables at the evacuation shelter.

### 8. Comfort Items – Small games, cards, books, batteries, manual can opener, etc.

### 9. Personal Hygiene Items – Toothbrush, toothpaste, deodorant, towels, brush/comb, dentures, glasses, eye drops, hearing aids and batteries, etc.

### 10. Extra Clothing – A one-week supply of comfortable clothing and extra sets of underwear and socks.



CAREGIVER  
RESOURCES

- A. IMPORTANT PHONE NUMBERS
- B. TIPS/TRICKS TO PREVENT CAREGIVER BURNOUT
- C. ADDITIONAL RESOURCES AND TOOLS
- D. CALENDARS
- E. NOTES



# Important Phone Numbers

## SUNSHINE HEALTH MEMBER SERVICES: 1-866-796-0530

Member Services is able to answer questions related to multiple different services, which include the following:

- Nurse Advice Line
- Dental and Vision Questions/Problems
- Pharmacy Questions/Problems
- Language Assistance
- Non-Emergency Transportation Services
- CMS Delivery Issues, HHA/Provider Questions or Problems

Member Services Representatives are trained professionals who are able to address issues or concerns. If for whatever reason they are unable to assist you, they will reach out to your assigned Care Coordinator to make contact with you.

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## LOCAL CAREGIVER SUPPORT GROUPS

- **Family Caregiver Alliance** – National Center on Caregiving is an available resource that provides online help to families and caregivers by identifying support groups. [www.caregiver.org/support-groups](http://www.caregiver.org/support-groups)
- Today's Caregiver provides local resources, and you are able to search for your state and city to find local in-person groups to attend. [www.caregiver.com](http://www.caregiver.com)

For more local information on support groups in your area, reach out to your assigned Sunshine Health Plan Care Coordinator who can assist in finding suitable groups in your area.

**YOUR ASSIGNED CARE COORDINATOR IS:**

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## *In Case of an Emergency: 911*

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**Medicare**

[www.Medicare.gov](http://www.Medicare.gov)  
1-800-MEDICARE

**Department of Elder Affairs**

[www.elderaffairs.state.fl.us](http://www.elderaffairs.state.fl.us)  
1-800-96-ELDER

**Medicaid**

[www.Medicaid.gov](http://www.Medicaid.gov)  
1-888-367-6554

**Alzheimer's Association**

[www.alz.org](http://www.alz.org)  
1-800-272-3900

**AARP**

[www.aarp.org](http://www.aarp.org)  
1-888-689-2277

**Parkinson's Association**

[www.parkinson.org](http://www.parkinson.org)  
1-800-4PD-INFO

**Disability**

[www.disability.gov](http://www.disability.gov)

**Sunshine MMA**

[www.sunshinehealth.com](http://www.sunshinehealth.com)  
1-866-796-0530

**Social Security Administration**

[www.ssa.gov](http://www.ssa.gov)  
1-800-772-1213

**Florida LTC Ombudsman Program**

<http://ombudsman.myflorida.com>  
1-888-831-0404

**Area Agency on Aging**

[www.agingcare.com](http://www.agingcare.com)

**Abuse, Neglect and Exploitation**

1-800-96-ABUSE  
1-800-962-2873

“

*Know you are blessed to have another day with your loved one, because one day they won't be there.*

— Debbie M. —

”

# Tips/Tricks to Prevent Caregiver Burnout

## THE CAREGIVER'S SURVIVAL GUIDE

You can only care for another person as well as you care for yourself. Imagine yourself as a parent on a faltering plane. When the oxygen masks drop, you put yours on first, then your child's. The same thing goes for a caregiver. To be a good caregiver, you need to take care of your own health.

### 1. Keep your routine.

If you normally get up and stretch and shower before sipping coffee as you get dressed and watch the news, don't stop. Even if you're more anxious about catching the doctor than catching up with the latest world events, stick with what's most familiar. It will calm you and your family, especially if you still have children living at home.

### 2. Get serious about self-care.

Don't skip your regular checkups! Make sure you get your annual exam, and tell your doctor you're caring for a sick loved one. Even better, ask to have your necessary tests performed at the same medical center where you take your loved one, and try to schedule them on the same day.

### 3. Find an enjoyable physical pursuit.

I know, I know—you've had it drummed into your head to exercise! But do find a form of exercise you enjoy—whether it's swimming, walking, biking, dancing or watching a movie while walking or jogging on a treadmill. Exercise increases the production of powerful feel-good endorphins, which can counteract the stress hormones that your body is probably producing more of.

### 4. Reward yourself.

Make a list of the little things you enjoy—whether it's getting a manicure, having a latte and reading the paper at the local coffee shop or even shopping—and commit to doing one every day. You need to take a break from the anxiety and reward yourself for the superb care you give your loved one. Above all, don't feel guilty about wanting to feel good.

### 5. Breathe!

Whenever we're anxious, our breathing becomes shallow and our lungs never quite fully inflate. So there isn't enough force to carry oxygen around to all of the cells in our body that are hungry for regeneration. This deprives the brain of the anti-stress hormones it needs to function calmly and clearly. Just 10 minutes of slow, deep meditative breathing will help slow your heart rate, calm your emotional state and make it easier to think clearly. Whenever you feel overwhelmed by caregiving responsibilities, take time out to sit calmly and do this.

## *The Caregiver's Survival Guide, continued*

### **6. Watch out for symptoms of depression.**

Caring for a sick or aging loved one can be draining—and that's completely normal. Unfortunately, it can also pave the way for depression; those caring for someone with dementia are thought to be especially vulnerable. In fact, the Family Caregiver Alliance surveyed California caregivers of adults with chronic health problems and found that 45 percent of them had symptoms of depression. Even more reason to take steps to protect your health. Signs of a potential problem: Are you unable to sleep (or are you sleeping too much)? Do you have no appetite (or are you eating all the time)? Do you feel pessimistic about the future? Do you no longer enjoy activities you once did, like going to the movies or socializing with friends? If any of these symptoms have persisted for more than two weeks, it's time to consult a doctor or therapist.

### **7. Pamper yourself.**

Raise your spirits while you lower your blood pressure. Get a massage. Get a pedicure. Take a long candlelit bubble bath. Enjoy a nice dinner out. Anything that relaxes you and makes you feel special will go a long way in defeating stress.

### **8. Stay organized.**

Try to manage your time as best as you can. Write to-do lists and use calendar reminders. Make a list of priorities and address those first. Don't be afraid to assign tasks to others in the family to help with the caregiving.

### **9. Learn company policies.**

For those working caregivers, read the employee handbook or speak with HR regarding time off for caregiving. Your company may have an Employee Assistance Program (EAP) that provides benefits for care for an elderly parent or relative.

“

*Each night before bed, look at yourself in the mirror and know that you are an exceptional person for what you do for others.*

Anonymous

”

# Calendars

## MONTHLY PLANNER

MONTH: _____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

MONTH: _____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

\*\*Additional Monthly Calendars are available upon request

“

*Be kind to yourself and don't take on the guilt. Just do your best ... but remember you can't do it all.*

Christine H.

”



WEEK OF: _____		
Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Notes
Saturday _____	Sunday _____	

\*\*Additional Weekly Planners are available upon request

“

*Try to laugh through your tears and appreciate the little moments and small joys, which will stay with you always.*

Joanne B.

”









CAREGIVER  
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1-866-796-0530 [SunshineHealth.com](http://SunshineHealth.com)

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