

### Hiring a Caregiver

The Aging & Disability Resource Center (ADRC) would like to help you move through the process of providing a caregiver for yourself or your loved one. We understand this can be a very stressful and confusing decision for you. However, with our help through this resource, we hope to make these choices a little more manageable and help you to create a successful working relationship.

When making this initial choice to hire a private caregiver, consider the following:

- How do you/ loved one feel about different people caring for them/ or would they prefer only one person?
- Do you or a loved one feel comfortable with someone living with them, or would they prefer to have more privacy and have someone come in periodically to help?
- Do you want to take on the responsibility of checking the background of a caregiver or would you prefer an agency checking into these things for you?
- What type of flexibility do you need in the caregiver's schedule?
- If the caregiver, you hired was ill who would cover for them?
- Do you want the responsibility of paying a self contracted person? If so, would you want to pay someone directly or have billing set up?
- Are you willing to interview several people to find the right personality to match you or your loved one and complete background reference check on these people?
- Are there pets involved, and would they need to be cared for as well?
- Do you have someone you trust that may be able to help you make some of these decisions?

### **Advantages of using an Agency**

- 1. Background checks may already be available for you to review and credentials should be available.
- 2. Schedules will be filled with another staff member if the regular staff is unavailable.
- 3. Billing arrangements will be made. All taxes and deductions are taken care of through the agency.
- 4. Agencies generally have trained and licensed staff if you need care that requires a licensed professional such as a nurse.
- 5. If there is a dispute or concern, it can be addressed by a supervisor.
- 6. Agencies may expand the amount of services or type of services and the need becomes apparent.
- 7. Agency staff is often provided with ongoing evaluations of skills and ongoing training to increase skills.
- 8. Agency staff are insured and bonded.
- 9. There will be more than one person accountable for proper cares.
- 10. Agencies can make referrals for additional services easily.

### **Disadvantages of using an Agency**

- 1. The cost will be more expensive because the agency is dealing with the managerial tasks for you.
- 2. You may be penalized if schedule is changed with short notice.
- 3. The workers sent to you may not match your personality and then different workers will have to be sent.
- 4. Agencies may have minimum time requirements. They may require a four-hour shift. Most agencies will not allow the client to split the shift (two hours in the morning and two hours in the evening).
- 5. Agency workers may not be permitted to do certain tasks for the client.

The ADRC maintains a list of supportive home care agencies in Kenosha County. Please call 262-605-6646 and ask to speak to one of our Information Specialists, Monday-Friday, 8:00am-5:00pm.

# Advantages of Hiring a Private Caregiver

- 1. You choose who you hire
- 2. You work with one person, who knows your needs, likes, dislikes, and the situation (no need for retraining new staff every time someone walks through the door)
- 3. You have a choice on the way things are done
- 4. There are no restrictions on duties or driving that you both agree to.
- 5. May be less expensive than an agency.
- 6. May allow for more flexible schedule, or as needed with shorter notice.
- 7. Wage may be somewhat negotiable.
- 8. You can interview several prospective caregivers, to see who would best fit with your personality and cares needs
- 9. Private caregiver may be insured and bonded.
- 10. In a 24-hour, live-in caregiver situation, the caregiver is available at any times.

# Disadvantages of Hiring a Private Caregiver

- 1. You must recruit, interview, do references, and background checks
- 2. The schedule between you and the caregiver may be affected by the caregiver being unavailable and consider who would be your back up.
- 3. If there are concerns or dispute, a supervisor will not be able to assist in the resolution
- 4. You have paperwork for employee payroll and taxes.
- 5. Hard to hire or keep workers because of the lower pay and lack of benefits.
- 6. I the worker is sick/injured/not able to come, who will cover for them. Create a backup system.

If you choose to hire a private caregiver through an agency it is recommended that you talk with the agency first to see what services, they can provide and if they are a good fit to your needs and personality.

### **Agencies providing Private Live In Domestic Service Workers**

These agencies place individuals in homes to provide domestic services. These agencies only find the live-in worker; they <u>do not</u> provide any supervision, oversight, or bear any responsibility for the worker. They vary in their policies and methods of payment and most agencies charge a one-time, lifetime finder's fee. Be sure to inquire about this fee and verify that it is a one-time fee.

