

Bills & Accounts Locator

Last updated: _____

What gets paid, when, and how, so bills are not missed if routines change. Fill in by hand.

Locations and contacts only. Do not write account numbers, card numbers, PINs, or passwords on this sheet.

Name of the person I support: _____

Emergency contact & phone: _____

RECURRING BILLS

Bill	When due (date / frequency)	How paid	Paid from (e.g., "checking at ___ bank", no numbers)	Who to call (company phone)
Mortgage or rent		☐ Autopay ☐ Check ☐ Online ☐ In person		
Electric		☐ Autopay ☐ Check ☐ Online ☐ In person		
Gas or heating oil		☐ Autopay ☐ Check ☐ Online ☐ In person		
Water or sewer		☐ Autopay ☐ Check ☐ Online ☐ In person		
Trash		☐ Autopay ☐ Check ☐ Online ☐ In person		
Phone, internet, or TV		☐ Autopay ☐ Check ☐ Online ☐ In person		
Cell phone		☐ Autopay ☐ Check ☐ Online ☐ In person		
Car payment or car insurance		☐ Autopay ☐ Check ☐ Online ☐ In person		
Home or renters insurance		☐ Autopay ☐ Check ☐ Online ☐ In person		
Health insurance premiums		☐ Autopay ☐ Check ☐ Online ☐ In person		
Property tax		☐ Autopay ☐ Check ☐ Online ☐ In person		
Credit cards		☐ Autopay ☐ Check ☐ Online ☐ In person		
Medical bills		☐ Autopay ☐ Check ☐ Online ☐ In person		
Home care or agency		☐ Autopay ☐ Check ☐ Online ☐ In person		
Subscriptions		☐ Autopay ☐ Check ☐ Online ☐ In person		
Other		☐ Autopay ☐ Check ☐ Online ☐ In person		

Free to print and share. From Lighthouse by Dragonfly, an iPhone app for organizing care information, medications, and appointments. lighthousebydragonfly.com

Private health information. Store securely.



More free
caregiver tools

INCOME AND DEPOSITS *(type and usual date only, no numbers)*

Type	Usual deposit date	Notes (no numbers)
Social Security		
Pension		
VA benefits		
Other		
Other		

WHO HELPS

Role	Name	Phone
Financial power of attorney		
Trusted person who pays bills		
Accountant or tax preparer		
Other		

WHERE STATEMENTS AND PAPER BILLS ARE KEPT

Paper bills and statements are kept at:

Who collects and opens the mail:

Who receives emailed bills or statements (name only):

Notes:

If a shut-off or past-due notice arrives: Call the company right away, before the date on the notice. Ask about payment plans, and ask whether medical-certificate or hardship protections may apply; rules vary by state and company. Your local Area Agency on Aging, or 211 (call or text), may be able to connect you with help.

This sheet records locations and contacts only. For financial or legal questions, ask the company or a trusted professional.

