

Speaking For Yourself

ADVANCE PERSONAL CARE DIRECTIVE POWER OF ATTORNEY FOR PERSONAL CARE (In the event of incapacity)

THINGS I LIKE (Worksheet / Example)

- FOOD: _____
- CLOTHING: _____
- I WOULD LIKE TO STAY IN MY HOME. _____
- TELEVISION SHOWS _____
- MUSIC: _____
- FAMILY AND FRIENDS (Names, _____
- PLACES I LIKE GOING; _____
- THINGS I LIKE DOING: _____

THINGS I DO NOT LIKE (worksheet/example)

- FOOD; _____
- CLOTHING: _____
- TELEVISION : _____
- MUSIC: _____
- FAMILY (exclude): _____
- PLACES I DO NOT LIKE GOING: _____
- THINGS I DO NOT LIKE DOING: _____

NEXT STEP(S)

ONCE YOU HAVE YOUR WISHES CLEARLY WRITTEN DOWN;

1. HAVE THE DOCUMENT NOTARIZED.
2. THIS BECOMES A LEGAL DOCUMENT.
3. THIS DOCUMENT CAN GO INTO YOUR TRUST ALONG WITH THE
4. ADVANCED HEALTH CARE DIRECTIVE.
5. GIVE A COPY TO LOVED ONE(S) AS WELL AS YOUR PERSONAL PHYSICIAN. YOU HAVE MADE KNOWN YOUR WISHES / DESIRES.