

Helper Schedule: Who's Doing What

Last updated: _____

Who covers which days, who handles rides and errands, and who has offered to help. Fill in by hand, in pencil if plans change often.

Name of the person I support: _____

Emergency contact & phone: _____

Week of / Month: _____

Main caregiver & phone: _____

WEEKLY COVERAGE *(write a name in each box)*

Time of day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Overnight							

RIDES AND ERRANDS

Date	What (appointment ride, pharmacy pickup, groceries, etc.)	Who	Confirmed?
			☐
			☐
			☐
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OFFERS OF HELP

Tip: When someone says “let me know if you need anything,” write down one specific task to ask them for.

Name	Phone	What they offered	Best days/times	Specific ask (one task you can ask them for)

BACKUP PLAN *(if a helper can't make it)*

Call first (name & phone): _____

Then call (name & phone): _____

Respite or agency backup (name & phone): _____

What a backup helper needs to know is kept at (e.g., this binder, Daily Routine sheet): _____

Notes: _____

Care Connects Us. Small, specific help adds up.

This sheet is for planning help only. For care questions, follow the care team.

