Find Help, Get Support, and Explore Paid Caregiving

A U.S.-wide guide for people caring for a parent, spouse, adult child, sibling, friend, or neighbor - and for people who need someone to help manage their healthcare.

Start here: You do not have to know the name of a program to ask for an assessment. Explain exactly what help is needed and request screening for every relevant service.

Inside: where to start in any state; how to ask about caregiver pay; transportation; in-home care; respite; work leave; phone scripts; two printable worksheets; and official resource links.

Who this is for. You may be juggling specialist visits, lab work, injections, prescriptions, daily personal care, transportation, bills, or care coordination - with or without a paying job. You may also be the person receiving care and want to hire or authorize help.

What it does not promise. Not every caregiving task is paid. Eligibility, caregiver relationships, rates, covered services, waiting lists, and application steps vary by state and program. This guide helps you ask the right questions and find the right office.

Free to use and share. No diagnosis details or account numbers are needed to use these worksheets. Last reviewed: November 2026.

Your 15-minute starting plan

1. Make one care-needs list per person. Note physical assistance, supervision, medical visits, and driving separately.

2. Check health coverage: Medicaid, Medicare, private insurance, VA, or uninsured.

3. If enrolled in Medicaid, contact the state Medicaid agency or member services; ask for a functional needs assessment, self-directed care, home- and community-based services (HCBS), and medical transportation.

4. Contact 211 and an aging/disability access agency for respite, adult day services, care coordination, and local help.

5. Ask the treating clinician whether home health, therapy, social work, or other home-based options are medically appropriate.

1 | Could a family member or friend get paid?

The most important phrase to ask about is self-directed Medicaid home care. You may also hear consumer-directed care, personal assistance, attendant services, HCBS waivers, or personal care services. Some programs let the person receiving care choose a relative or friend as a worker; others restrict who can be hired.

Ask Medicaid or the care plan about all of these

• State-plan personal care: help with approved daily activities, where available.

• HCBS waiver programs: extra services for people who meet a program's functional and financial requirements; some have waiting lists.

• Self-direction: whether the person receiving care can select, hire, and supervise a qualified caregiver.

• Developmental disability services: ask separately if an intellectual or developmental disability, acquired brain injury, or related support need applies. Eligibility categories differ.

• Other funding: long-term care insurance or eligible veterans' programs may sometimes pay for care by qualifying family members.

The questions that prevent wasted calls

"What exact program should we apply to? Can a [sibling/spouse/parent/friend] be paid? Which tasks qualify? Is help with medication administration allowed? How many hours could be assessed? What training, background checks, enrollment and timesheets are required? Is there a waitlist? What is the appeal or reassessment process?"

Be specific. "Eight hours a day helping" may include tasks that are not reimbursable. Write down hands-on personal care, cueing/supervision, meal assistance, medical administration, transportation and scheduling as separate categories. Report real needs accurately; do not inflate hours or provide services before authorization assuming they will be reimbursed.

2 | Transportation for medical care

State Medicaid programs must arrange necessary non-emergency transportation to covered medical services, subject to applicable rules. Depending on the state and plan, options may include a scheduled ride, public transportation, accessible vehicle, gas/mileage reimbursement, or assistance for a necessary escort.

Ask: "How do we book non-emergency medical transportation (NEMT)? Can a relative drive? Is mileage paid? Do we need prior authorization? Are lab draws, specialists, pharmacy trips and out-of-area visits covered? Does the person qualify for an escort? How far ahead must we call?"

Medicare alone generally does not offer the same routine NEMT benefit; ask a Medicare Advantage plan if it includes transportation benefits. Always check prior to traveling. Emergency symptoms require emergency services, not NEMT.

3 | Help at home, not just caregiver pay

Ask for a home care assessment, an HCBS screening, and a care manager or social worker. Possible support includes personal care attendants, habilitation, adult day programs, meal support, respite, home modifications, and case management. Coverage is not automatic.

For skilled needs, ask the doctor about a home health referral. Medicare has specific homebound and intermittent skilled-care requirements; it does not cover long-term custodial care alone. Skilled nursing may include medically necessary injection teaching, treatment, or monitoring, when the person meets requirements.

4 | Breaks, backup help, and caregiver support

Respite

Respite means temporary care so the usual caregiver can take time away. Ask about in-home respite, adult day services, emergency backup care, and local grants. A program may serve specific ages, disability groups or caregivers.

When a person needs help understanding or organizing healthcare

Ask about care coordination, patient navigators, case management, social workers, health plan care managers, supported decision-making, and written after-visit summaries. The person receiving care should direct decisions to the extent they can; permission or legal authorization may be necessary before someone else receives medical details.

If you are also employed

Ask human resources about flexible scheduling, employee assistance benefits, and leave. Federal FMLA is generally unpaid and job-protected for eligible employees caring for qualifying children, parents, or spouses; siblings are not routinely covered. A sibling relationship can qualify in some circumstances involving an in-loco-parentis relationship. State leave laws may define family more broadly and some provide wage replacement. Check your state labor department and employer policies.

Other ways to reduce pressure

• Check SNAP, Medicaid, Medicare Savings Programs, utility help, or disability-related benefits for the person needing care, as applicable.

• Ask a hospital social worker to arrange equipment, referrals, medical social services, or discharge coordination.

• Ask whether telehealth, home lab services, medication delivery, or grouped appointment scheduling are feasible; availability and coverage vary.

• If the care recipient is a veteran, contact VA Caregiver Support to ask about support, respite and any qualifying paid programs.

5 | Find your state and local starting point

For any U.S. state or Washington, DC: choose the state at medicaid.gov/about-us/where-can-people-get-help-medicaid-chip. Ask the listed agency how to request HCBS, self-directed services, and NEMT screenings. If a health plan manages Medicaid benefits, contact member services too.