### **Friendly Domestic Senior Care**

773-545-7776 3427 N. Milwaukee Ave. Chicago, IL 60641

### **Good People**

414-759-7482 or 800-608-8003 1029 N Jackson St, #1209 Milwaukee, WI 53202 www.goodpeople.us

### **Home Care Services**

262-657-8467 or 262-744-0520 Greg Kryca 5707 7<sup>th</sup> Ave. Kenosha, WI 53143 www.homecarewisconsin.com

### Irene's International

773-631-8878 5940 W. Touhy Ave., Suite 152 Niles, IL 60714

### Sarah's Agency

847-541-2030 4 Piper Lane Prospect Heights, IL 60070

The following agencies offer Live-In supportive or skilled nursing care and they supervise, oversee and are responsible for all staff. There is not a finder's fee charged.

### **Comfort Keepers**

262-884-3930 1131 Prairie Dr., Racine, WI 53406

### **Home Helpers of Southeast Wisconsin**

262-757-0012 158 W. Chestnut Street, Burlington, WI 53105

### Other places to get help finding a caregiver

- 1. Inquire within your own circle (family, friends, church, clubs, co-workers).
- 2. If the person needing care has been hospitalized, ask the hospital discharge planner or social worker for referrals.
- 3. Wisconsin Respite Care Registry This free registry connects those needing respite care with respite care providers. Direct care professionals or providers can sign up to be found as a respite care provider and find meaningful caregiver jobs, and primary caregivers can search this database for in-home or agency-based respite care providers that most closely meets their needs

www.respitecarewi.org/registry/ or call (608) 222-2033 for more information.

Whether you decide to hire someone on your own or use the employee of an agency, it is good to know as much as you can about this person's work history. You may want to use the sample Application for Employment, (Appendix B) and the sample Authorization and Release (Appendix C) for this step.

### **Steps to Hiring a Private Caregiver**

### 1. Focus on you or the needs of your loved one.

One of the first things you need to look at when choosing a caregiver is what are your wants, needs, preferences, etc. Knowing this will assist you in informing a prospective caregiver on what their job duties may entail. Attached in (Appendix A) is a Task Check List that focuses on six categories you can focus on as needed. Areas to focus in are grooming, health and hygiene, mobility, nutrition, and house cleaning.

# 2. **Is creating and/or having on hand job applications.** (See Appendix B for a sample Application for Employment).

There are many reasons for using a job application.

- i. A job application is the first screening tool you may use to choose possible applicants.
- ii. It will allow you to have the applicant's social security number for criminal background checks.
- iii. An application also allows you to look over their previous work experience, what they may be looking for regarding a wage, and the reason for leaving these previous jobs.
- iv. A job application also allows you to look at length of employment.

### 3. Conducting a phone interview is a wise next step.

It will allow you to get more information on each applicant, why they are interested, what salary they are looking for, how many hours they want to work, whether they have experience in the field, etc. Of course, you need to do what is best and most comfortable for you.

### 4. A face to face interview.

A face to face interview can be a scary task. However, it will allow you to find out their knowledge and skills, their comfort level, and their personality. You may want to refer to the sample set of Interview Questions to help you with this. (Appendix C)

Once you have had your first interview, you will have the option of having a second interview at home. However, having another person with you at your home is always a good idea until you hire a personal care giver.

### 5. Check all references.

A reference check will allow you to get information from other sources about the prospective employee's abilities, job skills, strengths, reliability, and nature at work/ personal life. This is another way for you to see if this person would be a good fit for you. You will need to have the prospective employee sign an Authorization and Release (see Appendix D) to allow you to contact references. We've included some Reference Check question examples to help you out. (See Appendix E and F).

### 6. Set up a Service Agreement.

When you've made your decision to hire a caregiver, you'll need to agree on specific details of the position, such as work schedule, wages, duties and responsibilities, reliability and how to end services if the position will end. We've included a sample Service Agreement to help you in this final step. (See Appendix H).

