



Welcome!

The Family Action Board, in conjunction with Work/Life Services, is pleased to provide you with this Family Preparedness Workbook. It is truly a “work” book, and will require a little effort to complete. We certainly hope that none of us will need it for an actual emergency, whether personal or national in nature, but we know that you will find it to be a tremendous tool in everyday life.

The need for this project was brought to light by workforce issues surrounding the terrorist attacks of September 11, 2001. While the branches of our armed forces have had spouse and family support groups and emergency readiness plans in place for years, a similar support system for agency civilians had not yet been developed. During our time of heightened security and increased work demands, it was discovered that family concerns were the greatest barrier to civilians being able to stay in the office and perform their critical roles. In times of crisis, it is a natural response to want to ensure that family and loved ones are safe, secure, and well cared for. This workbook was developed to help you prepare now so you can have peace of mind in the future.

In order to make full use of this tool, you should plan to do the following:

- Set aside some time to gather the necessary information and complete the forms that apply to you and your family.
- Print out a hard copy of this workbook (the relevant parts) and keep it in a safe place in your home so you can use it and update it. You might want to put it in a binder. Keep a copy off-site (e.g., in a safe deposit box), as well.
- Provide copies of certain forms to appropriate people. The Summary of Worksheet Copies to Distribute page will help you with this.
- Designate an "out-of-state contact" and make sure all family members know the contact info. When local phone lines are jammed in an emergency, it is often possible to call out of state. This allows your family to relay messages to each other.
- Add to or modify this workbook to suit your unique family situation.
- Remember- do not be intimidated. Any progress you make is a good thing.
- Last, but not least, pick an “anniversary date” to update this workbook (at least once a year).

Please join us in being proactive in taking steps to ensure that our families and our agency have the resources they need to respond to any difficult situation.

The Family Action Board

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FREQUENTLY ASKED QUESTIONS

What does "spouse" mean?

For simplicity's sake, we have used the term "spouse" throughout the Workbook. We realize that the information applies to other spouse-like cohabitants.

What is meant by "dependent"?

The term "dependent" refers to people and pets that are dependent on you, young or old, family or not.

How do I prepare for an emergency if I am on a PCS or Field assignment?

In addition to the preparation that everyone should be doing, you have some extra work to do. "Section 5: Preparedness in the Field" is just for you.

In the event of an emergency, how can I volunteer to help other agency employees and their families?

The FAB is creating a volunteer network to provide assistance to agency families in the event of an emergency, either personal or national in nature. If you would like more info or would like to volunteer, e-mail FAB at info@familyactionboard.org or Call Work/Life Services at (301) 688-1697.

What is the Family Action Board?

The Family Action Board is a newly created Private Organization dedicated to promoting policies and programs that address family concerns and improving two-way communication between Department of Defense employees and their families.

How can I contact the FAB?

The FAB welcomes input from Agency families. Volunteers to work on committees are encouraged. For more information, please e-mail the FAB at info@familyactionboard.org or call Work/Life Services at (301) 688-1697.

How can I suggest improvements to this Workbook?

We would love your input. E-mail the FAB at info@familyactionboard.org

FAMILY PREPAREDNESS CHECKLIST

This checklist will help you keep track of your progress in completing this Workbook. Do not expect to finish it in one day, but set reasonable goals for completing each item. Remember that any progress you make better prepares you for an emergency situation.

SECTION 1: Arrange for Dependent Care

- Select and notify caregiver designees, using Worksheet 1
- Provide dependent info to caregiver designees, using Worksheet 1.2 (include maps)
- Provide contact info to caregiver designees, using Worksheet 1.3
- If needed, provide medical info to caregiver designees, using Worksheet 3.3
- Make financial arrangements for caregiver designees
- Make transportation arrangements for caregiver designees
- Complete Emergency Wallet Cards for family- Worksheet 4.3
- Make arrangements for pets, using Worksheet 1.4a and Worksheet 1.4b
- Notify schools/day care providers of caregiver arrangements
- Execute Powers of Attorney and distribute
- Fill out Worksheet 1.5: Finding Out About School and Daycare Emergency Plans
- Introduce dependents to caregiver designees
- Provide Worksheet 1.1 to Out-of-State Contact

SECTION 2: Provide Emergency Contact Info to Employers

- Update current Emergency Contact information with your Employer **OR**
- Complete Worksheet 2.1 and give copy to your Employer

SECTION 3: Centralize and Protect Documents

- Secure documents in safe deposit box, fireproof box, and/or location other than home
- Prepare wills
- Prepare Powers of Attorney
- Prepare living wills
- Complete Worksheets 3.1-3.7

SECTION 4: Health and Safety

- Complete Worksheet 4.1: Emergency Situation Preparedness Checklist
- Complete Worksheet 4.2: Emergency Supplies Checklist
- Fill out Worksheet 4.3: Emergency Wallet Card
- Fill out Worksheet 4.4: Summary of Vital Contact Info and post it by phones

SECTION 5: Preparation in the Field

- Complete Worksheet 5.1: Preparation for a PCS/Field Assignment
- Complete Worksheet 5.2: Vital Information to Carry with You *En Route*
- Complete Worksheet 5.3: When You Arrive at Your PCS/Field Site
- Complete Worksheet 5.4: Evacuation/Departure Planning

SECTION 1: ARRANGE FOR DEPENDENT CARE

In an emergency situation, one of the most worrisome issues is dependent care. We ask, "Who will pick up my daughter from school?" "Who will walk my dogs?" "Who will take my mother to dialysis?" This workbook is designed to help you alleviate these worries by preparing in advance. To do this, you will designate caregivers who will assist in a crisis.

There are several kinds of caregivers to designate. They should all be non-emergency-essential personnel. It is a good idea to select alternate caregivers, in case designees are unavailable or can't be reached in an emergency. The **short-term caregiver** responds immediately in an emergency if you are unavailable (e.g., picks them up from school). This person should live in the local area. The **long-term caregiver** takes the dependents after a pre-arranged period of time if it is determined that dependent care will be needed on an extended basis. This person need not reside locally. The **temporary custody designee** will temporarily care for dependents in the event of your death or impairment. Keep in mind that this person will not be able to consult you when making decisions about your dependents.

IMPORTANT: A will is still needed to designate permanent guardians for dependents in the event of your death. Information about wills is provided in the Appendix.

In this section, you will accomplish the following:

- Select and notify caregivers and alternates. You should complete the worksheets in this section and give them to all caregiver designees. (Keep a copy for yourself in this workbook and print out extras for caregivers.) You should make financial (lunch money?) and transportation plans with the designees and decide where dependents will be cared for.
- Introduce your dependents to all designees.
- Complete Worksheet 4.3: Emergency Wallet Card for family members. This ensures that you all have phone numbers you need in an emergency.
- Complete Worksheet 1.4a: Emergency Pet Care and Worksheet 1.4b: Vital Pet Care Information, and provide Worksheet 1.4b to pet caregivers.
- Notify schools, etc. about short-term care providers and alternates so that they will allow dependents to be picked up if necessary.
- Execute Powers of Attorney and distribute them to designees as well as to medical records. Powers of Attorney allow someone other than you to make decisions about medical care and other matters. For more information, see the Appendix.
- Establish your out-of-state contact(s) and provide this person with your dependent care information. In times of emergency, it is often easier to make an out-of-state phone call than a local one, so the Red Cross recommends designating a point of contact for your family that lives in another state.
- If needed, provide health info to caregiver designees, using Worksheet 3.3.
- Provide important contact information to caregiver designees, using Worksheet 1.3.
- Complete Worksheet 1.5: Finding Out About School and Daycare Emergency Plans

Dependent care is always a challenge, but in times of crisis, it can be unusually stressful. In the Additional Resources section of the Appendix, we have included a list of local agencies that are set up to provide services and information to those in need. Don't be afraid or ashamed to ask for help. We all need a hand from time to time.

WORKSHEET 1.1: CAREGIVER DESIGNATION

Print out multiple forms if not all dependents have the same caregiver designees. Provide copies of this form to designees as well as to your out-of-state contact. Keep a copy for yourself in this workbook.

Name(s) of dependent(s) for which the caregivers below are designated:

For an immediate crisis:

| | SHORT-TERM CAREGIVER | ALTERNATE |
|---|----------------------|-----------|
| PRINTED NAME | | |
| FULL ADDRESS | | |
| HOME PHONE | | |
| WORK PHONE | | |
| TRANSPORTATION PLANS | | |
| WHERE WILL DEPENDENTS BE CARED FOR? | | |
| WHEN DOES LONG-TERM DESIGNEE TAKE OVER? | | |

For an extended period of time:

| | LONG-TERM CAREGIVER | ALTERNATE |
|---|---------------------|-----------|
| PRINTED NAME | | |
| FULL ADDRESS | | |
| HOME PHONE | | |
| WORK PHONE | | |
| TRANSPORTATION PLANS | | |
| WHERE WILL DEPENDENTS BE CARED FOR? | | |
| FINANCIAL PLANS (i.e. lunch money, etc.) | | |

Temporary, upon your death:

| | TEMPORARY CUSTODY | ALTERNATE |
|--------------|-------------------|-----------|
| PRINTED NAME | | |
| FULL ADDRESS | | |
| HOME PHONE | | |
| WORK PHONE | | |

WORKSHEET 1.2: DEPENDENT INFORMATION

Give a copy of this form to all caregiver designees. Print extras, as needed. If a dependent has medical issues, provide a copy of "Worksheet 3.3: Physical/Medical Information Worksheet". Attach additional instructions if necessary.

