

Support Tasks Planner

Identify the support needed before contacting any home care provider

Check every task the person currently needs help with, or is at risk of struggling with. Bring this completed sheet to every provider call so you can describe needs clearly and compare responses.

Personal Care

- Bathing or showering
- Washing hair
- Oral hygiene (brushing teeth, denture care)
- Dressing and choosing clothing
- Grooming (shaving, nail care, hair)
- Applying creams, lotions, or compression stockings
- Help using the toilet or managing continence
- Catheter or ostomy care
- Getting in and out of bed
- Turning or repositioning in bed to prevent pressure sores

Mobility and Safety

- Moving safely from bed to chair or wheelchair
- Using a walker, cane, or rollator
- Navigating stairs safely
- Assistance with standing up or sitting down
- Getting in and out of a vehicle
- Fall prevention support during daily tasks
- Accompaniment on walks or outings
- Wheelchair assistance or pushing

Meals and Nutrition

- Planning and preparing meals
- Cooking (stovetop, oven, or microwave)
- Following a special diet (diabetic, low sodium, pureed, etc.)
- Help eating or feeding assistance
- Making sure enough food and fluid is consumed each day
- Grocery shopping or ordering groceries online
- Managing food storage and checking expiry dates

Medications

- Medication reminders at the right times
- Organizing a pill dispenser or blister pack
- Picking up prescriptions from the pharmacy
- Tracking whether medications have been taken
- Reporting side effects or concerns to the family
- Administering medications (requires a nurse)
- Injections or intravenous treatments (requires a nurse)
- Wound care or dressing changes (requires a nurse)

Home and Daily Life

- Light housekeeping (vacuuming, mopping, wiping surfaces)
- Laundry and folding
- Changing bed linens
- Tidying and organizing living spaces
- Taking out garbage and recycling
- Watering plants or caring for pets
- Answering the door or phone
- Managing mail and basic correspondence
- Paying bills or helping manage finances (companion role only)
- Errands (pharmacy, post office, dry cleaning)

Social and Emotional Support

- Regular companionship and conversation
- Accompaniment to appointments (medical, dental, therapy)
- Accompaniment to social activities or faith community
- Help with phone calls or video calls with family
- Reading aloud or shared activities (cards, puzzles, TV)
- Monitoring for signs of loneliness, depression, or confusion
- Caregiver respite (giving the family caregiver a break)

My Summary

Total tasks checked:	_____
Type of care needed (circle):	Personal Support / Nursing / Companion / Combination
Hours of support needed per week (estimate):	_____
Days per week:	_____

Preferred schedule:	Morning / Afternoon / Evening / Overnight / Flexible
Location of care:	Private home / Retirement residence / Long-term care / Other: _____
Language preference:	_____
Other specific needs or preferences:	_____