



Our Family
Our Way

Family Meeting Record

Date: _____

In Attendance:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Our Family, Our Way: A Communication and Care Coordination Guide for Caregiving Families

Created by Scripps Gerontology Center, Miami University

with support from The Retirement Research Foundation and The Ohio Long-Term Care Research Project



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Your Family Meeting Record

Your **Family Meeting Record** is the place to capture your family's Shared Assessment and your Family Care and Support Plan. During your family meeting, the person you designate as the **Recorder** will use this to document your agreements as well as those areas where you can't agree right now or are undecided.

After your family meeting, you may want to give, send, or email a copy of this document to each person who participated in your family meeting so they can review and keep it for future reference.

This document is not written in stone, and things written here certainly can (and will) change as your situation changes.

We hope that your family will continue to meet and talk about your care and support arrangement. On the Our Family, Our Way website at www.MiamiOH.edu/ScrippsAging/OFOW you'll find a ***Sample Agenda for Future Meetings*** to help you think through changes to your care and support arrangement. You can also print a new set of family meeting materials from the OFOW website and use the full process again.

Part A: Your Family Care and Support Plan

Step One: Achieving a SHARED ASSESSMENT of What's Needed

The **Shared Assessment** includes underlying health considerations, environmental considerations, what help is required, who is helping now, and when they are helping.

The best care and support arrangement starts with agreement about what's needed. This is not always easy! Families don't always see eye-to-eye, not only about what's needed and what's happening, but also about how much risk to take, like staying alone, driving, preparing meals, or bathing alone. By sharing your Individual Tools, you have openly communicated how you see things and where you stand. That's an important start.

Referring to your completed Individual Tools and notes, go through each item and **complete the Shared Assessment as a family**. Examples of how to complete each tool are provided in this guide.

As you go through each tool, the **Reader** should start by reading their responses from their Individuals Tools, then each of the other family members can share their own responses. The **Recorder** will write your family's agreements in this **Family Meeting Record** which will serve as your family's "official" record of your meeting. The Shared Assessment begins on **pg. 6 of this Family Meeting Record**.

A few notes as you move from tool to tool and item to item:

- » Be ready to talk about those things that caught your eye during the Individual Tools exchange—where you see eye-to-eye and where you have differences.
- » If you have major differences on some of the items, see the ***How Do We Deal With Major Differences During Our Family Meeting?*** tip sheet located on the OFOW website.
- » When all is said and done, you may still be left with areas where you **can't agree** or are **undecided** right now. You'll have an opportunity to include these areas in your **Family Care and Support Plan** and you will also address them in **Part B** when you discuss your **Follow-Up Plan**.

Shared Assessment: Underlying Health Considerations

Incorporating the information from each family member’s Individual Tools (**Individual Tools pg. 7**), create a shared assessment of how limitations in the following areas affect the PWCN’s ability to carry out daily living and self-care activities. Check the column that best describes the PWCN’s current health situation. If everyone can’t agree right now on whether the PWCN experiences limitations in a certain area, check the “Can’t agree” column.

Health Consideration	No limitation	Some limitation	Major limitation	Can’t agree
Hearing				
Vision				
Taste/smell				
Diet/nutrition				
Dental health				
Bladder or bowel control				
Hand dexterity (ability to easily use hands to do things)				
Physical mobility				
Balance				
Strength				
Sleep quality (ability to fall asleep, stay asleep, get enough sleep)				
Energy				
Pain				
Decision-making/judgment				
Memory				
Depression				
Anxiety				
Substance use disorder/addiction				
Other physical or mental health considerations. Please describe.				

Shared Assessment: Environmental Considerations

Incorporating the information from each family member’s Individual Tools (**Individual Tools pgs. 8 - 10**), create a shared assessment of environmental considerations. If the category is not applicable (for example, there are no stairs), check the “N/A” column. If everyone generally agrees with the category, check the “Yes” column. If everyone generally disagrees with the category, check the “No” column. If everyone can’t agree right now, check the “Can’t agree” column.

The neighborhood...	N/A	Yes	No	Can’t agree	Notes
is safe.					
is convenient.					
is near family and/or friends.					
Other. Please describe.					