Attach a map or directions to:

1. Residence 2. School 3. Day-Care Providers 4. Medical Facility

| | DEPENDENT NAME | DEPENDENT NAME | DEPENDENT NAME |
|--|-------------------|-------------------|-------------------|
| FULL NAME | | | |
| DATE OF BIRTH | | | |
| MALE OR FEMALE | | | |
| NAME, ADDRESS & TELEPHONE OF SCHOOL (attach map) | | | |
| NAME, ADDRESS & TELEPHONE OF AFTER- SCHOOL FACILITY Youth Centers or Routine Care Provider (attach map) | | | |
| PRIMARY CARE PHYSICIAN NAME & TELEPHONE | | | |
| MEDICAL INSURANCE Name, Telephone & Policy Number/Identification | | | |
| LOCATION OF MEDICAL RECORDS | | | |
| SPECIAL NEEDS behavioral changes, disorders, medications, phobias, language limitations, etc. | | | |
| POWERS OF ATTORNEY EXECUTED types & location | | | |
| SCHEDULE INFORMATION (i.e. religious, sports, etc.) | | | |
| COMFORT ITEMS (i.e. favorite toy, food or pet, etc.) | | | |
| GUIDELINES FOR DISCIPLINE (i.e. dating, homework, TV/video, snaking, bedtime, etc.) | | | |

WORKSHEET 1.3: EMERGENCY CONTACTS FOR CAREGIVER DESIGNEES

Complete this form and give it to ALL caregiver designees so they know how to contact you and other important people in an emergency. Give a copy to your out-of-state contact.

Include home & work addresses, all telephone numbers and email address.

| | |
|-------------------------------------|--|
| CONTACT INFO FOR YOU | |
| CONTACT INFO FOR YOUR SPOUSE | |

Include home & work addresses, all telephone numbers and email address.

| | |
|---|--|
| CONTACT INFO FOR YOUR OUT-OF-STATE CONTACT | |
| CONTACT INFO FOR YOUR ALTERNATE OUT-OF-STATE CONTACT | |

Include home & work addresses, all telephone numbers and email address.

| | RELATIVE/RELATIONSHIP | CONTACT INFORMATION |
|---|-----------------------|---------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| SHORT-TERM CAREGIVER (S) | LONG-TERM CAREGIVER (S) | PET CAREGIVER (S) |
|--------------------------|-------------------------|-------------------|
| | | |
| | | |
| | | |

If dependents will not be with the same caregiver, provide all caregiver names so they may contact one another if necessary.

WORKSHEET 1.4a: EMERGENCY PET CARE CHECKLIST

There are several scenarios to consider regarding pet care in an emergency. This worksheet will help you prepare for each of them. Complete this worksheet for each pet and give it, along with "Worksheet 1.3: Emergency Contact Info for Caregiver Designees", to all pet care designees.

Evacuation

Evacuations may be ordered when there is advance warning of a hurricane, possibility of explosion, danger of long-term exposure, or other hazard. Be sure that you have prepared for transporting your pet to a safe location in such an event. Listed below are some possible prior arrangements to make. Add additional items, if necessary.

- Prepare Emergency Supplies Kit for each pet (Worksheet 1.4b)
 - Make sure pet is current on vaccinations
 - If you are not likely to take a pet with you in an evacuation, investigate other options such as boarding the pet outside the immediate area.
 - Other arrangements:
-

Staying in a Public Shelter

At some point, your family may be moved to a public shelter. Bear in mind that pets are not permitted to stay in the same Red Cross shelters as people (with the exception of guide dogs). Alternate shelters for pets may be established. The following will help you prepare for either contingency.

- Investigate boarding options, in case there is no pet shelter
 - Make sure pet is current on vaccinations
 - Other arrangements:
-

Short-term Caregiver

In you are detained, you may need someone to take care of your pet.

- Select, notify, and familiarize a short-term caregiver and an alternate.
- Provide a key to your home.

| | SHORT-TERM CAREGIVER | ALTERNATE |
|--------------------------------------|----------------------|-----------|
| NAME, ADDRESS & TELEPHONE | | |

Long-term Caregiver

In case of extended illness, deployment or other long-term work obligation, you may need someone to take care of your pet on an extended basis. Prepare now to make the transition easier for everyone involved.

- Prepare Emergency Supplies Kit for each pet (see Worksheet 1.4b)
- Select, notify, and familiarize a long-term caregiver and an alternate.
- Make financial and transportation arrangements with the caregiver designee and decide where pet will be cared for.

| | LONG-TERM CAREGIVER | ALTERNATE |
|--------------------------------------|---------------------|-----------|
| NAME, ADDRESS & TELEPHONE | | |

WORKSHEET 1.4b: VITAL PET INFORMATION

VITAL PET INFORMATION (attach current photo)

Name _____ Breed _____
Birth Date _____ Tattoo/ID # _____
Distinguishing Marks _____
Registration Number _____
Location of Shot/Vaccination Records _____

VETINARIAN

Vet's Name, Address & Telephone (attach map) _____

After hours/Emergency Clinic Name, Address & Telephone (attach map) _____

FOOD

Location of food and bowls _____
Type _____ Quantity _____ Location _____ When _____

WATER

Water location _____ When _____

MEDICINE

Medicine information _____

PET CARRIER, COLLAR, LEASH & LITTER BOX

Carrier _____ Collar _____ Leash _____

Litter box location/ cleaning information _____

DOG WALKING & CLEAN UP

Dog exercising/walking info _____

Location of clean-up supplies _____

BEHAVIOR

Unusual behavior patterns _____

ADDITIONAL INFORMATION

PET EMERGENCY SUPPLY KIT

Airline-Approved Carrier
Registration
Muzzle/Leash
Can Opener
Disinfectant
Waste Disposal Supplies

Identification
This Worksheet
Clean Water
Kitchen trash bags
Towels
Pet Food

Vaccination Records
Sufficient Medicines
Bowls
Blankets
Paper Towels

WORKSHEET 1.5: AFTER SCHOOL CARE/DAYCARE EMERGENCY PLANS

These questions are appropriate to ask of any care provider or school that you choose for your dependents. Parent organizations may wish to focus on these issues.

- Do you have a disaster preparedness plan? Please describe it.
- Do you have emergency procedure posters? Where are they posted?
- Are emergency numbers posted by all telephones?
- Is a person with first aid training always on duty?
- Is a first aid kit available at your location? How near, and where?
- Have all employees received training on using the kit?
- Are fire exit signs posted?
- Are fire drills conducted monthly?
- Are smoke detectors, emergency lights, and fire extinguishers checked monthly?
- Are disaster supplies easily available? Where are they kept?
- Is the emergency information on the children portable so it can leave the building with the child? (Emergency information might include: Parents' names, Address, Telephone and Contact Information, Doctor Information, Insurance Provider, Physical Description, Photo, Blood Type and Allergies.)
- Where is the evacuation center?
- Is there an alternate evacuation center?

SECTION 2: PROVIDE CONTACT INFORMATION TO EMPLOYERS

In the event of an emergency at work, your employer may need to contact family members or childcare providers on your behalf. You might have already filled out an emergency contact form at work. If so, make sure the information is current and correct. Add your Out-of-State information and any other important information that is missing. If your employer does not routinely keep emergency contact information for employees, complete Worksheet 2.1: Emergency Contact Information for Employer and have it included in your personal file or wherever personal information is kept. Your spouse should follow the same procedures.

* Complete Worksheet 2.1: Emergency Contact Information for Employer

WORKSHEET 2.1: EMERGENCY CONTACT INFORMATION FOR EMPLOYERS

This worksheet provides contact information to your employer that could be used in the event of an emergency. Give a copy of this form to your supervisor and ask that it be placed in your personal file or wherever personal information is kept. Print extra copies, as needed. **Indicate which 2 phone calls are most important to you.**

Name _____ Work phone _____
Immediate Supervisor _____ Home phone _____
Location of workstation _____

Spouse Name _____ E-mail _____
Phone numbers _____
Special instructions for an emergency _____

1. Child / Other Family Member (circle one): _____
Short-Term Caregiver _____ Telephone _____
Location of Dependent _____ Telephone _____
Alternate Location _____ Telephone _____
Special instructions for an emergency _____

2. Child / other family member (circle one) _____
Short-Term Caregiver _____ Telephone _____
Location of Dependent _____ Telephone _____
Alternate Location _____ Telephone _____
Special instructions for an emergency _____

3. Child / other family member (circle one) _____
Short-Term Caregiver _____ Telephone _____
Location of Dependent _____ Telephone _____
Alternate Location _____ Telephone _____
Special instructions for an emergency _____

WORKSHEET 2.1: (CONTINUED) EMERGENCY CONTACT INFORMATION FOR EMPLOYERS

4. Child / other family member (circle one) _____
Short-Term Caregiver _____ Telephone _____
Location of Dependent _____ Telephone _____
Alternate Location _____ Telephone _____
Special instructions for an emergency _____

5. Child / other family member (circle one) _____
Short-Term Caregiver _____ Telephone _____
Location of Dependent _____ Telephone _____
Alternate Location _____ Telephone _____
Special instructions for an emergency _____

6. Child / other family member (circle one) _____
Short-Term Caregiver _____ Telephone _____
Location of Dependent _____ Telephone _____
Alternate Location _____ Telephone _____
Special instructions for an emergency _____

Emergency Pet Care Contact _____ Telephone _____
Instructions _____

Out-of-state contact #1 _____ Telephone _____
Out-of-state contact #2 _____ Telephone _____
Instructions _____

Neighbor _____ Telephone _____
Instructions _____

Religion _____ Contact _____ Telephone _____

SECTION 3: CENTRALIZE AND PROTECT DOCUMENTS

It is important to protect vital documents and to know where they are located. Both spouses should have access to them. A safe deposit box is recommended for some documents.

Note: Non-agency spouses no longer have access to safe deposit boxes on the agency campus. Keep in mind that there are waiting lists at many financial institutions for safe deposit boxes. For any documents not kept in a safe deposit box, consider keeping copies in a fireproof safe or at a location other than your home.

Worksheets for preparing wills, living wills, and powers of attorney are provided in the Appendix. There is also a website provided, listing government offices in each state that can provide official documents. Notary publics are available at most financial institutions.

WORKSHEET 3.1: IMPORTANT DOCUMENTS INVENTORY

This worksheet helps you keep track of the location of your most important family documents. For all location entries, include address, if not in current residence.