### 7. Compare Agencies.

Medicare has added Home Health agencies to their "Compare" resource, which may be a useful tool when selecting an agency.

http://www.medicare.gov/homehealthcompare/

At the very end of this handout, you'll find a collection of Helpful Caregiver Websites to assist you along the way. Remember if you have questions or need additional resources and assistance the staff of the Kenosha County Aging and Disability Resource Center is here to assist you. Please contact us at:

Kenosha County Aging and Disability Resource Center 8600 Sheridan Rd. Kenosha, WI 53143 262-605-6646 or 800-472-8008 adrc@kenoshacounty.org

### **Checking a prospective caregivers' credentials**

Checking credentials is a key factor in knowing the identity and qualifications of someone caring for your loved one. This can be accomplished several ways. If you have chosen to work with an agency, you can request the credential details from them. You can check to see if the person holds a valid license or registration and inquire if there have been any disciplinary reports or substantiated allegations of misconduct.

To check licensure status for **Health Professionals** you must identify the person by name and license number and make a written request to:

State of Wisconsin
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935, 608-266-2112

**NOTE:** There is no fee for this inquiry, but it may take several weeks to get a report back. You may also check credentials through the Internet <a href="https://app.wi.gov/licensesearch">https://app.wi.gov/licensesearch</a>

To check a prospective **CNA's registration** and learn information on substantiated misconduct, visit the website: <a href="http://dhs.wisconsin.gov/caregiver/misconduct.htm">http://dhs.wisconsin.gov/caregiver/misconduct.htm</a> and you will need the person's Social Security number.

### Or you can contact:

Department of Health Services, Caregiver Program E-mail Help Desk:

DHSCaregiverIntake@wisconsin.gov

1 West Wilson Street
Madison, WI 53701-2569
608-266-1865
TTY Telephone, 608-267-7371

There is no fee for this service and only misconduct charges while a hospital, nursing home or licensed home health agency employee will be recorded. Problems, which may have occurred while employed by a private party, **will not** appear on this report.

### **Criminal background check**

You must provide the person's full name, sex, and date of birth. Call for full details and fees.

Sheriff's Department
Joint Records and Information Department
1000 55<sup>th</sup> St.
Kenosha, WI 53140
262-605-5015

### State of Wisconsin criminal record check

You may make a written request for Criminal background information by completing form DJ-LE-250 available at the back of this handout (See Appendix G) or by downloading the form from the Department of Justice website:

https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information#request

There are processing fees associated with this request. Call the Department of Justice, 608-266-1221 for details.

Mail requests to: Crime Information Bureau

Attn: Record Check Unit

P.O. Box 2688

Madison, WI 53701-2688

You may also check online at the Wisconsin Circuit Court Access Website:

<a href="https://wicourts.gov/casesearch.htm">https://wicourts.gov/casesearch.htm</a> This is a public site and is free to access.

### **Check driving records**

To request a copy of a person's driving record, you must obtain the Vehicle/Driver Record Information form #MV2896. This is available on the Wisconsin Dept. of Transportation website at <a href="www.dot.wisconsin.gov/drivers/records.htm">www.dot.wisconsin.gov/drivers/records.htm</a> or is available at your local Dept. of Motor Vehicle (DMV) office. There are fees per driver record requested and you must attach written consent of the person you are requesting records for. If you have further questions in how to obtain a copy of a person's driving record, please call 608-266-1466.

The final step in the process, after selecting a caregiver, interviewing, and hiring them, is to discuss and come to an agreement on how, when and what service will be provided. It may be beneficial to use the sample Service Agreement (Appendix H) as an example in how to proceed. This leaves the guesswork out of the relationship and allows for a well-rounded discussion before problems arise.

This is the appropriate time also, to work out the details of time off, sick and vacation leave, how much notice is needed if there is a schedule change, and what services if any will not be expected.

Finally, prepare for the unexpected. Think about liability issues and your homeowner's coverage for persons working in your home. Check prospects vehicle insurance coverage if they will be using their own vehicle to drive while working. You may want to have them bring in proof of auto insurance to ensure liability or comprehensive coverage.

Overall, keep your expectations clear and work out issues ahead of time where you can. Deal with situations as they come up, with your loved one's best interest as the primary goal.