The home...	N/A	Yes	No	Can’t agree	Notes
has rooms and hallways clear of clutter.					
has non-skid rugs.					
has safe stairways (clutter free, handrails, clearly marked, well lit).					
has easy to use furniture.					
has adequate indoor lighting.					
has adequate outdoor lighting.					
has adequate heating.					
has adequate cooling.					
has a phone that is within reach or is easy to get to.					
has an emergency response system (Lifeline).					
has smoke alarms installed, tested.					
has carbon monoxide detector installed, tested.					
has window locks or bars.					
has working doorbell or knocker that can be heard.					
has a peephole or window to see out the front door.					

The home...	N/A	Yes	No	Can't agree	Notes
has exterior in good repair.					
has accessible interior doorways.					
has accessible exterior doorways.					
has lawn care/snow and ice removal when necessary.					
has an accessible mailbox.					
has a visible address marker.					
is free of pests (roaches, bed bugs, etc.).					
Other. Please describe.					

In the kitchen...	N/A	Yes	No	Can't agree	Notes
Frequently used items are accessible on the shelves.					
The stove is easy to use and safe.					
The microwave is at a good height/is accessible.					
The floor is skid free.					
Other. Please describe.					

In the bathroom...	N/A	Yes	No	Can't agree	Notes
The tub/shower is accessible.					
The tub/shower floor is slip-proof.					
There are grab bars for getting in and out of the tub/shower.					
There is a hand-held shower or shower seat.					
There are grab bars for getting up from the toilet.					
Other. Please describe.					

If there are pets...	N/A	Yes	No	Can't agree	Notes
They are safe underfoot.					
They are easy to feed.					
They are easy to let out/clean up after.					
They are friendly with people.					
They are friendly with other animals.					
They are in good health.					
There is a plan to get them to/from the veterinarian.					
There is a plan if the PWCN cannot care for them (hospital stay).					
Other. Please describe.					

Are there any other environmental concerns unique to life in the home (oxygen, shared spaces, etc.)? Name them here.

Shared Assessment: What Help is Required and Who's Helping Now?

Incorporating the information from each family member's Individual Tools (**Individual Tools pgs. 11 - 13**), create a shared assessment of what help is required and who's helping now. If the activity is not applicable to the PWCN, check "N/A." If everyone can't agree right now about what help is required, who is helping, or what devices are used and needed, check the "Can't agree" box in each of those sections.

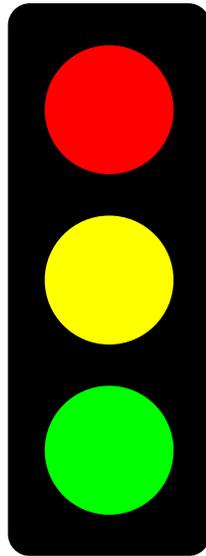
Care or support activity	What PERSONAL help is required?					Who is helping now?			What DEVICES are used and needed?		
	N/A	Requires no help	Requires some help	Requires much help	Can't agree	Who provides the help?	No one is helping, but help is needed	Can't agree	What devices are USED?	What devices could be helpful?	Can't agree
Bathing or showering											
Dressing											
Grooming (hair care, shaving, teeth-brushing, nail care)											
Getting to the toilet, using a bedpan, or other toileting needs											
Eating or drinking											
Getting in/out of bed/ chair											
Getting around the house											
Managing medications											
Medical or nursing tasks (changing bandages, injections, colostomy/ catheter)											

Care or support activity	N/A	What PERSONAL help is required?				Who is helping now?			What DEVICES are used and needed?		
		Requires no help	Requires some help	Requires much help	Can't agree	Who provides the help?	No one is helping, but help is needed	Can't agree	What devices are USED?	What devices could be helpful?	Can't agree
How much personal help does your PWCN require with the following activities?	N/A										
Doing home modifications											
Caring for pets											
Social contact (visits, telephone calls)											
Emotional support (reassurance, encouragement)											
Other. Please describe.											

Shared Assessment: When is Help Being Provided?

