

## Circles of Support

1. Identify members of **your loved one's** circle of support. You may not need to fill in all the categories, depending on his/her individual needs.

You (member of your loved one's circle of support)

Involved Family

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Social Network (e.g., friends)

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Family

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Medical Specialists

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Rehabilitation Specialists (OT, PT, etc.)

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Mental Health Resources

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Employment/Training Resources

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Legal Resources

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Financial Resources (incl. insurance)

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Living Arrangements/Homecare

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Spiritual Support Resources

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Recreational Resources

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Cultural Resources

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Other

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2. Identify members of your circle of support **as a caregiver**. You may not fill in all the categories, depending on your individual needs.

Your Loved One (member of your circle of support)

Involved Family

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Social Network (e.g., friends)

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Respite

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Physician(s)

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Mental Health Resources

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Legal Resources

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Financial Resources

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Employment/Training Resources

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Spiritual Support Resources

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Recreational Resources

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Cultural Resources

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Other

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3. Answer the following questions:

- How much overlap is there in the two circles of support?
- Are there gaps in your loved one's circle of support that need to be filled?
- Are there gaps in your own circle of support as a caregiver?