SAFE DEPOSIT BOX INFORMATION

Bank Name & Address _____

Location of Key #1 _____ Box number _____

Location of Key #2 _____

| DOCUMENTS & PAPERS | LOCATION, IF NOT IN SAFE DEPOSIT BOX | IN BOX |
|--------------------|---|--------|
|--------------------|---|--------|

Family Records

| | | |
|-----------------------------|-------|-------|
| Adoption Papers* | _____ | _____ |
| Birth Certificate(s)* | _____ | _____ |
| Religious Information | _____ | _____ |
| Citizenship Certificate* | _____ | _____ |
| Death Certificate(s)* | _____ | _____ |
| Discharge Papers | _____ | _____ |
| Divorce Decree(s)* | _____ | _____ |
| Immunization Record(s) | _____ | _____ |
| Fingerprint Records* | _____ | _____ |
| Marriage Certificate(s) | _____ | _____ |
| Naturalization Papers* | _____ | _____ |
| Personal Inventory* | _____ | _____ |
| Prenuptial Agreement(s) | _____ | _____ |
| Record of Emergency Data* | _____ | _____ |
| Record of Passport Numbers* | _____ | _____ |
| Wills* | _____ | _____ |

Business Documents

| | | |
|-----------------------------|-------|-------|
| Letter(s) of Authorization* | _____ | _____ |
| Power(s) of Attorney* | _____ | _____ |
| Partnership Agreement(s)* | _____ | _____ |

*** Keep items with an asterisk in a safe deposit box to prevent loss from fire or theft.**

WORKSHEET 3.1: (CONTINUED) IMPORTANT DOCUMENTS INVENTORY

| DOCUMENTS PAPERS | LOCATION, IF NOT IN SAFE DEPOSIT BOX | IN BOX |
|---------------------|---|--------|
|---------------------|---|--------|

Banking & Investments Documents

| | | |
|--------------------------|--|--|
| Bonds* | | |
| Certificates of Deposit* | | |
| List of Credit Cards* | | |
| Stock Certificates* | | |

Other Personal Records

| | | |
|------------------------------|--|--|
| Medical History/Records | | |
| Dental Records | | |
| Medical Power(s) of Attorney | | |
| Prescription(s) for | | |
| Eyeglasses/Contacts | | |
| List of Prescription Meds | | |

Personal Property Records

| | | |
|---------------------------|--|--|
| Deed(s)* | | |
| Mortgage Papers* | | |
| Real Estate Appraisals* | | |
| Real Estate Sales Records | | |
| Vehicle Title(s)* | | |

Tax Return Information

| | | |
|---|--|--|
| Copies of federal tax forms (with receipts, worksheets) | | |
| Name/address/phone of tax preparer | | |

*** Keep items with an asterisk in a safe deposit box to prevent loss from fire or theft.**

WORKSHEET 3.3: PHYSICAL/MEDICAL INFORMATION

This form will help you keep track of each family member's medical history. Use a separate copy for each person. Print extra copies, as needed. Medical records are normally maintained at your doctor's office or at a hospital. If necessary, make a copy of your medical record so that you will have it. The information presented in this worksheet is generally needed in an emergency or for school. Most schools require proof of immunization, which you should get from your child's pediatrician.

NAME _____

INSURANCE INFORMATION

Subscriber's Name _____

Name of Insurance _____

Policy Number _____ Group Number _____

VITAL STATISTICS

Age _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Distinguishing Marks/Physical Characteristics _____

MEDICAL INFORMATION

Blood Type _____ Organ Donor? Yes No Tissue Donor? Yes No

If yes, location of donor authorization form(s) _____

Allergies (If not, write NONE) _____

Adverse Drug Reactions (If not, write NONE) _____

Medications List dose & frequency (Include any over the counter medications) _____

Any religious information or considerations that would have a bearing on medical treatment _____

Other Important Medical Data _____

WORKSHEET 3.3: (CONTINUED) PHYSICAL/MEDICAL INFORMATION

SURGICAL INFORMATION

Surgeries and Dates Performed _____

DISEASES

| | | | |
|--------------------------------------|-----|----|------------|
| Chicken Pox | Yes | No | Date _____ |
| Mumps | Yes | No | Date _____ |
| Red Measles (10-day or Rubeola) | Yes | No | Date _____ |
| Rubella (3-day or German Measles) | Yes | No | Date _____ |
| Polio | Yes | No | Date _____ |
| Rheumatic Fever | Yes | No | Date _____ |
| Scarlet Fever | Yes | No | Date _____ |

EXAMINATIONS

| | |
|--------------------|------------|
| Physical Exam | Date _____ |
| Dental Exam | Date _____ |
| Eye Exam | Date _____ |
| Hearing Test | Date _____ |
| Tuberculin Test(s) | Date _____ |

MEDICAL ALERT (please check all that apply)

| | | | |
|-----------|------------|--------------------|---------------------|
| Cardiac | Diabetes | Seizure (Epilepsy) | Asthma |
| Bee Sting | Hemophilia | Ulcer | Allergy, Type _____ |

Chronic or Recurring Illnesses _____

Medication to be taken at school _____

Prescription Medication Taken Regularly _____

Other _____

WORKSHEET 3.3: (CONTINUED) PHYSICAL/MEDICAL INFORMATION

IMMUNIZATIONS

For proof of immunizations, an International Health Booklet validated by a doctor is recommended for school and international travel.

Diphtheria, Pertussis & Tetanus (DPT) or Diphtheria/Tetanus

| | | |
|-----------------|-----|----|
| 1 st | YES | NO |
| 2 nd | YES | NO |
| 3 rd | YES | NO |
| Booster | YES | NO |
| Booster | YES | NO |
| Booster | YES | NO |

Oral Polio

| | | |
|-----------------|-----|----|
| 1 st | YES | NO |
| 2 nd | YES | NO |
| 3 rd | YES | NO |
| Booster | YES | NO |
| Booster | YES | NO |
| Booster | YES | NO |

**Red Measles
(10-day or Rubeola)** YES NO

**Rubella
(3-day or German Measles)** YES NO

Mumps YES NO

Other important medical information _____

**STAPLE COPIES OF PRESCRIPTIONS FOR GLASSES, CONTACT LENSES
AND HEARING AIDS TO THIS PAGE.**

WORKSHEET 3.4: WILL INFORMATION

If you don't have a will, the Appendix will provide instructions for writing one. This is an important step in family preparedness, especially if you have dependent children. Once you have a will, make sure you and others know where it is located.

MY PERSONAL WILL

My personal will has been prepared by _____

My personal will is dated _____

Copies of my will are located _____

The executor (executrix) of my will is _____

Name _____

Address _____

Telephone _____

SPOUSE WILL

My spouse's will has been prepared by _____

My spouse's will is dated _____

Copies of my spouse's will are located _____

The executor (executrix) of my spouse's will is _____

Name _____

Address _____

Telephone _____

GUARDIANSHIP

The guardian of my child (children) will be _____

Name _____

Address _____

Telephone _____

WORKSHEET 3.5: PROPERTY INVENTORY

BANKS ACCOUNTS

| BANK NAME & ADDRESS | TYPE OF ACCOUNT | ACCOUNT NUMBER |
|---------------------|-----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECURITIES & ACCOUNTS

| BROKER NAME & CONTACT | ACCOUNT NUMBER | TELEPHONE |
|-----------------------|----------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OTHER INVESTMENTS

LIFE INSURANCE POLICIES

| COMPANY & TELEPHONE | COVERAGE | POLICY NUMBER |
|---------------------|----------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

REAL ESTATE

PROPERTY ADDRESS

VEHICLES, BOATS, CAMPERS & TRAILERS

| DESCRIPTION | IDENTIFICATION & LICENSE |
|-------------|--------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SECTION 4: HEALTH & SAFETY

This section will focus on the health and safety aspects of preparedness. In this section, you will accomplish three main goals:

- Complete Worksheet 4.1: The Emergency Preparedness Checklist
- Complete Worksheet 4.2: The Emergency Supplies Kit Checklist
- Complete Worksheet 4.3: Emergency Wallet Card for each appropriate family member.
- Complete Worksheet 4.4: Summary of Vital Contact Info and post by phones.

If the checklists seem long, remember that any progress you make toward completing them prepares you better for an emergency. Set reasonable goals for completing all of the items on the list, and allow family members to help, if they're able.

IF DISASTER STRIKES

1. Listen to the radio or TV for safety advisories and information on shelters and other resources.
2. Stay away from damaged buildings. Return home only when it is safe. Children should be constantly supervised.
3. Be alert to potential hazards, such as shattered glass, splintered wood, and other sharp objects. Wear sturdy shoes, if possible.
4. Cooperate with authorities, whether you're asked to relinquish telephone lines, keep off emergency roads, or follow other guidelines.
5. Use caution when traveling.
6. Be cautious with drinking water. Water supplies can become contaminated in damaged areas. Listen to the radio for information. Drink stored water until you know that the water supply is safe.
7. Remember to assist infants, the elderly, and others with special needs.
8. Check on your neighbors to see if they need assistance.
9. If "shelter-in-place" is ordered for a chemical emergency, turn off heat, air conditioning or fans. Close vents, windows, and doors, and seal any cracks. When "all clear" is issued, you may again ventilate house and go outdoors.
10. If electrical power is lost: See if neighbors have power. Don't go near downed lines. Turn off major appliances to avoid overloading electric lines when power is restored, thus creating a second outage. Leave on the front porch light and a few other lights. Do not use candles or kerosene lanterns because of inherent fire hazards. Prevent pipe freezing by draining plumbing and turning off supply lines to outside spigots. Keep warm by wearing layers and gathering in a single sunlit room. Be cautious with perishable food. When electricity is out, frozen food will last for several days. Throw out questionable food. Monitor sump pump, if you have one.
11. Use good sanitation practices. Hand washing is very important in preventing the spread of many respiratory and food-borne illnesses.

WORKSHEET 4.1

EMERGENCY PREPAREDNESS CHECKLIST

This checklist is adapted from "Family Disaster Plan" developed by the Federal Emergency Management Agency and the American Red Cross.

1. Find out what could happen to you

- Contact local Red Cross chapter or emergency management office to see what types of disasters are most likely to happen, and how you can prepare for them.
- Learn about your community's warning signals and what to do if you hear them.
What is your local radio station? _____
- Ask about animal care after a disaster. Usually, animals are not allowed in emergency shelters for health reasons.
- Find out about disaster plans at your family's schools and workplaces. (Worksheet 4.1)
- Find out if you are in a flood zone. Do you need flood insurance?