# **Appendix A**

# I. Grooming

			Wh	en?	)			F	-rec	que	ncy	7		
Task	How long (in min.)	Morning	Afternoon	Evening	Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monthly	Annually
A. Bathing														
1. shower														
2. bath														
3. bed bath														
4. sponge bath														
5. other (e.g. whirlpool)														
B. Hair Care														
1. cutting hair														
2. washing hair														
3. setting hair														
4. brushing, combing, styling hair														
C. Face and Body Care														
1. ear care														
2. nail care														
3. shaving facial/body hair														
4. washing face and hands														
5. make-up														
6. lotion/deodorant														
7. menstrual care														
8. other														
D. Dental Care														
1. brushing teeth														
2. flossing teeth														
3. mouthwash														

4. denture care							
5. other (e.g. Waterpik)							
E. Dressing and Undressing							
1. complete assistance							
2. partial assistance							

Special Instructions:		

# II. Health and Hygiene

			Wh	en?	)			F	rec	que	ncy	7		
Task	How long (in min.)	Morning	Afternoon	Evening	Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monthly	Annually
A. Toileting														
1. bed pan														
2. commode														
3. toilet														
4. urinal														
5. draining leg bag														
6. menstrual hygiene														
7. Hooking up urinary drainage/ostomy equipment														
8. clearing urinary drainage equipment														
B. Bladder Care												"		
1. in-dwelling catheter														
2. condom-drainage														
3. Ileal conduit														
4. other														
C. Bowel Care												"		
1. digital stimulation														
2. suppositories														
3. enema														
4. laxative														
5. colostomy														
6. other														
D. Skin Care														
1. preventing skin breakdown														

2. treating skin breakdown							
3. informing employer of irritated skin areas							
E. Medication							
1.							
2.							
3.							
F. Wound Care							
1.							
G. Respiration							
1.							
·							

<b>Special Instructions</b>			

# III. Mobility

		1	Wh	en?	)			ı	-re	que	ncy	7		
Task	How long (in min.)	Morning	Afternoon	Evening	Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monthly	Annually
A. Exercise														
1. range of motion exercises														
2.														
3.														
B. Positioning														
1. night turnings														
2. bed														
3. chair														
4. sexual activity														
C. Transfers and Lifts														
1. wheelchair														
2. bed														
3. shower/tub														
4. toilet														
5. vehicle														
D. Driving and Escorting														
1. school/work														
2. social events														
3. medical appointments														
4. vehicle upkeep														
E. Preparation for Sleep														
1.														

Special Instructions:	:		

# **IV. Nutrition**

		'	Wh	en?	)			F	rec	que	ncy	,		
Task	How long (in min.)	Morning	Afternoon	Evening	Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monthly	Annually
A. Meal Preparation														
1. preparing foods														
2. cooking														
3. serving														
4. storing and putting food away														
5. cleaning up														
B. Eating Meals														
1. breakfast														
2. lunch														
3. dinner														
4. snacks														
C. Special Diets														
1.														
2.														
D. Kitchen Chores														
1. washing dishes														
2. cleaning oven/stove														
3. defrosting/cleaning refrigerator														

Special Instruction	S:		

# V. Household

			Wh	en?	)			ı	rec	que	ncy	7		
Task	How long (in min.)	Morning	Afternoon	Evening	Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monthly	Annually
A. Laundry														
1. sorting clothes														
2. hand washing														
3. washing														
4. drying														
5. ironing														
6. mending														
7. dry cleaning														
B. Shopping														
1. grocery														
2. prescriptions														
3. personal														
C. Errands														
1.														
2.														
3.														
D. Housekeeping														
1. making/changing beds														
2. sweeping														
3. vacuuming														
4. dusting														
5. cleaning toilet														
6. scouring tub/sink														
7. emptying trash														

