

THE DREAM TEAM

Creating a Team for a Successful Caregiving Season

MY CAREGIVING TEAM	THEIR ROLE	STRENGTH (success)	WEAKNESS (stress)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

ROLES TO BE ASSIGNED + FILLED

Health	Go-to-Person/Persons	Protection	Budgeting	Extra-care
Sanity	Exhaustion Prevention	Emotional Support	More Support	Respite Care

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DO I HAVE?

- o ATTORNEY, with estate documents drawn up and executed
- o FINANCIAL ADVISOR, with a financial forecast established
- o PRIMARY CARE PHYSICIAN, whom my caree trusts and is available to us
- o FAMILY / SIBLINGS, with meeting and communication methods established
- o SPOUSE / PARTNER, who understands what is in store
- o FRIEND, for their ear, a laugh and casserole
- o THERAPIST OR LIFE COACH, to objectively provide support and confidence in my new role
- o SUPPORT GROUP, that I have attended and enjoyed – even though “things aren’t that bad yet”
- o HOME HEALTH AIDES / ASSISTED LIVINGS / NURSING HOMES / HOSPICE, researched + visited, just-in-case
- o PERMISSION for myself to use any version of “Caregiver’s Corner” to add simplicity to my life
- o RESPITE CARE TOOLS + TECHNIQUES, both small and large to enable me to manage stress
- o MY OWN CARE PLAN, to keep me off the disabled list
- o OTHER _____, specific to my situation

NOTES:

FAMILY MEETING

YOUR NAME: _____

HOW OFTEN WOULD YOU FIND FAMILY MEETINGS USEFUL?

WHAT ARE YOUR PREFERRED WAYS TO BE CONTACTED, IN ORDER (email, text, phone):

(We'll go with whichever the majority lists as their #1 choice)

1. _____

2. _____

3. _____

HOW DO YOU THINK WE EACH CAN BEST HELP?

(Also consider others who may not be here but are available to contribute in some way.)

ME: _____

STRENGTH: _____

WHO: _____

STRENGTH: _____

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