Fill in the schedule below using the information from each family member’s Individual Tools (**Individual Tools pg. 14**). For times of day **when no help is required**, place an X in the box for those times. For times **when someone is helping**, write the name in those times. For times **when no one is helping but help is needed**, leave those times blank.

	Early Morning	Late Morning	Early Afternoon	Late Afternoon	Early Evening	Late Evening	Overnight
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							



Readiness for Step Two

Step Two is working toward a **shared goal(s) statement** for your family.

How ready do you feel to move on to Step Two?

Do you need to take a break...a few minutes?...a few days?

Is it time to call in a professional counselor or mediator?

Step Two: Working Toward a Statement of Shared Goals

Now that you have a shared assessment of what's needed, including who's helping and when, it's time to talk about **what's wanted** in your family's care and support arrangement.

In your Individual Tools, each family member was asked to write their ultimate goal for your family's care and support arrangement and to list 3 realistic changes they could make to help achieve that goal.

Take a moment now for each family member to share their "ultimate goal" from pg. 20 of their Individual Tools.

Shared Goal(s) Statement

Now, taking into consideration the ultimate goals of each family member, create a shared goal(s) statement.

Do your best to come up with a shared goal(s) statement for your family that takes into account everyone's ultimate goals. Where there is disagreement, or where your goals compete with each other, leave those issues alone for a while. For now, only write a goal(s) statement that everyone can agree on, no matter how brief or incomplete it may seem. Write your family's shared goal(s) statement below.

Our family's shared goal(s):

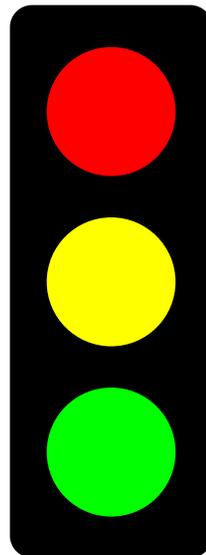
As a result of our family's care and support arrangement, we want the following to happen:

We hope this goal(s) statement will be a useful guide as you make decisions about the care and support arrangement.

What changes do you want in the care and support arrangement?

Now that you have determined what you want as a family, think about what needs to change in the care and support arrangement in order for that to happen. **Take a moment now for each family member to share the 3 realistic changes they wrote on pg. 20 of their Individual Tools.**

As you prepare for Step Three, keep these possible changes in mind as you create your **Family Care and Support Plan**. This is an opportunity to make decisions based on straightforward communication. No guessing, imagining, wondering, or presuming.



Readiness for Step Three

Step Three is arriving at the best possible care and support arrangement for your family.

How ready do you feel to move on to **Step Three**?

Do you need to take a break...a few minutes?...a few days?

Is it time to call in a professional counselor or mediator?

Step Three: Arriving at the Best Possible Care and Support Arrangement for Your Family

Now you're ready to create a Family Care and Support Plan that will designate *who* will do *what* and *when* for the areas you've addressed in your Shared Assessment. Your plan will also include a **back-up plan** for when the unexpected happens, an opportunity to think about when some family members or others could provide **occasional help**, and how some family members may be able to **contribute financial or other resources**.

Take a few minutes to review what you read in each other's Individual Tools about **what's possible (Individual Tools pgs. 23 - 26)**.

As you prepare to complete your Family Care and Support Plan, **keep your shared goal(s) statement in mind** and pay attention to the following:

- » Where are there gaps in the arrangement?
- » Where do you have differences? (The places where you **can't agree** or are **undecided**.)
- » What physical, emotional, social, and financial impact does the care and support arrangement—as it stands—have on each family member?
- » What are each individual's abilities, availability, limitations, preferences, and resources? What changes did they think they could make?
- » Are you missing opportunities for each family member to be involved?

When you're ready, turn the page and start creating your Family Care and Support Plan.

Plan for Addressing Underlying Health Considerations

Referring to the Shared Assessment on **pg. 7 of this Family Meeting Record**, review the underlying health considerations. Are there underlying health limitations that could be improved? If so, for those limitations only, indicate what steps might be taken, who will take the lead, who else will be involved, and when the steps will be taken. If everyone still can't agree, or are undecided about what to do, check the "Can't agree or Undecided" column. You will revisit "Can't agree or Undecided" areas later in your Follow-Up Plan.