2. Create a Disaster Plan

- Meet with you family to discuss the types of disasters that could happen in your area, such as fire, severe weather, or earthquakes. Explain what to do in each case.
- Pick two places to meet:
 1. Outside your home in case of a sudden emergency, like a fire.
 2. Outside your neighborhood in case you can't return home.
- Make sure all family members know your address and phone number.
- Make sure family members have "Emergency Wallet Cards" (Worksheet 4.3) and know the phone number of your family's out-of-state contact.
- Discuss what to do in an evacuation.
- Plan how to empty a sump pump if electric power is lost.
- Plan how to take care of pets in a disaster (Worksheet 1.4a)
- Teach family to stay away from downed power lines.
- Draw a diagram of your home. Include the location of emergency items and escape routes.

3. Prepare and prevent

- Post emergency phone numbers by phones. (Summary of Vital Information)
- Teach children to dial 911, or other emergency numbers.
- Show each family member how to turn off the utilities (water, gas, electric) at the main switches.
- Check to see if your insurance coverage is adequate.
- Obtain fire extinguishers and teach family members to use them.
- Install smoke detectors on each level of your home, especially near bedrooms.
- Teach fire safety to family members.
- Conduct a home hazard hunt.
- Stock emergency supplies (Worksheet 4.2).
- Take a first aid and CPR class.
- Assure that immunizations are up-to-date.
- Determine the best escape routes from your home. Find 2 ways out of each room.
- Find the safe places in your home for each type of disaster.
- Learn to swim.
- Get to know your neighbors. You can look out for each other in a crisis.
- Keep child identification info on hand (current photo, etc.).
- Teach children about personal safety.
- Create checklists for doing things that are done infrequently, or that one family member usually does exclusively (such as, starting a generator or using a chain saw)

WORKSHEET 4.1: (CONTINUED)

EMERGENCY PREPAREDNESS CHECKLIST

- Keep the gas tank of your car at least one half full at all times.
- Label all spare keys, and record lock combinations.
- Have some cash on hand for an immediate emergency (include change).
- Have savings of 3 months' salary as a cushion for extended crises.
- Wear med-alert bracelet, tag, or wallet card, if appropriate.
- Check expiration dates on all medications and discard/replace those that have expired.
- Have computer security procedures in place. (e.g. test regularly for viruses, back up files regularly, etc.)
- Keep small supply of vital medications at work for an emergency (if doctor says it's okay).
- Have a family code word.
- If you don't drive, plan for transportation in the event of an emergency.
- Register electric life support equipment with the power company and have an alternate source of power. Plan for relocating in a power outage.
- Evaluate home security and make changes where needed.

4. Practice and maintain your Plan

- Quiz your kids every 6 months or so.
- Conduct fire and emergency evacuations.
- Replace stored water and food every 6 months. Put dates on containers.
- Test and recharge fire extinguishers according to manufacturers instructions.
- Test smoke detectors monthly and change batteries at least once a year.

WORKSHEET 4.2: EMERGENCY SUPPLIES LIST CHECKLIST

This checklist was adapted from the publication "Disaster Supplies Kit", developed by the Federal Emergency Management Agency and the American Red Cross. It lists items that should be stocked in the home for use in emergencies. It is important for family members to know the locations of these items, so it may be helpful to store them together (in a "kit"). Keep items in airtight plastic bags. Change stored water supply and food every 6 months, so it stays fresh. Rethink your family needs and restock kit once a year. Some items should be kept in an easy-to-carry container (e.g., camping backpack, duffel bag, or large covered trash can) in case of an evacuation. **These items are marked with a circle.**

WATER

- 1 gallon of water per person per day for drinking, sanitation, and food prep, stored in non-breakable, non-decomposing containers (2-liter soda bottles are recommended, milk cartons are not). Keep a 3-day supply. Write the date on containers and replace water every 6 months.

FOOD

- Food required for a specialized diet
- 3-day supply of lightweight, non-perishable food that requires no preparation and little or no water. If you must heat it, pack a can of sterno. Include high-energy foods. Write the dates on containers so you can replace every 6 months.
- Vitamins
- Foods for infants
- Comfort/stress foods

FIRST AID KITS (one for your home and one for each car)

- Sterile adhesive bandages in assorted sized
- Assorted sizes of safety pins
- Cleansing agent/soap
- Latex gloves (2 pairs)
- Sunscreen
- 2" sterile gauze pads (4-6)
- 4" sterile gauze pads (4-6)
- Triangular bandages (3)
- Non-prescription drugs: aspirin or non-aspirin pain reliever, anti-diarrhea medication, antacid, laxative
- Non-prescription drugs for children/infants
- Syrup of Ipecac (used to induce vomiting, if advised by the poison control center)
- Activated charcoal (use if advised by the poison control center)
- 2" sterile roller bandages (3 rolls)
- 3" sterile roller bandages (3 rolls)
- Scissors
- Tweezers
- Moistened towelettes
- Antiseptic
- Thermometer
- Tongue depressors (2)
- Petroleum jelly or other lubricant
- First aid booklet
- Aspirin

WORKSHEET 4.2: (CONTINUED)

EMERGENCY SUPPLIES LIST CHECKLIST

TOOLS & SUPPLIES

- Mess kits or disposable plates, cups, and utensils
- Battery-operated radio and extra batteries
- Flashlight
- Extra batteries for flashlight
- Cash or travelers checks and change
- Non-electric can opener, utility knife
- Insect repellent
- Fire extinguisher: small canister ABC type
- Tube tent/ seam sealer
- Pliers
- Tape
- Compass
- Matches in a waterproof container
- Aluminum foil
- Plastic storage containers
- Signal flares
- Paper, pencil
- Needles, thread
- Shut-off wrench (to turn off household gas and water)
- Whistle
- Plastic sheeting/tarp
- Maps of the area, including map of the tri-state area, in case of evacuation
- Pocket knife
- Rope/bungee cords
- Grocery bags
- Extra batteries of assorted sizes (check expiration dates before buying)
- Heavy plastic and duct tape (to be used to seal windows and doors if "shelter-in-place" is required in a chemical emergency)
- Scissors
- Shovel

SANITATION

- Toilet paper/towelettes
- Soap, liquid detergent
- Feminine supplies
- Personal hygiene items
- Plastic garbage bags, ties (for personal sanitation uses)
- Plastic bucket with tight lid
- Household disinfectant
- Household chlorine bleach
- Medicine dropper
- Paper towels

CLOTHING & BEDDING

- At least one complete change of clothing and sturdy foot ware per person
- Sturdy shoes or work boots
- Rain gear
- Blankets or sleeping bags
- Hat and gloves
- Thermal underwear
- Sunglasses

WORKSHEET 4.2: (CONTINUED)

EMERGENCY SUPPLIES LIST CHECKLIST

SPECIALTY ITEMS

- **For Baby:** formula, diapers, wipes, bottles, powdered milk, etc.
- **For Adults:** heart and high blood pressure medication, insulin, prescription drugs (discuss with doctor or pharmacist), denture needs, contact lenses and supplies, extra eyeglasses, hearing aid needs
- Entertainment: games and books
- Extra set of car and home keys
- **Pet Care Items:** proper identification/vaccination records, food and water, carrier or cage, medications, muzzle and leash (see Worksheet 1.4)

IMPORTANT FAMILY DOCUMENTS

- Waterproof, portable container for documents
- Copy of all section 3 worksheets
- Copies of important documents such as: wills, insurance policies, contracts, deeds, passports, social security cards, immunization records, birth, marriage, and death certificates, medical records
- List of important phone numbers (You can use Worksheet 4.4)

ON THE ROAD (keep these things in the car)

- Usable spare tire
- Jack
- Lug wrench
- Flashlight and batteries
- Flares or warning triangle
- Water
- Food
- At least one half tank of gas
- Sweatshirts
- Blankets
- Snow scraper
- First aid kit
- Spare key
- Shovel

WORKSHEET 4.3: EMERGENCY WALLET CARD

The cards below can be folded and kept in your wallet so you always have important information. All members of the family who carry wallets should have one. Print extra copies, as needed.

Note: Use good judgment about how much information you put on your card. Keep in mind that wallets get stolen or misplaced from time to time.



Work/Life Crisis Hotline (301) 688-7966

After Hours Pager (301) 688-2000 Ext. 1455

FAB E-mail: info@familyactionboard.org


Family Member Information _____

Caregiver Designees _____

Out-of-State Contacts _____

Doctors _____

Neighbors _____



Work/Life Crisis Hotline (301) 688-7966

After Hours Pager (301) 688-2000 Ext. 1455

FAB E-mail: info@familyactionboard.org

Family Member Information _____

Caregiver Designees _____

Out-of-State Contacts _____

Doctors _____

Neighbors _____

WORKSHEET 4.4: SUMMARY OF VITAL CONTACT INFORMATION

Please post a copy by your home telephone.

| FAMILY MEMBER NAME | PHONE NUMBERS & EMAIL ADDRESSES | SOCIAL SECURITY NUMBER |
|-----------------------|------------------------------------|---------------------------|
| | | |
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| OUT-OF-STATE CONTACT #1 | OUT-OF-STATE CONTACT #2 |
|-------------------------|-------------------------|
| | |

| | Name | Telephone |
|--------------------------|----------------------------------|--------------------------|
| POISON CONTROL | | |
| RELIGIOUS CONTACT | | |
| DOCTOR | | |
| DENTIST | | |
| ATTORNEY | | |
| PEDIATRICIAN | | |
| OB/GYN | | |
| VETERINARIAN | | |
| GAS | | |
| ELECTRIC | | |
| WATER | | |
| INSURANCE INFO #1 | | |
| INSURANCE INFO #2 | | |
| INSURANCE INFO #3 | | |
| CLOSE NEIGHBOR | | |
| AGENCY NUMBERS | Security Operations Center (SOC) | (301)688-6911 |
| | Work/Life Crisis Hotline | (301) 688-7966 |
| | After Hours Pager | (301) 688-2200 ext. 1455 |
| | Employee Assistance Service | (410) 712-4444 |

SECTION 5: PREPAREDNESS IN THE FIELD

Although the information in the previous sections applies to everyone, if you are in a PCS/Field position, emergency preparedness will require some additional planning and effort. This section will guide you through the process. The following recommendations and checklists are adapted from the United States Department of State publication #10948 published by the Family Liaison Office and reprinted April 2002, entitled *Evacuation Plan Don't Leave Home Without It*.