For local practical assistance: call 211 or visit 211.org/get-help/caregiver-resources. Ask for respite, disability services, transportation, food assistance, and caregiver support.

Older adults and many disability-related needs: Eldercare Locator at 800-677-1116 or eldercare.acl.gov. Ask for the local Area Agency on Aging or aging/disability access point. Some programs have age restrictions.

Disability community supports: start at the Administration for Community Living: acl.gov/help. This also links to disability-service locators.

Veterans: VA Caregiver Support Line 855-260-3274, caregiver.va.gov.

General benefits screening: usa.gov/benefit-finder.

6 | Phone scripts you can use

Call to Medicaid or health plan

“I am calling about care services for an adult who needs ongoing assistance. We need to know whether they qualify for an in-home care assessment, personal care services, HCBS or waiver services, and a self-directed program where they can choose a relative or friend as a paid caregiver. Please tell me the specific program name, how to apply, who assesses their needs, and whether there is a waiting list. We also need non-emergency medical transportation information.”

Call to 211 / local aging or disability agency

“I provide regular support for someone with health or disability-related needs. Please help me find local respite, transportation, caregiver support, case management, and any paid caregiver programs. Which agency should I contact first, and can you give me a direct phone number?”

Call to doctor or clinic

“Travel and care coordination are difficult. Could a nurse, social worker or care manager assess whether home health, medically appropriate home blood draws, medication training, telehealth, or coordinated appointments can safely reduce travel? Please explain which services require a medical order.”

Call to a program that says no

“Please tell me the specific eligibility requirement that is not met, whether another program covers these needs, and how to request a written decision or appeal. May I have the name of the next agency or program to call?”

7 | Your appointment preparation checklist

Before an assessment or call, gather only what is needed and share sensitive information directly with official agencies through their approved channels.

☐ Current insurance cards and program names

☐ A concise list of daily help needs and how often each occurs

☐ List of diagnoses and functional limitations relevant to eligibility

☐ Prescriptions and major treatments (for a clinical conversation)

☐ Number of appointments and medically necessary trips per month

☐ Caregiver availability, employment conflicts, and emergency backup needs

☐ Questions, name of person reached, and next-step deadlines

Worksheet A | What help is actually needed?

Use one copy per person. Estimates are for planning, not billing. A program decides which tasks and hours qualify.

Person (first name or initials): _____

State / county: _____ Insurance: _____

Who currently helps: _____

Type of need	What happens and how often	Approx. time/week
Bathing, dressing, eating, toileting	_____	_____
Moving, transfers, mobility	_____	_____
Safety, prompting, supervision	_____	_____
Injections / clinical treatment	_____	_____
Medicines and refills	_____	_____
Appointments and lab tests	_____	_____
Driving and waiting	_____	_____
Meals and home tasks	_____	_____
Calls, scheduling and paperwork	_____	_____

What is most difficult or unsustainable? _____

_____

What help would the person prefer? _____

Worksheet B | Assistance application and call tracker

Keep one tracker per person. Avoid recording passwords, Social Security numbers, or full medical records here.

Person (initials): _____ State: _____

Contact 1

Agency / program: _____

Phone / website: _____ Date: _____

Person reached / reference number: _____

Eligibility / documents requested: _____

Next step / deadline / follow-up date: _____

Contact 2

Agency / program: _____

Phone / website: _____ Date: _____

Person reached / reference number: _____

Eligibility / documents requested: _____

Next step / deadline / follow-up date: _____

Contact 3

Agency / program: _____

Phone / website: _____ Date: _____

Person reached / reference number: _____

Eligibility / documents requested: _____

Next step / deadline / follow-up date: _____

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8 | Your first seven days: a simple action plan

☐ Day 1: Complete Worksheet A for each person needing help.

☐ Day 2: Call the Medicaid agency or health plan for each insured person.

☐ Day 3: Call 211 and the aging/disability access point.

☐ Day 4: Ask the clinical team about a social worker and safe ways to reduce travel.

☐ Day 5: Request respite and a backup-care plan.

☐ Day 6: Check employer leave, state paid leave, veterans services, and relevant benefits.

☐ Day 7: Follow up on screenings, send requested documents securely, and record deadlines.

A few important protections

• Do not assume reimbursement for care or mileage before receiving approval and instructions.

• Keep separate, accurate records for each care recipient, especially if caring for two or more people.

• Ask the person receiving care what support they want and how they want decisions communicated.

• Never put private medical, insurance, or financial details into public comments or social media posts.

• If a benefit is denied, ask for the written reason, deadline, appeal instructions, and other eligible programs.

Verified national sources

USAGov: Family caregiver pay - https://www.usa.gov/disability-caregiver

Medicaid.gov: Self-directed services - https://www.medicaid.gov/medicaid/long-term-services-supports/self-directed-services

Medicaid.gov: State Medicaid contacts - https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip

CMS: Non-emergency transportation - https://www.cms.gov/medicare/medicaid-coordination/states/non-emergency-medical-transportation

Medicare.gov: Home health - https://www.medicare.gov/coverage/home-health-services

Administration for Community Living: Find help - https://acl.gov/help

U.S. Department of Labor: FMLA FAQ - https://www.dol.gov/agencies/whd/fmla/faq

VA Caregiver Support - https://www.caregiver.va.gov/

Please help someone else find this free guide. If it helps you, share the original Action Ready Tools download page with a caregiver, family member, local support group, or on social media. Sharing is appreciated, never required.

Suggested post: “Helping someone with medical care? This free U.S.-wide guide explains where to ask about paid caregiving, transportation, in-home support, and respite, with printable call scripts and worksheets. Find it at ActionReadyTools.com.”

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