Who will do what and when to address...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Hearing						
Vision						
Taste/smell						
Diet/nutrition						
Dental health						

Who will do what and when to address...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Bladder or bowel control						
Hand dexterity (ability to easily use hands to do things)						
Physical mobility						
Balance						
Strength						
Sleep (ability to fall asleep, stay asleep, get enough sleep)						

Who will do what and when to address...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Energy						
Pain						
Decision-making/judgment						
Memory						
Depression or anxiety						
Other. Please describe.						

Plan for Addressing Environmental Considerations

Referring to the Shared Assessment on **pgs. 7 - 9 of this Family Meeting Record**, review the environmental considerations. Are there environmental considerations that could be improved? Indicate what steps might be taken, who will take the lead, who else will be involved, and when the steps will be taken. If everyone still can't agree, or are undecided about what to do, check the "Can't agree or Undecided" column. You will revisit "Can't agree or Undecided" areas later in your Follow-Up Plan.

How we will address the neighborhood concerns...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Safety						
Convenience						
Near family and/or friends						
Other. Please describe.						

How we will address the concerns in the home...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Rooms and hallways clear of clutter						
Non-skid rugs						
Safe stairways (clutter free, handrails, clearly marked, well lit)						
Easy to use furniture						
Adequate indoor lighting						

How we will address the concerns in the home...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Adequate outdoor lighting						
Adequate heating						
Adequate cooling						
Phone within reach or easy to get to						
Emergency response system installed (Lifeline)						
Smoke alarms installed, tested						

How we will address the concerns in the home...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Carbon monoxide detector installed, tested						
Window locks or bars						
Has working doorbell or knocker that can be heard						
Peephole or window to see out the front door						
Exterior in good repair						
Accessible interior doorways						

How we will address the concerns in the home...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Accessible exterior doorways						
Lawn care/snow and ice removal when necessary						
Accessible mailbox						
Visible address marker						
Free of pests (roaches, bed bugs, etc.).						
Other. Please describe.						

How we will address concerns in the kitchen...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Frequently used items accessible on the shelves						
Stove easy to use and safe						
Microwave at a good height/ accessible						
Skid-free floor						
Other. Please describe.						

How we will address concerns in the bathroom...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Accessible tub/shower						
Slip-proof tub/shower floor						
Grab bars for getting in and out of tub/shower						
There is a hand-held shower or shower seat						
Grab bars for getting up from the toilet						

How we will address concerns in the bathroom...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Other. Please describe.						

How we will address concerns about pets...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Safe underfoot						
Easy to feed						
Easy to let out/clean up after						
Friendly with people						

How we will address concerns about pets...	N/A	Steps we might take	Who will take the lead	Who else will be involved	When we will take these steps	Can't agree or Undecided
Friendly with other animals						
In good health						
A plan to get them to/from the veterinarian						
A plan in case the PWCN cannot care for them (hospital stay)						
Other. Please describe.						

Plan for Care and Support Activities

Referring to the Shared Assessment on **pgs. 10 - 12 of this Family Meeting Record**, review the care or support activities required. If the item doesn't apply, check "N/A." If the PWCN will do the care themselves, check "PWCN Self-care." If the care or support will be provided by a spouse/partner, adult child, extended family or friends, or formal services, write the name in the appropriate column. Care and support can be provided by more than one person. If everyone is unable to decide on certain care and support activities for now, check "Can't agree or Undecided." You will revisit "Can't agree or Undecided" areas later in your Follow-Up Plan.