- Complete Worksheet 5.1: Preparation for a PCS/Field Assignment
- Complete Worksheet 5.2: Vital Information to Carry with You *En Route*
- Complete Worksheet 5.3: When You Arrive at Your PCS/Field Site
- Complete Worksheet 5.4: Evacuation/Departure Planning

WORKSHEET 5.1: PREPARATION FOR A PCS/FIELD ASSIGNMENT

Before you begin your assignment, there are some steps you need to take in order to be prepared for an emergency, which will also make your tour run more smoothly and be more enjoyable. Ideally, this checklist should be completed before you leave the States, but if that doesn't happen, complete it as soon as you can.

- Execute a current power of attorney for each adult family member. Have several originals made. It is wise to also make several copies. These may be needed to transact business on behalf of spouse or other adult. See the Appendix.
- Discuss with immediate and extended family members (within the current security parameters) what to do and whom to contact at the agency in case of an emergency.
- Identify an emergency contact person in the states; be certain this person is capable of handling an emergency.
- Familiarize yourself with the current laws of your legal residence with regard to taxes and property.
- Establish joint checking accounts in case spouses are separated for a period of time.
- Establish credit that will be sufficient for emergencies. Obtain individual credit cards for both the employee and spouse.
- Get an ATM card for your bank account that can be used all over the country as well as internationally. Make sure both spouses know the personal identification number (PIN).
- Maintain a list of all regular billing dates for all regular expenses.
- Make and keep up-to-date an inventory of your possessions including your clothes and jewelry. (Worksheet 3.6)
- Consider personal property insurance.
- Make copies of these documents and others that you will need at your PCS/Field site:
 - Copy of will(s). Leave originals with your attorney or executor.
 - Power of Attorney (one of the originals)
 - Birth and Marriage Certificates
 - Naturalization papers
 - Deeds
 - Mortgages
 - Stocks and Bonds
 - Insurance Papers including life, car, medical, and household effects
 - Current inventory of household effects (Worksheet 3.6)
- Store originals of the above documents at a safe depository in the U.S.

WORKSHEET 5.2: VITAL INFORMATION TO CARRY WITH YOU *EN ROUTE*

Prepare a copy of this worksheet for family members and leave a copy with a trusted representative at home. Keep the worksheet up-to-date and carry it with you whenever you move from one site to another.

| NAME OF FAMILY MEMBER | PASSPORT NUMBER | DATE OF ISSUE | SOCIAL SECURITY NUMBER |
|-----------------------|-----------------|---------------|------------------------|
| | | | |
| | | | |
| | | | |
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| NAME OF BANK | TELEPHONE | ACCOUNT NUMBER |
|--------------|-----------|----------------|
| | | |
| | | |
| | | |

| CREDIT CARD COMPANY | TELEPHONE | ACCOUNT NUMBER |
|---------------------|-----------|----------------|
| | | |
| | | |
| | | |
| | | |

| INSURANCE COMPANY | TELEPHONE | POLICY NUMBER |
|-------------------|-----------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

WORKSHEET 5.2: (CONTINUED) VITAL INFORMATION TO CARRY WITH YOU *EN ROUTE*

| CAR | REGISTRATION NUMBER | SERIAL NUMBER | LICENSE NUMBER |
|-----|---------------------|---------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

| SAFE DEPOSIT BOX LOCATION | CONTENTS |
|---------------------------|----------|
| | |
| | |

| FAMILY MEMBER | DRIVERS LICENSE NUMBER |
|---------------|------------------------|
| | |
| | |
| | |
| | |

| NAME OF PROFESSIONAL CONTACT | ADDRESS, TELEPHONE & EMAIL |
|------------------------------|----------------------------|
| | |
| | |
| | |

| ASSETS | DEBTS |
|--------|-------|
| | |
| | |
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| | |

Also attach copies of:

- Prescriptions, including eyeglasses or contacts
- Employment documents: resumes, references and employment actions

WORKSHEET 5.3: ARRIVING AT YOUR PCS/FIELD SITE

Start completing this checklist when you first arrive at your assignment. Doing so will not only improve your family preparedness, but will make your tour more enjoyable.

- Become familiar with security and emergency procedures at PCS/Field site
- Keep up with current security situation at your posting.
- Hold periodic family security meetings.
- Be aware of the emergency contact system at your post or site. Ensure that you family information is kept current and accurate with the site locator.
- If you have children in local schools or post schools, make yourself familiar with the school's emergency plan (See Worksheet 1.5). Become an involved parent. Make sure emergency contact information is up-to-date.
- Learn some of the local language to help you in an emergency.
- Get acquainted with your neighbors early in your tour.
- Learn the locations of the closest hospital, police station, and, if not on or near a military post, the closest friendly embassy.
- Keep immunizations up to date and recorded in your yellow shot record.
- If you have children, choose a surrogate parent at post or site and supply that person with a current power of attorney for medical or other emergencies in the event you need them to take care of your children unexpectedly (See Section 1).
- Make an inventory of what you have brought to post or site and keep it updated.
- Familiarize yourself with the transportation system.
- Maintain a separate emergency supply/first aid kit to be used only in an emergency situation (See Worksheet 4.2).
- Decide which items are necessary to take with you in the event of an evacuation or authorized departure and which items can be sent later.
- List all papers and computer records to hand carry in case of emergency. These should include the following:
 - Medications (prescription and over the counter)
 - Medical/Dental records, immunization records
 - Extra glasses and prescriptions
 - School records, report cards, test scores, and current samples of work
 - Employment information of adult family members and resumes
 - Current power of attorney
 - Birth certificates, marriage certificates, naturalization papers
 - Passports
 - Driver's licenses, auto insurance policies, auto registration and title
 - Personal checks, Check registers, and latest bank statements
 - ATM card and credit cards
 - Financial records and bills
 - Safe deposit box keys
 - List of doctors, dentists, and lawyers
 - Household effects inventory
 - Household goods insurance policy
 - Travelers checks; U.S. currency, if possible
 - Travel orders

WORKSHEET 5.4: EVACUATION/DEPARTURE PLANNING

In the event of an evacuation or sudden departure (e.g., due to a medical emergency), certain tasks must be completed. Now is a good time to give these issues some attention. You won't know some information until an emergency actually occurs, such as whether or not you will be able to take a pet with you. But in the meantime, you can learn about possible new homes for a pet, just in case you can't take it along. In a crisis, your options may be limited if you haven't done your homework. This checklist is to be used in the event of an evacuation, but you should look it over now to see what you could do to prepare in advance.

- Discuss the situation with family members.
- Ascertain how many pieces of luggage each individual is permitted to carry.
- Make a list of items to pack for each suitcase.
- Make a list of items for carry-on luggage (include all items at the end of Worksheet 5.3) and make sure all are included in carry-on luggage.
- Update household effects inventory of items at post.
- Consolidate all personal records, financial documents, etc.
- Prepare your home for departure.
- Plan for your pets. If they are not able to depart with you, make arrangements for their care. Keep your pets' records updated.
- Decide how money and bills will be handled.
- Pack luggage with suitable clothing and essential items.
- Assist your children with packing their own backpacks. Include toys, snack, games, books, and items of comfort.
- Choose practical travel clothes for you and your children; keep season and climate in mind.
- Get an e-mail address and web site from the schools your children are attending so you can keep up with things. The evacuation may be lifted and the children may be returning to the same school.
- Check the expiration date of your passports, visa, etc., so you'll know if they're going to expire while you are on evacuation orders and you can allow time to renew them.

SUMMARY OF WORKSHEET COPIES TO DISTRIBUTE

Throughout the Workbook, you will be instructed to give worksheets and other forms to several people. This page helps you keep track of who gets what. Be sure to keep your own copies of all forms in this workbook.

OUT-OF-STATE CONTACT

- Worksheet 1.1: Caregiver Designation Worksheet
- Worksheet 1.2: Dependent Information Worksheet
- Worksheet 1.3: Emergency Contact Info For Caregiver Designees
- Worksheet 1.4b: Vital Pet Information

AGENCY EMERGENCY REPRESENTATIVE

- Worksheet 2.1: Emergency Contact Information for the Employer

DEPENDENT CAREGIVER DESIGNEES

- Worksheet 1.1: Caregiver Designation Worksheet
- Worksheet 1.2: Dependent Information Worksheet
- Worksheet 1.3: Emergency Contact Info for Caregiver Designees
- Worksheet 3.3: Physical/Medical Information Worksheet (if appropriate)
- Powers of Attorney
- Maps/Directions to residence, school, daycare providers, medical facilities

PET CARE DESIGNEES

- Worksheet 1.4a: Emergency Pet Care Checklist
- Worksheet 1.4b: Vital Pet Care Information
- Worksheet 1.3: Emergency Contact Info for Caregiver Designees

OFF-SITE LOCATION (e.g., safe deposit box)

- Entire workbook
- Other important documents, as listed in "Worksheet 3.1: Important Documents Inventory"

FAMILY MEMBERS

- Worksheet 4.3: Emergency Wallet Card

MEDICAL RECORDS

- Medical Powers of Attorney
- Living wills

APPENDICES

Appendix A: Preparing a Will

Appendix B: Preparing Powers of Attorney

Appendix C: Preparing a Living Will

Appendix D: Additional Resources

APPENDIX A: PREPARING A WILL

General Instructions for Preparation of a Will

A will is an important document to have, to ensure that *you* are the one who decides how your property and affairs are handled after your death. There are laws in every state that set out the disposition of property of people who die without a will, but it is a good bet that the state government's priorities and your own for the handling of your affairs are not the same. Almost any will, no matter how simple or imperfect, is better than no will. Therefore, a few general forms have been provided that can get you started. One is meant for a single person without children, another for a married person without children, and a third for a married person with children. These are at _____, _____, and _____, respectively.

As you can see, with each will form there is some space devoted to specific gifts you may wish to make, and space for naming the executor of the estate. There are parts of the form that will have to be customized for your particular circumstances (for example, whether you have a previous spouse, or grandchildren, or whether you wish to set up a trust for your minor children, as one form allows you to do.)

The choice of executor is an important decision, as this person will be responsible to see that your wishes are carried out. If you have minor children, you must provide the name of the person who will become the guardian of your children should the need arise. Although the forms are relatively simple, sometimes compiling the information, making the decisions, and choosing the proper executor, guardian, and/or trustee are not simple at all. The checklists on the previous pages are an excellent start.

