

Caregiving Commitments

If you're caring for someone, your executor needs to know.

Maybe you're caring for an elderly parent. Maybe you have an adult child with a disability who lives with you. Maybe you're the Primary Caregiver for a spouse with dementia.

When you die, someone else will need to step in and provide that care. Your executor needs to know who you're caring for, what their needs are, and who should take over.

This section also helps if you're receiving Caregiver Credit from Service Canada. Your executor will need to notify Service Canada, and the person you're caring for might be eligible for other support.

WHY THIS MATTERS

If you're the Primary Caregiver for someone and you die unexpectedly, that person could be left without support. Your family might not know what medications they take, who their doctors are, or what daily care they need.

By documenting your caregiving commitments, you're making sure the person you care for continues to receive the support they need.

Let's write it down.

Your Caregiving Commitments

If you care for someone, this is what the next caregiver needs to step in without a gap.

PERSON YOU CARE FOR 1

NAME

RELATIONSHIP TO YOU

AGE

WHERE THEY LIVE

ADDRESS (IF DIFFERENT)

PERSON 1: CARE NEEDS

LEVEL OF CARE NEEDED

MEDICAL CONDITIONS

CURRENT MEDICATIONS

MOBILITY

GP NAME

GP CLINIC

GP PHONE

SPECIALISTS

DAILY CARE ROUTINE

Your Caregiving Commitments (cont.)

PERSON 1: WHO TAKES OVER CARE

PRIMARY CAREGIVER NAME

RELATIONSHIP

PHONE

DISCUSSED WITH THEM?

BACKUP CAREGIVER NAME

BACKUP CAREGIVER PHONE

PERSON 1: SERVICE CANADA & PROVINCIAL DISABILITY SUPPORTS

Service Canada will need to be told (usually by the executor or next of kin). The person you care for may also be eligible for other support, so it is worth checking with Service Canada directly.

CAREGIVER CREDIT?

YOUR SIN

THEIR PAYMENTS / SIN

THEIR DISABILITY PROGRAM NUMBER

DISABILITY SUPPORT COORDINATOR NAME

DISABILITY SUPPORT COORDINATOR PHONE

KEY DISABILITY SUPPORTS

Your Caregiving Commitments (cont.)

PERSON 1: SERVICES, MONEY & LEGAL

LONG-TERM CARE / DISABILITY SERVICE 1	SERVICE 1 PHONE
LONG-TERM CARE / DISABILITY SERVICE 2	SERVICE 2 PHONE
DO YOU SUPPORT THEM FINANCIALLY? (HOW MUCH)	WHAT IT COVERS
FUNDS SET ASIDE IN YOUR WILL?	POA / PERSONAL DIRECTIVE / REPRESENTATION AGREEMENT?
DOCUMENTS STORED AT	LIKES / DISLIKES & KEY CONTACTS

PERSON YOU CARE FOR 2 (IF ANY)

NAME	RELATIONSHIP TO YOU
LEVEL OF CARE NEEDED	MEDICAL CONDITIONS & MEDICATIONS
GP NAME & PHONE	WHO TAKES OVER CARE
CAREGIVER CREDIT / SIN	DAILY ROUTINE & KEY INFO

Your Caregiving Commitments (cont.)

ANYTHING ELSE ABOUT YOUR CAREGIVING COMMITMENTS