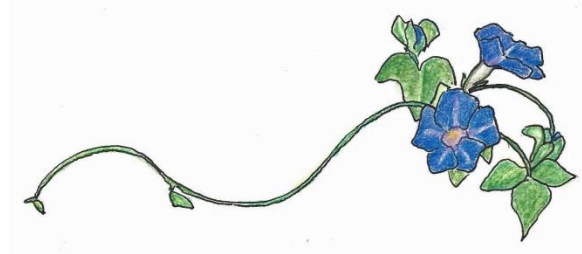


THINKING AHEAD 2

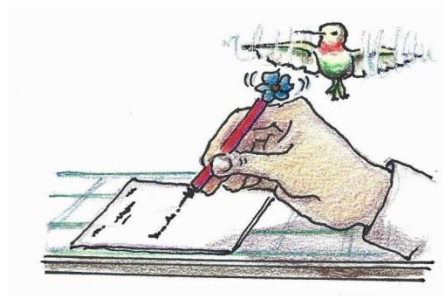
My Way
My Choice
My Plan



Part II: Forms



Notes Page



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Thinking Ahead 2 (TA2) was produced by collaboration between the Behavioral Health Division, County of Sonoma (BHD), the Community Network for Appropriate Technologies, the Coalition for Compassionate Care of CA (CCCC) and Goodwill Redwood Empire. TA2 is adapted from the original Thinking Ahead – My Way, My Choice, My Life at the End created in 2007 by CCCC and Coalition partners. See “About Thinking Ahead” on page 18 of TA2 Workbook for more information.



Illustrations by Gloria Potter, Community Network Journey Project v. 5/18

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Form A

Advance Health Care Directive for:

(Print your Name and Date)

My Health Care Agent is:

(Print Name of person here)

Street Address City State Zip

Home Phone Cell Phone Email

My alternate 1 is: Name _____ Phone _____

My alternate 2 is: Name _____ Phone _____

My Health Care Agent/Advocate will make decisions for me only if I cannot make my own decisions unless I say otherwise.

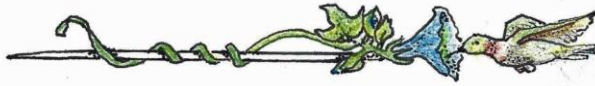
Additional instructions are attached: __Yes __No

If yes, please clarify here what is attached: _____

My Choices for Serious Illness or Life's End

My quality of life means:

- Being awake and thinking for myself
- Being able to communicate with loved ones and friends
- Being free from constant and severe pain even if it clouds my thinking and makes me sleepy.
- Not being connected to machines for many days
- Having as much choice as possible
- Having palliative (supportive) care as a part of my care
- _____



If I am terminally ill, my life support treatment decision is:

- I want life support treatment only if my doctor thinks it could help
- I do not want any life support treatment
- I want my Health Care Agent/Advocate to decide for me
- I want life support treatment as long as possible

When I die I want to donate my body, organs or other parts.

 Yes No If yes, please clarify: _____

A copy of this form is valid and should be used to share with others. You should keep the original.

Signing Your Advance Health Care Directive.

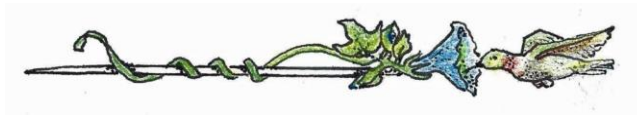
- Signing your Advance Directive must be done properly according to the law. TWO WITNESSES MUST SEE YOU SIGN THE FORM. See below for other things you must require of your witnesses.
- If you do not have two qualified witnesses you need to take your form to a notary public who can verify your identification and notarize your signature so it is legally recognized.
- If you are a nursing home resident, California law requires that you must have the nursing home ombudsman as a witness of your advance directive along with one other witness

YOUR SIGNATURE:

Sign Your Name Date

Print Your Name

Address City State/Zip Code



If you have witnesses, make sure they are qualified and that they are together when they see you sign the form. Then have them complete the following.

Witness One and Witness Two Signing Promise by signing that:

(Print YOUR name here) _____ signed this form while I watched, was thinking clearly and was not forced to sign it.

Witness One and Witness Two also promise by signing that:

- I know the person or the person could prove to me who they are.
- I am 18 years or older and I do not work where this person lives.
- I am not this person's health care provider and I do not work for this person's health care provider.

Witness Two also promises that:

I am not related to this person by blood, marriage or adoption and that I will not get any money or property after this person dies.

Witness One:

Sign Your Name Date

Print Your Name

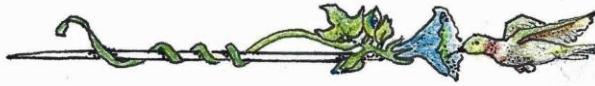
Address City State/Zip Code

Witness Two:

Sign Your Name Date

Print Your Name

Address City State/Zip Code



If you have the signatures of witnesses, your Advance Directive is complete. Share your Advance Directive with people close to you who know you and care about you. Also share it with your doctors, nurses, social workers and others who you want to know about your wishes for care should you be unable to direct your own care.

If you do not have witnesses take your completed form to a person who is a notary public who can verify your identification and notarize your signature to complete your advance directive. The Notary will complete a Certificate of Acknowledgement that you must keep as a part of your Advance Health Care Directive. If needed, a form to do that is on page 7.