It is a good idea to prepare specific instructions for your executor, such as the location of your accounts, any insurance policies, people to notify, the disposition of your remains. A list of information that might be useful for you to gather for your executor is at __, below. Instructions to your executor may be kept with your will or provided to your executor in advance.

You may have property holdings or family relationships that make a simple will, such as the ones provided, unsuitable for you. In that case, you should have an attorney help you prepare your will. You are the best one to determine this.

The basic will form is bare-bones and is made to be modified. Fill in what is needed and cross out what is not, numbering each paragraph. Type up a clean copy. Staple all the pages together, and initial each one. Once completed, the will should be signed in the presence of three witnesses, who must then sign and provide their addresses. The witnesses should not be beneficiaries of the will.

(Will Suitable for Single Person With No Children)
Last Will and Testament of _____

I, _____, residing at _____, City of _____, State of _____, being of sound mind and under no restraint, declare this instrument to be my Last Will and Testament, revoking all previous Wills and Codicils I have made.

- 1. I have never been married and I have no children or grandchildren.
- 2. I make the following specific gifts:

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

3. I give the entire residue of my estate, whether real, personal, or mixed, wherever located, to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as my Executor, to serve without bond. If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Executor, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

It is not my intention to make provision in this, my Last Will and Testament, for any person not expressly provided for herein, and if any such person has not been expressly mentioned herein, he or she has been omitted by me intentionally and with full knowledge of his or her relationship and existence.

Any person named or referred to herein shall be deemed to have survived me only if such person shall in fact survive me for a period of at least thirty days. Any person named or referred to herein who shall not survive me for a period of at least thirty days shall be deemed to have died before I do.

IN WITNESS THEREOF, I have signed my name, declaring and publishing this instrument as my Last Will and Testament, consisting of _____ typewritten pages, in the presence of the undersigned witnesses on _____, 20____.

Signature of Testator

Name of Testator

ATTESTATION

We hereby certify that this Last Will and Testament was signed, declared, and published by _____ as his Last Will and Testament on this day, in our presence and the presence of each other, and we sign our names below as Witnesses, at the request of the Testator and in the presence of each other on _____, 20____. We declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness 1

Name of Witness 1

Address of Witness 1

Signature of Witness 2

Name of Witness 2

Address of Witness 2

Signature of Witness 3

Name of Witness 3

Address of Witness 3

(Will Suitable for Married Person with No Children)

Last Will and Testament of _____

I, _____, residing at _____, City of _____, State of _____, being of sound mind and under no restraint, declare this instrument to be my Last Will and Testament, revoking all previous Wills and Codicils I have made.

I am married to _____.

[I was previously married to _____. That marriage ended on _____, _____, by _____.]

I have no living children or grandchildren.

I make the following specific gifts:

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give the entire residue of my estate, whether real, personal, or mixed, wherever located, to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as my Executor, to serve without bond. If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Executor, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

It is not my intention to make provision in this, my Last Will and Testament, for any person not expressly provided for herein, except for children born to or legally adopted by me after the date of this instrument, and if any such person has not been expressly mentioned herein, he or she has been omitted by me intentionally and with full knowledge of his or her relationship and existence.

Any person named or referred to herein shall be deemed to have survived me only if such person shall in fact survive me for a period of at least thirty days. Any person named or referred to herein who shall not survive me for a period of at least thirty days shall be deemed to have died before I do.

IN WITNESS THEREOF, I have signed my name, declaring and publishing this instrument as my Last Will and Testament, consisting of _____ typewritten pages, in the presence of the undersigned witnesses on _____, 20____.

Signature of Testator

Name of Testator

ATTESTATION

We hereby certify that this Last Will and Testament was signed, declared, and published by _____ as his Last Will and Testament on this day, in our presence and the presence of each other, and we sign our names below as Witnesses, at the request of the Testator and in the presence of each other on _____, 20____. We declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness 1

Name of Witness 1

Address of Witness 1

Signature of Witness 2

Name of Witness 2

Address of Witness 2

Signature of Witness 3

Name of Witness 3

Address of Witness 3

(Will Suitable for Married Person with Children)

Last Will and Testament of _____

I, _____, residing at _____, City of _____, State of _____, being of sound mind and under no restraint, declare this instrument to be my Last Will and Testament, revoking all previous Wills and Codicils I have made.

I am married to _____.

[I was previously married to _____. That marriage ended on _____, _____, by _____.]

I have _____ living children, whose names, addresses, and dates of birth are as follows:

[I have _____ living grandchildren, whose names, addresses, and dates of birth are as follows:]

I make the following specific gifts:

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give _____ to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I give the entire residue of my estate, whether real, personal, or mixed, wherever located, to _____, who is my _____, or if s/he does not survive me, to _____, who is my _____.

I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as my Executor, to serve without bond. If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Executor, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

If a Guardian is needed for any of my minor children, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as Guardian of the person(s) and property of my minor children, to serve without bond. . If s/he does not survive me or is otherwise unable to serve, I appoint _____, who is my _____, residing at _____, City of _____, State of _____, as alternate Guardian, also to serve without bond.

In addition to any powers, authority, and discretion granted by law, I grant such Guardian or Alternate Guardian any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of the property of my minor children and for their care.

[If any of my children are under _____ years of age on my death , I direct that any property that I give them under this will be held in an individual trust for each child, under the following terms, until each shall reach _____ years of age.

1. I appoint _____ , who is my _____, residing at _____, City of _____, State of _____ , as trustee of any and all required trusts, to serve without bond. If s/he does not survive me or is otherwise unable to serve, then I appoint _____, who is my _____, residing at _____, City of _____, State of _____ , as alternate Trustee, also to serve without bond. In addition to all powers, authority, and discretion granted by law, I grant such trustee or alternate trustee full power to perform any act, in his or her sole discretion and without court approval, to distribute and manage the assets of any such trust.

2. In the trustee's sole discretion, the trustee may distribute any or all of the principal, income, or both as deemed necessary for the beneficiary's health, support, welfare, and education. Any income not distributed shall be added to the trust principal.

3. Any such trust shall terminate when the beneficiary reaches the required age, when the beneficiary dies prior to reaching the required age, or when all trust funds have been distributed. Upon termination, any remaining undistributed principal and income shall pass to the beneficiary; or if not surviving, to the beneficiary's heirs; or if none, to the residue of my estate.]

If, after the execution of this, my Last Will and Testament, there shall be an additional child or additional children born to or legally adopted by me, such child or children shall share in the benefits of my estate to the same extent as he or she would have shared if I had died without a will, and the provisions of this will shall be modified to the extent necessary to see that this is done.

It is not my intention to make provision in this, my Last Will and Testament, for any person not expressly provided for herein, except for children born to or legally adopted by me after the date of this instrument, and if any such person has not been expressly mentioned herein, he or she has been omitted by me intentionally and with full knowledge of his or her relationship and existence.

Any person named or referred to herein shall be deemed to have survived me only if such person shall in fact survive me for a period of at least thirty days. Any person named or referred to herein who shall not survive me for a period of at least thirty days shall be deemed to have died before I do.

IN WITNESS THEREOF, I have signed my name, declaring and publishing this instrument as my Last Will and Testament, consisting of _____ typewritten pages, in the presence of the undersigned witnesses on _____ , 20____ .

Signature of Testator

Name of Testator

ATTESTATION

We hereby certify that this Last Will and Testament was signed, declared, and published by _____ as his Last Will and Testament on this day, in our presence and the presence of each other, and we sign our names below as Witnesses, at the request of the Testator and in the presence of each other on _____, 20____. We declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness 1

Name of Witness 1

Address of Witness 1

Signature of Witness 2

Name of Witness 2

Address of Witness 2

Signature of Witness 3

Name of Witness 3

Address of Witness 3

Executor Information List

This information should be provided to your selected executor.

Beneficiaries

Spouse's Name, Maiden Name, Date of Marriage, Date of Birth, Address, Income Amount, specific items, or share of estate that you desire to leave
Alternate Beneficiary

Dates of Birth, Addresses, Spouse's Names (if any), Income Amount, specific items, or share of estate that you desire to leave
Alternate Beneficiary *for the following:*

- Children
- Grandchildren
- Parents
- Siblings
- Other Dependents
- Other friends, relatives, organizations to which you want to leave gifts

Anybody you want to leave *out* of your will and why

Location of records

Original will, Original of codicil, Trust documents, safe deposit box and key, Bank book and savings passbook, T-bills and certificates of deposit, Social Security records, real estate deeds and mortgage documents, veteran's information, stock certificates and bonds, promissory notes and loan documents, business records, partnership records, corporation records, automobile titles, income tax records, credit card records, birth certificate, warranties, other important documents

Funeral/cremation arrangements

Name of mortuary, funeral service, or crematorium, name of contact, telephone, address, arrangements made

Name of cemetery, name of contact, telephone, address, arrangements made

Location of memorial or church service, name of contact, telephone, address, arrangements made

Persons to contact

Addresses and telephone numbers of:

Clergyman, Lawyer, Accountant, Life Insurance Agent, General Insurance Agent, Employer, Military Unit, Relatives, Friends

Obituary information (for newspaper)

Name, date of birth, place of birth, current residence, former residence, occupation, education, military service, club, union, civic, or fraternal organizations, special achievements, survivors, date of death, place, date and time of service, memorial contribution preference

APPENDIX B: PREPARING POWERS OF ATTORNEY

General Instructions

You are the best person to determine what should happen to you, your family, and your property. If, however, you are unable to act on your behalf, through illness, absence, etc., the best way you can ensure that your wishes are carried out is to have designated, in advance, someone who can act for you as you would want to. The more specific you are about what you want, the better. You may wish to grant a Power of Attorney to someone you trust to make decisions in your place. Please discuss in advance what you would want that person to do.

A general, or **unlimited**, power of attorney is a powerful thing, so choose your attorney-in-fact with care, as he or she can do just about anything you can do in your name. A general form for Power of Attorney is included in this appendix. You can modify it- for example, to limit it to a certain period of time. This form calls for the attorney-in-fact (the person who is being granted power of attorney) to sign as well. You should have the form notarized.