8. general cleaning 9. wheelchair cleaning/maintenance 10. mopping/washing floors 11. washing windows/mirrors 12. washing walls 13. other household maintenance  E. Gardening 1. indoor plants 2. outdoor plants 3. other  Special Instructions:								
cleaning/maintenance  10. mopping/washing floors  11. washing windows/mirrors  12. washing walls  13. other household maintenance  E. Gardening  1. indoor plants  2. outdoor plants  3. other	8. general cleaning							
11. washing windows/mirrors  12. washing walls  13. other household maintenance  E. Gardening  1. indoor plants  2. outdoor plants  3. other								
12. washing walls  13. other household maintenance  E. Gardening  1. indoor plants  2. outdoor plants  3. other	10. mopping/washing floors							
13. other household maintenance  E. Gardening  1. indoor plants  2. outdoor plants  3. other	11. washing windows/mirrors							
maintenance  E. Gardening  1. indoor plants  2. outdoor plants  3. other	12. washing walls							
1. indoor plants 2. outdoor plants 3. other								
2. outdoor plants 3. other	E. Gardening							
3. other	1. indoor plants							
	2. outdoor plants							
Special Instructions:	3. other							
							_	
							_	
							_	
							<u> </u>	
							_	
							_ _ _	

# **VI.** Miscellaneous

		When?			Frequency									
Task	How long (in min.)	Morning	Afternoon	Evening	Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monthly	Annually
A. Communication														
1. writing														
2. telephone														
3. writing school/work assignments														
4. computer														
B. Finances														
1. preparing budgets														
2. paying bills														
3. writing checks														
4. making deposits														
5. making withdrawals														
6. preparing income taxes														
7. other														
C. Other														
1. children														
2. pets														
3. other														

# Special Instructions:

# Application for Employment (Sample) Appendix B

Name:					Date:				
Address:					Phone:	Phone:			
City: State:		Zip:		Social Secu	Social Security No.				
When are you able to start?		Are you able to drive?		Are you 18	Are you 18 years or older?				
Hours available: Part time / Full time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	<u> </u>	i School Expe	erience:		From:	To:	Graduated?		
High school:									
College:									
Technical School:									
Employment Hi	story		From / To:	Title	Pay	Reason for	leaving		
Employer:									
Employer:									
Employer:									
Employer:									

Name:	Telephone: Address:
Telephone:  Address:  How do you know this person?	Telephone: Address:
Address:  How do you know this person?	Address:
How do you know this person?	
·	
	How do you know this person?
Name:	Name:
Геlephone:	Telephone:
Address:	Address:
How do you know this person?	How do you know this person?
	personal references will be contacted. I declare true, correct, and complete to the best of my
Applicant Signature	

# **Interview Questions (Sample)** Appendix C

1.	What made you respond to this ad? Why do you want this job?
2.	Ask them to describe for you their responsibilities at your previous jobs.
3.	Why did you leave?
4.	You stated on your application you can start working on this date. Is that still an accurate date?
5.	There are specific things that need to be done in a timely manner for my health and wellbeing. Are you comfortable letting me call the shots? How do you plan to keep track of what needs to be done and what I ask for?
6.	Not everyone is comfortable is assisting with personal tasks such as dressing, bathing, and toileting. Are you?
7.	Have you had any formal or informal training in helping someone transfer? Do you feel comfortable helping someone transfer?
8.	What safety factors would you consider when assisting me in the bathroom?
9.	Are you concerned about any part of the job?

	What qualities do you feel you could offer in working for me? In which areas do you feel you might require further training?
11.	Do you have a driver's license, and can you supply a clean driver's license abstract?
12.	Is there anything you would like to tell me about yourself?
13.	Describe for me some strength you feel you have.
14.	What is your availability to work for me?
15.	Other:

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired. I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and options regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

Signature of Former Employee/Student	
Date	
COMPLETE THIS SECTION ONLY IF INSTRUCTED To you have a nursing license in Wisconsin? Date Date	Date
For reference checking purposes only, please co	mplete the following information:
Do you have a valid driver's license? Yes No	
Driver's License #	State
College	Date of Graduation
Technical School	Date of Graduation
Other	
Is any additional information necessary regarding nickname to check on your employment/school	
May your current employer or references associcontacted? ☐ Yes ☐ No	iated with your current employer be

