



St John's

Sibling Caregiver Agreement Template

A Guide to Strengthening Family Collaboration in Dementia Care

Purpose

This agreement helps families caring for a loved one with dementia clarify roles, set expectations, and strengthen communication. It reflects a shared commitment to empathy, respect, and collaboration.

1. Shared Vision of Care

Care Recipient: _____ Diagnosis: _____

Shared Goal for Care: _____

Core Values (*check all that apply*):

Safety _____ Comfort _____ Dignity _____ Independence _____

Family Involvement _____ Other: _____

2. Family Care Team

Name	Relationship	Location	Preferred Contact	Communication Frequency

Primary Contact/Lead Caregiver: _____

Backup/Secondary Contact: _____

3. Roles and Responsibilities

List who handles medical visits, finances, errands, or respite care. Revisit and update regularly as needs evolve.

Task/Area	Primary Responsible	Support/Backup	Frequency	Notes
Medical appointments				
Medication management				
Finances/bills				
Groceries/meals				
Transportation				
Home safety checks				
Social visits/check-ins				
Technology assistance (smart devices, monitoring, etc.)				
Respite coordination				
Other:				

4. Communication

We agree to:

- Hold family check-ins every ____ weeks (by Zoom/phone/in-person).
- Rotate note-taking and distribute meeting summaries to all siblings.
- Address disagreements respectfully, focusing on what's best for our loved one.
- Use "I" statements and avoid blame.
- Revisit this agreement every ____ months or when care needs change.

5. Conflict Resolution

If we cannot agree after two meetings, we will:

- Seek guidance from a neutral facilitator, social worker, or dementia care coordinator, such as those available through St. John's Dementia Resource Center.
- Commit to keeping discussions solution-focused and future-oriented, not rehashing past grievances.

6. Financial Transparency

We agree to:

- Share updates on major expenses or reimbursements over \$_____ within ___ days.
- Keep a shared digital record (Google Sheet, app, or notebook) accessible to all siblings.

6. Acknowledgment

By signing below, we affirm our shared commitment to support our loved one with empathy, respect, and teamwork.

Name	Signature	Date

Tip: Revisit this agreement quarterly and celebrate small wins together. Learn more online at: stjohnsliving.org.

stjohnsliving.org

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