# Household Sheet

For: _____

Date: _____

The routines and details that only your parent knows. Walk through the house room by room and write down what you find.

| Item | Details |
|---|---|
| **Keyholders** | |
| **Alarm company** | |
| **Utility providers** | |
| **Main shut-offs (water, power, gas)** | |
| **Trusted trades and services** | |
| **Vehicle details and where keys are** | |
| **Pet plan (feeding, vet, backup carer)** | |
| **Mail, deliveries, regular appointments** | |

# First-Week List (if your parent is away or unwell)

For: _____

Date: _____

Tick each item and note who is doing it.

- [ ] Check the stove, oven, space heaters and iron are off.
- [ ] Take out perishable food; empty the garbage.
- [ ] Set the thermostat to a safe level in cold or hot weather.
- [ ] Water plants, feed the pets.
- [ ] Collect the mail and put a hold on delivery if the stay will be long.
- [ ] Collect the items the hospital will ask for: glasses, hearing aids, dentures, phone and charger, slippers, comfortable clothes, medication list.
- [ ] Lock up and note who has been in.
- [ ] Tell the neighbours.