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WHO WILL HELP AT HOME?

Planning for Care and Support After Discharge

Who Will Help at Home?

Use this worksheet to identify what help may be needed at home, who will provide it, and what still needs to be arranged before discharge.

Name: _____	**Primary Contact:** _____
Hospital / Facility: _____	**Phone / Email:** _____
Discharge Date: _____	**First Follow-Up Appointment:** _____

Before you go home:
Recovery often takes more help than expected. Check the areas where you may need help, who will provide it, and whether the plan is in place.

1 PERSONAL CARE & MOBILITY

HELP NEEDED? ☐ Yes ☐ No ☐ Not Sure
PLAN: ☐ In Place ☐ Still Need to Arrange

What I May Need Help With	Who Will Help?	When / Notes
☐ Bathing / showering		
☐ Dressing / grooming		
☐ Toileting		
☐ Getting in/out of bed or chairs		
☐ Walking / moving around		
☐ Using stairs		
☐ Other: _____		

2 MEALS & EVERYDAY NEEDS

HELP NEEDED? ☐ Yes ☐ No ☐ Not Sure
PLAN: ☐ In Place ☐ Still Need to Arrange

What I May Need Help With	Who Will Help?	When / Notes
☐ Preparing meals		
☐ Grocery shopping		
☐ Bringing meals / food		
☐ Dishes / clean up		
☐ Laundry		
☐ Taking out trash		
☐ Bringing in mail / packages		
☐ Other: _____		

3 MEDICATIONS & HEALTH NEEDS

HELP NEEDED? ☐ Yes ☐ No ☐ Not Sure
PLAN: ☐ In Place ☐ Still Need to Arrange

What I May Need Help With	Who Will Help?	When / Notes
☐ Picking up prescriptions		
☐ Organizing medications		
☐ Reminding about medications		
☐ Medical supplies / equipment		
☐ Following discharge instructions		
☐ Noticing / reporting concerns		
☐ Other: _____		

4 TRANSPORTATION & APPOINTMENTS

HELP NEEDED? ☐ Yes ☐ No ☐ Not Sure
PLAN: ☐ In Place ☐ Still Need to Arrange

What I May Need Help With	Who Will Help?	When / Notes
☐ Primary care appointments		
☐ Specialist appointments		
☐ Therapy appointments		
☐ Labs / testing		
☐ Pharmacy / errands		
☐ Other: _____		

"Someone will help" isn't a plan.
Knowing who, when and with what is.

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5 HOUSEHOLD TASKS

HELP NEEDED? ☐ Yes ☐ No ☐ Not Sure
PLAN: ☐ In Place ☐ Still Need to Arrange

What I May Need Help With	Who Will Help?	When / Notes
☐ Housekeeping / cleaning		
☐ Changing bed linens		
☐ Laundry		
☐ Dishes		
☐ Taking out trash / recycling		
☐ Home organization		
☐ Other: _____		

6 PETS & OUTSIDE RESPONSIBILITIES

HELP NEEDED? ☐ Yes ☐ No ☐ Not Sure
PLAN: ☐ In Place ☐ Still Need to Arrange

What I May Need Help With	Who Will Help?	When / Notes
☐ Walking / exercising pets		
☐ Feeding pets		
☐ Litter box / pet care		
☐ Trash cans to curb / back		
☐ Mail / packages		
☐ Yard care / plants		
☐ Other: _____		

7 THE FIRST 72 HOURS

Who will be available to help during this critical time?

First Night Home:	Who: _____	Notes: _____
Morning:	Who: _____	Notes: _____
Daytime:	Who: _____	Notes: _____
Evening:	Who: _____	Notes: _____
Overnight (if needed):	Who: _____	Notes: _____

8 WHO IS HELPING?

List the people who will help, when they are available, and how to reach them.

Name	Relationship	Phone / Email	Days / Times Available	What They Will Help With

9 WHAT STILL NEEDS TO BE ARRANGED?

Look for anything marked "Still Need to Arrange" or "Not Sure" on Page 1.

I still need help with: _____

- _____
- _____

People / services I can ask:

- _____
- _____
- _____

Questions for the discharge team:

- _____
- _____
- _____

10 NOTES & OTHER INFORMATION

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