

# Keep It Together

An important records checklist to fill out with the person you support

Completed with

Date

## How to use this sheet

Go row by row with the person. Check Have it, Need it, or N/A, then jot down where it's kept ("blue folder, top drawer" or "house office binder"). Anything marked Need it becomes your to-do list on page 2.

Check the box, not the number. Never write ID/account numbers or diagnoses here.

Ask the person how they want records organized and who may access them, respecting their rights and any authorized decision-making arrangements. Store completed sheets and emergency copies securely, accessible only to authorized people. Follow policies on originals and copies.

## 1 Who I Am Identity & legal papers

| RECORD                                                     | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| State ID or driver's license                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Birth certificate                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Social Security card                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Medicaid, Medicare & other insurance cards                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Guardianship, power of attorney, or decision-making papers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Representative payee information (if any)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Advance directive or living will (if any)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |

## 2 My Health What any new doctor or helper would ask for

| RECORD                                                        | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|---------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Current medication list                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Allergy list                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Doctor, dentist & specialist contact list                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Pharmacy name and phone                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Recent hospital, ER, or urgent care discharge papers          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Immunization record                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Medical equipment & supplies info (vendor, warranty, refills) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |

## 3 My Services & Supports The people and plans behind the day-to-day

| RECORD                                     | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Current person-centered plan (ISP)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Case manager / service coordinator contact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Waiver or funding information              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Provider agency & house contact list       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Behavior support or safety plan (if any)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Day program, job, or school contacts       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Transportation info & ride schedule        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |

## 4 My Money & Benefits Proof of income and what's coming in and going out

| RECORD                                              | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| SSI / SSDI award letter (most recent)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Other benefit letters (food, housing, utility help) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Where bank or ABLE account papers are kept          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Spending plan or budget                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Bills & due dates list                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |

## 5 My Home Where I live and what I own

| RECORD                                     | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Lease or housing agreement                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Renter's insurance (if any)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Belongings list (with photos of valuables) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Spare key plan: who has a key              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |

## 6 Grab-and-Go Copies only. Ready if there's a hospital trip, fire, or move

| RECORD                                       | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Emergency contact list                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Copies of ID & insurance cards               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Copy of medication & allergy list            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| A recent photo                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| One-page "About Me" or communication profile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Hospital information sheet                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |

## 7 My Life & Goals Optional, but often the first thing lost in a move

| RECORD                                              | HAVE IT                  | NEED IT                  | N/A                      | WHERE IT'S KEPT |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Diplomas, certificates, or school transition papers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Work history or résumé                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |

### Wearing more than one hat?

Check the hat you're wearing today. Same checklist, different follow-through. Re-check the list after any move, hospital stay, plan meeting, or staff change.

#### ☐ DSP hat

Notice what's missing in daily life (an expired ID, a lost med list) and report it. Help the person find and file, but don't hold originals unless your policy says to.

#### ☐ Group home owner hat

Give every record one consistent home in the house and set a check date. Make sure staff on every shift know where the Grab-and-Go copies are.

#### ☐ Case manager hat

Bring this to plan meetings to spot gaps fast. Turn every "Need it" into a referral, a replacement request, or a next step in the plan.

### My "Need It" list

| WHAT WE NEED | FIRST STEP | WHO   | BY WHEN | DONE                     |
|--------------|------------|-------|---------|--------------------------|
| _____        | _____      | _____ | _____   | <input type="checkbox"/> |
| _____        | _____      | _____ | _____   | <input type="checkbox"/> |
| _____        | _____      | _____ | _____   | <input type="checkbox"/> |

Reviewed with \_\_\_\_\_ Date \_\_\_\_\_ Next check \_\_\_\_\_