Who will provide the following care or support activities?	N/A	PWCN Self-care	Spouse/partner and/or children (Names/s)	Extended family or friends (Name/s)	Formal Services (Name/s)	Can't agree or Undecided
Bathing or showering						
Dressing						
Grooming (hair care, shaving, teeth-brushing, nail care)						
Getting to the toilet, using a bedpan, or other toileting needs						

Who will provide the following care or support activities?	N/A	PWCN Self-care	Spouse/partner and/or children (Names/s)	Extended family or friends (Name/s)	Formal Services (Name/s)	Can't agree or Undecided
Eating or drinking						
Getting in/out of bed/chair						
Getting around the house						
Managing medications						
Medical or nursing tasks (changing bandages, injections, colostomy/catheter)						
Preparing meals						

Who will provide the following care or support activities?	N/A	PWCN Self-care	Spouse/partner and/or children (Names/s)	Extended family or friends (Name/s)	Formal Services (Name/s)	Can't agree or Undecided
Making telephone calls						
Transportation						
Communicating and coordinating with health and service providers						
Going to medical appointments						
Doing essential shopping (grocery, pharmacy)						
Writing checks and paying bills						

Who will provide the following care or support activities?	N/A	PWCN Self-care	Spouse/partner and/or children (Names/s)	Extended family or friends (Name/s)	Formal Services (Name/s)	Can't agree or Undecided
Managing legal matters (estate planning, power of attorney, etc.)						
Doing laundry						
Doing light house or yard work						
Doing heavy house or yard work						
Taking out trash/bringing in trash cans						
Home repairs or modifications						

Who will provide the following care or support activities?	N/A	PWCN Self-care	Spouse/partner and/or children (Names/s)	Extended family or friends (Name/s)	Formal Services (Name/s)	Can't agree or Undecided
Caring for pets						
Social contact (visits, telephone calls)						
Emotional support (reassurance, encouragement)						
Other. Please describe.						

Master Calendar

Referring to the calendar in the Shared Assessment on **pg. 13 of this Family Meeting Record**, complete the calendar below to make decisions about who will provide care and support. For times of day **when no help is required**, place an X in the box for those times. For times **when someone will help**, write the name in those times. **Where you still have gaps**, leave those times blank. You will address those gaps later in your Follow-Up Plan.

	Early Morning	Late Morning	Early Afternoon	Late Afternoon	Early Evening	Late Evening	Overnight
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

Note: Making sure that a person’s physical and personal care needs are addressed is often the main focus of a family’s care and support arrangement, but it’s just as important to think about how to keep the PWCN—and the primary care partner—socially and emotionally engaged with others. The ***Engagement Calendar***, available on the OFOW website, is a resource that can help ensure that the PWCN and/or the primary care partner is staying connected.

Back-up Plan

Sometimes the unexpected happens (illness, emergencies) and the care and support arrangement you've agreed to falls apart. Other times, the usual care partner(s) is not available because of vacations or important events (for example, weddings, graduations). Take a few moments to think and make notes below about a back-up plan for when the "usual" care partner(s) is not available. Write the back-up plan below.

Occasional Help

When all is said and done, some family members can only help occasionally. What are some things those family members could do to add to the care and support arrangement? Some examples include taking the PWCN out for a drive or to lunch, visiting, and helping to find out more about a needed resource. Write down who might help occasionally below.

WHO	TYPE OF HELP	WHEN

Contributing Financial or Other Resources

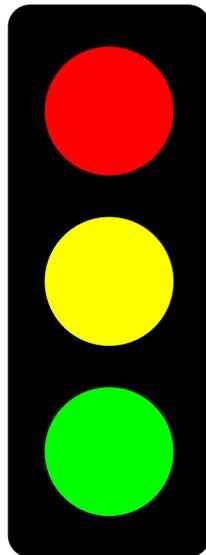
When it comes to care and support decisions, discussing finances can be tough. When you each thought about What's Possible in your Individual Tools (**Individual Tools pgs. 23 - 25**), there was a space to indicate financial or other resources you might contribute. Take a few moments to discuss what that looks like here. You do not need to write down specific amounts, and writing it here does not mean that the person is required to provide it. This is just to get you thinking about ways that family members might contribute other than, or in addition to, providing hands-on help.

For example,

- » Dad says “Since I’m no longer driving, you can use my car to take me to appointments and run errands, and I’ll pay for the gas.”
- » Siblings who live at a distance help pay for home care services to give the usual care partner(s) a break.
- » Daughter agrees to help with the cost of a Lifeline.
- » Siblings pay health care premiums for their brother who gave up his job to care or mom full-time.
- » Son-in-law loans his old laptop to Mom and Dad to help them stay in touch.