### **Personal Reference Check Guide**

Appendix E

Αŗ	pplicant:
Da	ite:
1.	How do you know this person?
2.	(Name of applicant) has applied to care for someone in their home by helping them dress, bathe, cook, shop, etc. Do you believe the job is a good match for the applicant?
3.	Describe the applicant's strengths:
4.	Describe the applicant's weaknesses:
5.	Do you know of any reasons why the applicant would not be able to perform the duties required of this position?
6.	Other:

# **Professional Reference Check Guide**

Appendix F

Αŗ	pplicant:							
Da	ite:							
1.	How long have you known this person?							
2.	What is your relationship to (name)? □ Supervisor □ Colleague □ Instructor □ Friend □ Other							
3.	What is the nature of work that (name) did for you?							
4.	I. (Name of applicant) is applying for a position where he/she will be my personal care worker. How do you think he/she will handle this responsibility? Does he/she have experience in this area? Please describe.							
5.	Would you say that (name) is?  ☐ Dependable ☐ Punctual ☐ Reliable							
6.	. What are some strengths and weaknesses of (name)?							
7.	If a work/volunteer placement reference: Why did the person leave the position? Would you rehire?							
8.	Other:							

## **Service Agreement** (Sample)

Appendix H

Working title: Client-Employed Provider or In-Home Provider.									
<b>Purpose of position:</b> The purpose of this position is to assist an older adult or a person with disability to perform activities of daily living and self-management tasks									
Work schedule: Hours of services per mon	th are								
The service provider agrees to work the hours that are listed above. Changes in scheduled hours may be negotiable between the provider and employer. For a livein care provider, the provider must be present in the house at all hours but is only expected to be on duty and available for work during the hours specified.									
Wages: Wages for this position are estimated to be \$ per hour.									
<b>Duties and responsibilities:</b> The provider will agree to do the following tasks:									
Activities and Daily Living:	Self-management tasks:								
Eating Dressing/grooming Bowel/bladder care Mobility Personal hygiene Bathing	Meal Preparation Transportation Shopping Housekeeping Medication Other:								
Total hours									

**Working conditions:** The employee will work in the employer's home but may need to do other tasks in different settings, (i.e. social settings, stores or appointments). The employee must know how to use Universal Precautions to help prevent the spread of communicable diseases. Exposure to dust, chemicals (home cleaning products) and other allergens may occur. Some lifting and bending may be required.

**Reliability:** The employee is expected to use time wisely, so the approved services are done in the allotted time consistently every week. If the employee cannot make the agreed upon time, a call with notice is expected.

Employer	Signature	
Date		
Employee	Signature	
Date		

End of services: The employee agrees to give at least a two-week notice prior to

resigning from this position.

### **Helpful Caregiver Websites**

Caregiving Newsletter: <a href="www.caregiving.com/">www.caregiving.com/</a>

An on-line caregiver newsletter that provides information on how to handle stress and stages of caregiving.

Family Caregiver Alliance: <a href="https://www.caregiver.org">www.caregiver.org</a>

Offers updates on diseases, on-line support groups, and other helpful information.

Internal Revenue Service: www.irs.gov

A helpful website resource when looking to hire a private caregiver regarding tax responsibilities.

The National Family Caregiver Association: <a href="https://www.nfcacares.org">www.nfcacares.org</a>

A caregiver support organization for family caregivers. Join the community of family Caregivers. Share stories and gain support and information.

National Resource Center on LGBT Aging: <a href="www.lgbtagingcenter.org">www.lgbtagingcenter.org</a>
Provides resources and support for LGBT seniors and their caregivers

Today's Caregiver: www.caregiver.com

A caregiver's on-line magazine with a lot of helpful and useful information.

Wisconsin Department of Health & Family Services: <a href="www.dhs.wisconsin.gov/">www.dhs.wisconsin.gov/</a>
This website contains information on services for the Elderly in the State of Wisconsin.

### **Latino Alzheimer's and Memory Disorders Alliance:**

LAMDA's span of programs include direct-service group workshops with Latino family caregivers, a resource center for caregivers fully equipped with information in both English and Spanish, and training programs for healthcare institutions <a href="https://www.latinoalzheimersalliance.org/care-caregiver-programs">https://www.latinoalzheimersalliance.org/care-caregiver-programs</a>

12/2023