If you are in a nursing home, the nursing home ombudsman (Witness One) must witness you signing your Advance Directive along with one other witness who must meet all the witnessing requirements on page 5 where they will sign as Witness Two. A form for the Ombudsman is on page 8 following the Notary page.



The Advance Health Care Directive, Part II Form B is in compliance with CA Probate Code, Sections 4657, 4659(c), 4670-4675, 4700-4701 AHCD Part 3 thru Part 6; 4766; and Welf. & Inst. Code Sections 5005, 5327. Prepared by the Community Network Journey Project (www.caringcommunity.org) in collaboration with the Coalition for Compassionate Care of CA (<http://coalitionccc.org/>) 10/16



For California Nursing Home Residents Only

If you are a nursing home resident, California law requires that you must have the nursing home Ombudsman as one witness of your advance directive. You also must have one other witness who meets all the witnessing requirements on page 5 where they will sign as witness Two. Witness One is the Ombudsman signing below. Be sure your nursing home director gets a copy of your form.

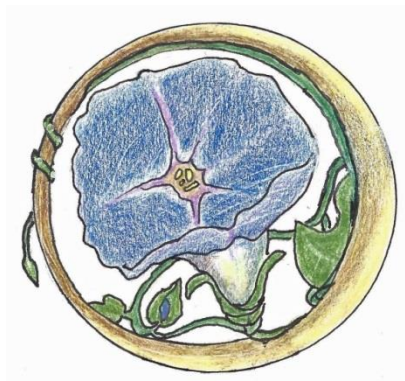
Statement of the Ombudsman Witnessing you sign your document.

“I declare under penalty of perjury under the laws of California that I am an ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.”

Sign Your Name Date

Print Your Name

Address City State/Zip Code





Form B - Personal Requests

These are my personal requests for what I would like to have happen if I can't speak for myself or if I were to die. I understand this is NOT a Will.

Your Name: _____ **Date:** _____

(1) Where I want to be

This is my choice about where I want to be when seriously ill or at the end of life.

- At my home With loved ones Hospital
 With people who know and care about me
 Other place (where) _____
 I trust those who know me best to make the best choice for me.

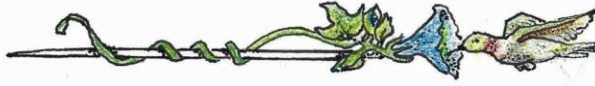
(2) How I want to be cared for in serious illness or at life's end

- Have my loved ones near.
- Have my pet with me.
- Have care that helps me feel comfortable.
- Be awake and aware as long as pain and suffering isn't too great.
- Have my favorite things around me including: _____
- Have my favorite music playing including: _____
- Have my religious, cultural or spiritual practices respected.
- Have palliative (supportive) care.

Other ways I want to be cared for: _____

Other things important to me (please list): _____

I would not want: _____



(3) What I want done with my belongings if I am seriously ill and/or unable to look after my own things:

a. For my most important possessions: (May include information about items such as keys, phone, wallet, car, valuables, plants, collectables, books, music, etc. that need to be protected.)

b. For my pets: If I cannot care for my pets, this is what is important to me. (May include information about type & color of animal, pet name, vet info, feeding etc.)

c. My belongings: they can safely be stored here if need be (please give details):

d. Other things important to know: _____



My Personal Requests For When I Die

(1) Where I want my things to go

Sometimes people donate personal items to organizations or give them to friends and family members. Think about where you want your things to go and write it down.

Money _____

Clothing _____

Furniture _____

Jewelry and Other Valuables _____

Pet _____

Other _____

(2) Gifts I want to give

You may want to give special gifts to friends, family members or others who have been important to you.

If you would like to do that write what you want to give to whom.

Item: _____

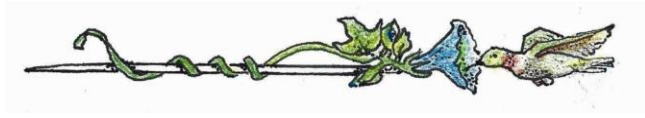
To: _____ Phone: _____

Item: _____

To: _____ Phone: _____

Item: _____

To: _____ Phone: _____



Other: _____

See Additional information attached

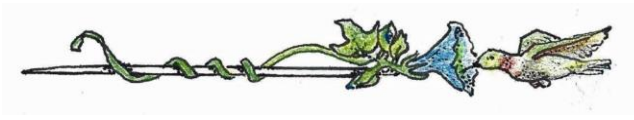
(3a) For the rest of my important possessions I would like this done:
__ Check here if same as 3a above.

(3b) For my pets I would like this done:

__ Check here if same as in 3b above.

(3c) If need be, my belongings can safely be stored here until people who were helping me can take care of my things. Please give details.

__ Check here if same as in 3c above.



(4) My body

You may have religious, cultural or family traditions that could help you decide what happens to your body after you die.

Think about what you want and write it down.

I want to donate my body, organs or parts (please clarify):

I want to be buried. Where:

I want to be cremated. Where? I want my ashes to go: _____

I do not want: _____

(5) Do you have a burial trust fund to pay for cost of cremation and/or burial when you die? __yes __no

Would you like more information about a burial trust fund?

__Yes __No

Would you like help to create a burial trust fund? __Yes __No

(6) Being remembered

Having a time to remember is a way people pay their respects and celebrate the life of someone who has died. How would you like to be remembered? **Think about what you want and write it down.**

I want a funeral or memorial service __Yes __No If yes:

At my place of worship _____

At a funeral home _____

Other place _____

I do not want: _____