Family members who live far away from the person with care needs often wonder what they can do to help. For guidance about how remote family members can be more engaged in the care and support arrangement, refer to the **[How can I provide meaningful support from a distance?](#)** tip sheet on the OFOW website.

Some families actually decide to directly compensate family members for the care they provide. In the **[Helpful Caregiving Resources](#)** booklet, you’ll find a resource about personal care agreements, “How to Compensate a Family Member for Providing Care,” which was created by the Family Caregiver Alliance. Use the space below for notes, concerns, or agreements about contributing financial or other resources.



Readiness for Part B

Part B is thinking about **What's Next** and creating a **Follow-Up Plan**.

How ready do you feel to move on to Part B?

Do you need to take a break...a few minutes?...a few days?

Is it time to call in a professional counselor or mediator?

Part B: The Follow-Up Plan (What's next?)

Now that you have completed your Family Care and Support Plan, what's next? It's important to have a plan for checking in with each other and revisiting the care and support arrangement; otherwise the work you've done so far may get lost in the busyness of daily life. Revisiting the care and support arrangement also ensures that you are staying up to date with changing needs and circumstances.

Plan for Ongoing Communication and Care Coordination

Ongoing communication and coordination is vital to keeping the care and support arrangement working for everyone involved. To have good communication, it's important to consider what kinds of information need to be communicated, what types of communication work for your family, and how often that communication should happen. Take a few minutes to consider the following:

- » What kinds of information will be communicated and to whom?
- » Is there information that the PWCN does not wish to share with other family members?
- » Is there information that certain family members do not wish to know?
- » What are the preferred methods of communication in your family? What methods work best for each of you (telephone, texting, email, Zoom, FaceTime)?
- » How often should you communicate? Daily? Weekly? Monthly?
- » Will there be a "point person" for communication? Will certain family members be responsible for communicating certain information to certain people? (whoever accompanies Dad to a doctor's appointment will communicate what happened, what was learned, any changes in medications, etc.)

Plan for Ongoing Revision to What's Needed, Wanted, and Possible

Care and support needs and circumstances can and will change over time. What's working today may not work further down the road. Thinking ahead may help your family to avoid making decisions in a time of crisis.

How will you revisit what's needed, wanted, and possible? Will you use these tools or some other system? Use the space below for notes, concerns, or agreements about your plan for ongoing revisions.

Plan for Meeting Again

Getting everyone together to discuss the care and support arrangement periodically is a good way to ensure that everyone's voices are heard. There may be unresolved items or issues that require further consideration. You may choose to set regular meetings (e.g., monthly, every 6 months) or plan your meetings one at a time. Not all meetings need to be face-to-face. Do what works for your family.

On the OFOW website, you'll find a [Sample Agenda](#) for follow-up meetings.

When will you meet again to review the care and support arrangement? Use the space below for notes, concerns, or agreements.

Plan for Revisiting Unresolved Areas

Finally, it's important to list those areas that are unfinished or unresolved at the end of this meeting. To do this, go through your Family Care and Support Plan (**pgs. 19 - 37 in this Family Meeting Record**). Find those areas where you can't agree or are undecided, or where there are gaps in care and support and note areas to revisit below:

For now, you have agreed to disagree, and that's actually a start! This is now a "to-do" list of sorts and becomes part of your Follow-Up Plan. Each time you meet, make it a priority to address these issues. It may be helpful to refer again to the ***How do we deal with major differences during our family meeting?*** tip sheet on the OFOW website.

You may find that bringing in a professional to help you work through these unresolved areas can be valuable to all of you. Your local Area Agency on Aging can provide referrals for professionals such as counselors, social workers, or family mediators in your area. Some resources for locating professionals can also be found in the ***Helpful Caregiving Resources*** booklet.

You've completed your family meeting!

We hope this process has been helpful and that you continue working together to maintain the best possible care and support arrangement for your family, your family's way.

To access other tools and resources for caregiving families, visit the OFOW website:

www.MiamiOH.edu/ScrippsAging/OFOW

We would love to hear about your experiences using Our Family, Our Way!

Please visit the OFOW website and complete the brief survey to share your feedback.