If you wish, you can instead grant a **limited** power of attorney, that is tailored for specific limited purposes, or designed to end after a certain specified period of time. For example, you might wish to grant a long term child care provider a limited power of attorney that would authorize that person to take the child to the doctor, or maybe enroll her in school, but not give him the right to handle your finances. Or you might want to allow someone to sell your car, but nothing else. For these purposes, a limited power of attorney form is provided. All you have to do is spell out exactly what you authorize your attorney-in-fact to do on your behalf, e.g. "sign any forms necessary for the closing of the sale of my condominium at 43 Gardenia St, Silver Spring, Maryland" or "take whatever steps are necessary to enroll my daughter, Goldilocks Brown, in preschool." As long as you spell out your intentions clearly, and you and your attorney-in-fact sign and notarize the document, there is no need for the clauses to be written in any special "legalese."

A specific type of power of attorney that you may wish to have is an Advance Medical Directive (or "Living Will"), that allows another person to make medical decisions for you if you are incapacitated. Some states will not honor a general power of attorney for this purpose. An Advance Medical Directive form is in Appendix C.

Please consult an attorney if you have questions or concerns regarding the phrasing of your individual documents.

UNLIMITED POWER OF ATTORNEY (SAMPLE)

I, _____, of _____, City of _____, State of _____, being of sound mind and under no restraint, hereby grant an unlimited power of attorney to _____, of _____, City of _____, State of _____, to act as my attorney-in-fact.

I give my attorney-in-fact the maximum power under law generally to perform or to contract for the performance of any acts of any nature whatsoever that ought to be done or in the opinion of my attorney-in-fact ought to be done, in any circumstances as fully and effectively as I could do if acting personally.

This power of attorney shall not terminate in the event of my disability.

My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable.

This power of attorney may be revoked by me at any time and is automatically revoked on my death.

WITNESS my signature and seal this _____ day of _____, 20__

Signature of person granting power of attorney
State of _____ County of _____

On _____, 20__,
_____ came before me personally and,
under oath, stated that he/she is the person described in the above
document and he/she signed the above document in my presence.

Notary Signature

Notary Public, In and for the County of _____
State of _____
My commission expires: _____

I accept my appointment as attorney-in-fact.

Signature of person granted power of attorney Date

LIMITED POWER OF ATTORNEY (SAMPLE)

I, _____, of _____, City of _____, State of _____, being of sound mind and under no restraint, hereby grant a limited power of attorney to _____, of _____, City of _____, State of _____, to act as my attorney-in-fact in the specific matters that I have set forth below. My intention is to limit the power of my attorney-in-fact only to those matters that I hereby specify.

I give my attorney-in-fact the maximum power under law to perform the following specific acts on my behalf:

[Tailor your own limited power of attorney as needed. Spell out in detail exactly what you authorize the other person to do, to avoid confusion]

--

My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable.

This power of attorney shall expire on _____, 20____. This power of attorney may be revoked by me at any time prior to its expiration and is automatically revoked on my death.

WITNESS my signature and seal this _____ day of _____, 20__

Signature of person granting power of attorney
State of _____ County of _____

On _____, 20____,
_____ came before me personally and, under oath, stated that he/she is the person described in the above document and he/she signed the above document in my presence.

Notary Signature

Notary Public, In and for the County of _____
State of _____
My commission expires: _____

I accept my appointment as attorney-in-fact.

Signature of person granted power of attorney Date

**APPENDIX C:
PREPARING A LIVING WILL**

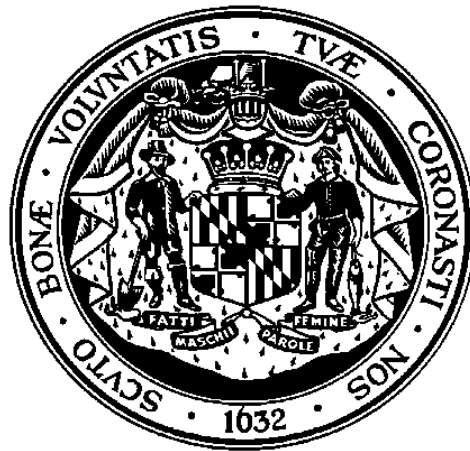
ADVANCE DIRECTIVES

A Guide to Maryland Law

on

Health Care Decisions

(Forms Included)



State of Maryland

Office of the Attorney General

**J. Joseph Curran, Jr.
Attorney General**

Dear Fellow Marylander:

I am pleased to send you the material that you requested about advance directives. The enclosed forms are *optional*; you can use them if you want or use others that are just as valid legally. One widely praised form, called *Five Wishes*, is available from the nonprofit organization Aging With Dignity. You can get information about that document from the Internet at www.agingwithdignity.org or write to: Aging with Dignity, P.O. Box 1661, Tallahassee, FL 32302. If you have any legal questions about your personal situation, you should consult your own lawyer. If you decide to make an advance directive, be sure to talk about it with your family and your doctor. The conversation is just as important as the document. A copy of any advance directive should go into your medical record. Also make sure that, if you go into a hospital, you bring a copy. Please *do not* return completed forms to this office.

Life-threatening illness is a difficult subject to deal with. If you plan now, however, your choices can be respected and you can relieve at least some of the burden from your loved ones in the future. You may also use an advance directive to make an organ donation.

If you want information about Emergency Medical Services (EMS) Palliative Care/Do Not Resuscitate (DNR) Orders, please contact the Maryland Institute for Emergency Medical Services Systems (MIEMSS) directly at (410) 706-4367. An EMS/DNR Order is a physician's instruction to emergency medical personnel (911 responders) to provide comfort care instead of resuscitation.

I hope that this information is helpful to you. I regret that overwhelming demand limits us to supplying one set of forms to each requester. But please feel free to make as many copies as you wish. You can also get these forms on the Internet at the following address: www.oag.state.md.us/HealthPol/index.htm.

J. Joseph Curran, Jr.
Attorney General

**USING ADVANCE DIRECTIVES
TO MAKE HEALTH CARE DECISIONS**
Optional Forms Included

Your Right To Decide

Mentally competent adults generally have the right to decide for themselves whether they want medical treatment. This right to decide (to say yes or no to treatment) applies to treatments that extend life, like a breathing machine or a feeding tube. Tragically, accident or illness can take away a person's ability to make health care decisions. But decisions still have to be made. If you cannot do so, someone else will. You should consider whether you want to take steps now so that these decisions will reflect your own values and priorities.

A Maryland law called the Health Care Decisions Act says that you have the right to make health care decisions in advance, through instructions called "advance directives." An advance directive can be used to name a health care agent (that is, someone that you trust to make health care decisions for you). An advance directive can also be used to say what your treatment preferences are, especially about medical procedures that might be used to sustain your life.

The Health Care Decisions Act sets out two optional forms, which are included with this pamphlet. The shorter one is titled "**Living Will.**" The longer one is titled "**Advance Directive,**" and it has two parts, Part A and Part B. This pamphlet will explain how to use them. These forms are intended to be guides. You may complete all of a form, or only the parts you want to use. You are *not* required by law to use these forms. Different forms, written the way you want, may also be used.

These optional forms are meant to be clear enough so that you do not need a lawyer's help in completing them. But if there is anything that you do not understand, you might want to consult with a lawyer. You can also ask your doctor to explain the medical issues. You should tell your doctor that you made an advance directive and give your doctor a copy.

You need two witnesses to your signature on these or other forms. Any competent individual can be a witness, including a doctor or an employee of a health care facility. If you name a health care agent, that person may *not* be a witness. One of the witnesses must be a person who would not financially benefit by your death. You do not need to have any form notarized.

Once you make an advance directive, it remains in effect unless you revoke it. It does not expire. You should review what you've done once in a while, so that your advance directive always reflects your current thinking. You are free to change or revoke an advance

directive at any time. Tell your doctor and anyone else who has a copy of your advance directive if you change it or revoke it.

If you have a living will or a durable power of attorney for health care prepared before October 1, 1993, that document is *still valid*. You might want to review it to see if you prefer a new advance directive.

Health Care Agents

You can name anyone you want (except, in general, someone who works for a health care facility where you are receiving care) to be your health care agent. **To name a health care agent, use Part A of the advance directive form.** Your agent will speak for you and make decisions based on what you would want done or your best interests. You can give your agent just as much power as you have now to make health care decisions, including decisions about life-sustaining procedures generally, or you can limit your agent if you want. You can also decide when you want your agent to have this power) right away, or only after your doctors agree that you are not able to decide for yourself.

You can pick a family member as a health care agent, but you don't have to. Remember, your agent will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose your health care agent carefully. Also, consider picking a back-up agent, in case your first choice isn't available when needed. Don't pick someone without telling the person. Make sure that the person you pick understands what's most important to you, so that when the time comes for decisions, your health care agent can do what you would want.

The forms included with this pamphlet do *not* give anyone power to handle your financial affairs. Talk to your lawyer about planning for financial issues if you become unable to handle them yourself.

Health Care Decisions

Whether or not you name a health care agent, you also have the right to use an advance directive to state decisions about treatment issues that might come up. Remember, though, if you both name a health care agent *and* make decisions about treatment in an advance directive, your agent will be bound by whatever decisions you make. Many people would rather give their agent more flexibility.

If you want, **you can make a limited kind of advance directive called a living will.** A living will allows you to make decisions about life-sustaining procedures in the event that

your death from a terminal condition is imminent despite the application of life-sustaining procedures or you are in a condition of permanent unconsciousness called a persistent vegetative state.

You also have the right to give broader health care instructions by using Part B of the longer form. If you use Part B of the advance directive, you can make decisions about life-sustaining procedures in the event of terminal condition, persistent vegetative state, *and* end-stage condition. An end-stage condition is an advanced, progressive, and incurable condition resulting in complete physical dependency, like advanced Alzheimer's disease. You can also use Part B of the advance directive to make health care decisions in addition to those dealing with life-sustaining procedures. If you decide to make decisions about life-sustaining procedures in Part B of the advance directive, you should *not* fill out the living will form too.

Both the living will form and the broader advance directive form allow you to make a separate decision whether you want artificially supplied nutrition and hydration if you are unable to take food and water by mouth. Also, women who fill out either form can say whether pregnancy is to have any effect on their treatment decisions.

Did You Remember To ...

- G** Fill out, sign, and have witnessed **Part A of the advance directive** if you want to name a health care agent?
- G** Name a back-up agent in case your first choice as health care agent is not available when needed?
- G** Talk to your agent and back-up agent about your values and priorities, and decide whether that's enough guidance or whether you also want to make specific health care decisions?
- G** Fill out (choosing carefully among alternatives), sign, and have witnessed **either a living will or the broader Part B of the advance directive**, if you do want to make specific decisions about life-sustaining treatments?
- G** Talk over your decisions with your health care agent (if you named one), your family, and your doctor?
- G** Give a copy of your advance directive to your health care agent, family members, doctor, and hospital or nursing home if you are a patient there?

For additional copies of this pamphlet, please contact:

Attorney General's Office
200 Saint Paul Place
Baltimore, Maryland 21202
(410) 576-7000
e-mail: ADForms@oag.state.md.us

Library and Information Services Division
Department of Legislative Reference
90 State Circle
Annapolis, MD 21401
(410) 841-3810 (Baltimore/Annapolis area)
(410) 858-3810 (Washington, D.C. area)

Copies are also available on the Internet at the following address:
www.oag.state.md.us/Healthpol/index.htm

***FREQUENTLY ASKED QUESTIONS ABOUT
ADVANCE DIRECTIVES IN MARYLAND***

1. Must I use any particular form?

No. Optional forms are provided, but you may change them or use different forms altogether. Of course, no health care provider may deny you care simply because you decided not to fill out a form.

2. Who can be picked as a health care agent?

Anyone who is 18 or older except, in general, an owner, operator, or employee of a health care facility where a patient is receiving care.

3. Who can witness an advance directive?

Two witnesses are needed. Generally, any competent adult can be a witness, including your doctor or health care provider. If you name a health care agent, that person cannot be a witness for **any** of your advance directives. Also, **one** of the two witnesses must be someone who (i) will not receive money or property from your estate and (ii) who is not the one you have named as the personal representative of your estate.

4. Do the forms have to be notarized?

No, but if you travel frequently to another state, check with your lawyer to see if that state requires notarization.

5. Do any of these documents deal with financial matters?

No. If you want to plan for financial matters, talk with your lawyer.

6. When using these forms to make a decision, how do I show the choices that I have made?

Write your **initials** next to the statement that says what you want. **Don't** use checkmarks or X's. Then draw lines all the way through other statements that do not say what you want. Please don't make inconsistent choices. For example, if you initial any or all of items 1, 2, and 3 on Part B of the advance directive, **do not** initial item 5. Draw lines through it instead. Also, be very careful about item 4. Draw lines through it if you want to make sure that you get pain relief medication.

7. Should you fill out both the living will form and the advance directive form?

It depends on what you want to do. If you want to name a health care agent, you should fill out Part A of the advance directive. The living will form does not allow for appointment of a health care agent. The living will form lets you decide about life-sustaining procedures in the event of terminal condition or persistent vegetative state. If you want to decide about life-sustaining procedures not only in the event of

terminal condition or persistent vegetative state but also "end-stage condition," or you want to make health care decisions that deal with situations other than life-sustaining procedures, use Part B of the advance directive form.

8. Are these forms valid in another state?

It depends on the laws of the other state. Most states will honor an advance directive made somewhere else.

9. To whom should I give copies of my advance directive?

Give copies to your doctor, your health care agent if you name one, hospital or nursing home if you will be staying there, and family members or friends who should know of your wishes.

10. If I have an advance directive, do I also need an Emergency Medical Services Palliative Care/Do Not Resuscitate Order?

Yes. If you **don't** want ambulance personnel to try to resuscitate you in the event of cardiac or respiratory arrest, you must have an EMS Palliative Care/DNR Order signed by your private physician.

11. Does the EMS Palliative Care/DNR Order have to be in a particular form?

Yes. Because ambulance personnel who may be called to assist have so little time to evaluate the situation and act appropriately, it is not practical to ask them to interpret documents that may vary in form and content. So, a standardized form has been developed. Have your doctor or health care facility contact the Maryland Institute for Emergency Medical Services System (MIEMSS) at (410) 706-4367 to obtain information on EMS Palliative Care/DNR Orders.

12. Can I use an advance directive to make an organ donation?

Yes. A special form for that purpose is included.

IF YOU HAVE OTHER QUESTIONS, PLEASE TALK TO YOUR DOCTOR OR YOUR LAWYER. OR, IF YOU HAVE A QUESTION ABOUT THE FORMS THAT IS NOT ANSWERED HERE OR ELSEWHERE IN THIS BROCHURE, YOU CAN CALL THE HEALTH POLICY DIVISION OF THE ATTORNEY GENERAL'S OFFICE AT 576-6327 OR E-MAIL US AT ADFORMS@OAG.STATE.MD.US.

ADVANCE DIRECTIVE

PART A
APPOINTMENT OF HEALTH CARE AGENT
(Optional Form)

(Cross through this whole part of the form if you do not want to appoint a health care agent to make health care decisions for you. If you do want to appoint an agent, cross through any items in the form that you do not want to apply.)

1. I, _____, residing
at _____

appoint the following individual as my agent to make health care decisions for me:

(Full Name, Address, and Telephone Number of Agent)

Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I appoint the following person to act in this capacity:

(Full Name, Address, and Telephone Number of Back-up Agent)

2. My agent has full power and authority to make health care decisions for me, including the power to:
- A. Request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and consent to disclosure of this information;
 - B. Employ and discharge my health care providers;
 - C. Authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility; and
 - D. Consent to the provision, withholding, or withdrawal of health care, including, in appropriate circumstances, life sustaining procedures.

3. The authority of my agent is subject to the following provisions and limitations:

4. If I am pregnant, my agent shall follow these specific instructions:

5. My agent's authority becomes operative (*initial only the one option that applies*):

_____ When my attending physician and a second physician determine that I am incapable of making an informed decision regarding my health care; or

_____ When this document is signed.

6. My agent is to make health care decisions for me based on the health care instructions I give in this document and on my wishes as otherwise known to my agent. If my wishes are unknown or unclear, my agent is to make health care decisions for me in accordance with my best interest, to be determined by my agent after considering the benefits, burdens, and risks that might result from a given treatment or course of treatment, or from the withholding or withdrawal of a treatment or course of treatment.

7. My agent shall not be liable for the costs of care based solely on this authorization.

By signing below, I indicate that I am emotionally and mentally competent to make this appointment of a health care agent and that I understand its purpose and effect.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing this appointment of a health care agent in my presence and, based upon my personal observation, appears to be a competent individual.

(Witness)

(Witness)

(Signatures and Addresses of Two Witnesses)

ADVANCE DIRECTIVE

PART B
HEALTH CARE INSTRUCTIONS
(Optional Form)

*(Cross through this whole part of the form if you do not want to use it to give health care instructions. If you do want to complete this portion of the form, **initial** those statements you want to be included in the document and **cross through** those statements that do not apply.)*

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below. (**Initial** all those that apply.)

1. If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

2. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

3. If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, as a result of which I have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food and water by mouth, I wish to receive nutrition and hydration artificially.

4. _____ I direct that, no matter what my condition, medication to relieve pain and suffering not be given to me if the medication would shorten my remaining life.

5. _____ I direct that, no matter what my condition, I be given all available medical treatment in accordance with accepted health care standards.

6. If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

7. I direct (*in the following space, indicate any other instructions regarding receipt or nonreceipt of any health care*):

By signing below, I indicate that I am emotionally and mentally competent to make this Advance Directive and that I understand the purpose and effect of this document.

(Date) (Signature of Declarant)

The declarant signed or acknowledged signing these health care instructions in my presence and, based upon my personal observation, appears to be a competent individual.

(Witness) (Witness)

(Signatures and Addresses of Two Witnesses)

LIVING WILL
(Optional Form)

If I am not able to make an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below. (*Initial* those statements you wish to be included in the document and *cross through* those statements which do not apply.)

A. If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with acceptable health care standards.

B. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with acceptable health care standards.

C. If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

By signing below, I indicate that I am emotionally and mentally competent to make this Living Will and that I understand its purpose and effect.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing this Living Will in my presence and, based upon my personal observation, the declarant appears to be a competent individual.

(Witness)

(Witness)

(Signatures and Addresses of Two Witnesses)

ORGAN DONATION ADDENDUM

[Note: If you want to be an organ donor, you can attach this page to your living will or advance directive. Sign it and have it witnessed.]

Upon my death, I wish to donate:

_____ Any needed organs, tissues, or eyes.

_____ Only the following organs, tissues, or eyes:

I authorize the use of my organs, tissues, or eyes:

- _____ for transplantation;
- _____ for therapy;
- _____ for research;
- _____ for medical education;
- _____ for any purpose authorized by law.

I understand that before any vital organ, tissue, or eye may be removed for transplantation, I must be pronounced dead. After death, I direct that all support measures be continued to maintain the viability for transplantation of my organs, tissues, and eyes until organ, tissue and eye recovery has been completed.

I understand that my estate will not be charged for any costs associated with my decision to donate my organs, tissues, or eyes or the actual disposition of my organs, tissues, or eyes.

By signing below, I indicate that I am emotionally and mentally competent to make this organ donation addendum and that I understand the purpose and effect of this document.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing this organ donation addendum in my presence and based upon my personal observation appears to be a competent individual.

(Witness)

(Witness)

(Signature of Two Witnesses)

APPENDIX D: ADDITIONAL RESOURCES

COMMUNITY ASSISTANCE

| | |
|------------|---|
| Red Cross | www.redcross.org |
| United Way | http://national.unitedway.org/ |

PETS

| | |
|--|--|
| The Humane Society | www.hsus.org |
| The Federal Emergency Management Agency (FEMA) | www.fema.gov/library/amemer |

VITAL DOCUMENTS

www.firstgov.com

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|-------------------------------|---|
| Birth Certificates | http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm |
| Death Certificates | http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm |
| Drivers License/Motor Vehicle | http://www.workers.gov/subcategories.asp?IntCategoryId=4&IntSubCategoryId=71 |
| Marriage Certificates | http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm |
| Medicare Card Replacement | https://s3abaca.ssa.gov/pro/imrc/imrchome.shtml |
| Passport Application | http://travel.state.gov/download_applications.html |
| Social Security | http://www.ssa.gov/top10.html |

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