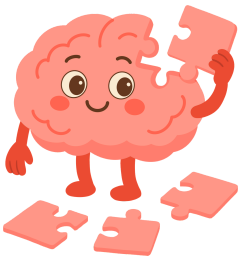
END OF LIFE CHOICES NEW YORK

Advance Care Planning

Advance Care Planning is a process where a person plans their future health care in case they one day lose the ability to communicate their wishes.

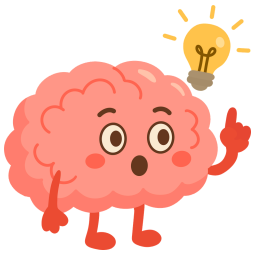
VALUES AND WISHES



Identify your core wishes and values, and what you would want your medical care to look like.

Educate yourself on emergency medical procedures and treatments and decide what feels best for you.

CONVERSATIONS AND SHARING



Decide on who will speak for you if you lose the ability to communicate for yourself.

Share your wishes with those that matter to you - especially those that would be responsible for making decisions for you. Sharing is caring!

DOCUMENTING

Document your wishes and complete your Advance Directives forms when appropriate, including:

- Health Care Proxy (always recommended)
- Living Will (optional document)
- Do Not Resuscitate Order (DNR) (consult with your physician, nurse practitioner or physician assistant)
- Medical Orders for Life-Sustaining Treatment (MOLST) (consult with your physician, nurse practitioner or physician assistant)
- Dementia Directive

COLLECTING AND REVISITING

Review and revise your forms throughout your life and as your health changes.

Make your forms known and visible! Consider creating an ‘End of Life Binder’ or collection of documents.

End of Life Choices New York is here to help! Please reach out to learn more about Advance Care Planning and Advance Directives. Find us at: www.endoflifechoicesny.org

End of Life Choices New York

Essentials: Emergency and End of Life Planner

This belongs to:

A collection of documentation of your wishes, values, and healthcare plans, for emergencies and for your end of life.

End of Life Choices New York

Goal and What You Will Find in my Binder

The goal of this collection is to provide a centralized place with information if I am ever unable to communicate, for emergency matters, and for end of life matters.

This planner provides a guide to making your wishes and values known for emergency situations and the end of your life. This collection is intended to provide a stronger sense of security for yourself and an ease of transition for the loved ones and caretakers around you.

- Personal Identifying Information and Documents
- Contact List
- Advanced Directives (Medical Documents and Forms)
  - Health Care Proxy
  - DNR Order- Disregard if crossed out
  - Living Will
  - Medical Orders for Life Sustaining Treatment (MOLST)- Disregard if crossed out
  - Dementia Directive
  - VSED Directive- Disregard if crossed out
- Finances and Bank Information
- Insurance
- Property and Possessions
- Additional Accounts (internet, etc.)
- Power of Attorney and Additional Legal Documents
- Letters and Written Narratives
- Additional Notes for Sharing, Questions, and Ideas
- Final Arrangements: Pets
- Final Arrangements: Funeral Arrangements
- *End of Life Choices New York* Information

*This is an evolving document that should be updated throughout one's life. Please updated as needed.
*Customize this binder for what works for you!

My Information

- Name: _____
- Address: _____
- Phone Number: _____
  - Cell Phone Code: _____
- Date of Birth: _____
- Email:_____
  - Password: _____
- Primary Care Doctor: _____
- Additional Doctors:
  - _____
  - _____
- Medical Insurance:
  - _____
- Medical aliments, allergies, and medication:

  _____

  _____

  _____

  _____
- Preferred Emergency Room:
  - _____
  - _____

Contact List

- Emergency Contact(s):
  - _____
  - _____
- Health Care Proxy:
  - _____

- Secondary (Back-Up) Health Care Proxy/Agent:
  - _____
- Additional Contacts / Doctors:
  - _____
  - _____
  - _____
- Workplace / Business:
  - _____
- Building Management / Landlord:
  - _____
- Attorney Information:
  - _____
- House of Worship / Religious Affiliation:
  - _____
  - _____

Photocopies of the contents of your wallet can be added here.

Advanced Directives

Document your wishes and complete your Advance Directives forms when appropriate, including:

- Health Care Proxy (always recommended)
- Living Will (optional document)
- Do Not Resuscitate Order (DNR) (consult with your physician, nurse practitioner or physician assistant)
- Medical Orders for Life-Sustaining Treatment (MOLST) (consult with your physician, nurse practitioner or physician assistant)
- Dementia Directive

These documents can be added here as needed.

What matters to me at the end of my life is....

Finances and Bank Information

- Checking Account:
  - _____
  - _____
- Saving Account:
  - _____
  - _____
- Retirement Account:
  - _____
  - _____
- Credit Card:
  - _____
  - _____
- Recurring Payment(s) and should they be cancelled:
  - _____
  - _____
  - _____
- Mortgage:
  - _____
- Auto:
  - _____
- Auto:
  - _____
- Student Loans:
  - _____
- Personal Loans:
  - _____
  - _____
  - _____

Insurance Information

- Health Insurance:
  - _____
- Dental Insurance:
  - _____
- Vision Insurance:
  - _____
- Medicaid Number:
  - _____
- Medicare Number:
  - _____
- Renters Insurance:
  - _____
- Home Insurance:
  - _____
- Life Insurance(s):
  - _____
  - _____
- Auto Insurance:
  - _____
- Additional Insurance(s):
  - _____
  - _____
  - _____
  - _____
  - _____

Property and Possessions

Additional Accounts (Internet, etc.)

1. Netflix: _____
2. Cable: _____
3. Disney+: _____
4. HBO: _____
5. Amazon: _____
6. YouTube: _____
7. PayPal: _____
8. Department Store: _____
9. Membership: _____
10. Membership: _____
11. Additional Account: _____
12. Additional Account: _____
13. Additional Account: _____
14. Additional Account: _____
15. Additional Account: _____
16. Additional Account: _____
17. Additional Account: _____
18. Additional Account: _____
19. Additional Account: _____
20. Additional Account: _____

Power of Attorney and Legal Documents

Documents can be attached into this binder. If not, please note where to locate the document.

- Power of Attorney: _____
- Auto Title: _____
- Apartment / Home Deed: _____
- Birth Certificate: _____
- Social Security Card: _____
- Passport: _____
- Bank Cards: _____
- Prior Tax Information: _____
- Additional Tax Information: _____
- Wallet and Keys: _____
- Electronic Files: _____
- Paper Files: _____
- Investment Manager: _____
- _____
- _____
- _____
- _____
- _____
- _____

Letters and Written Narratives

Additional Notes to Share...

Additional Questions and Ideas

Four essential things to say to loved ones...
I love you.
Thank you.
Please forgive me.
I forgive you.

- Do you have electronic files that you would like accessed? Provide the information for this.
- When you are dying, how do you want the room to be and who would you like there with you?
- Are you religious or spiritual? Would you like to bring this into your end of life care?
- Consider creating videos or audio recordings for your loved ones. Consider personalized holiday messages or messages for life stages.
- Are you working? Does anyone need to be contacted? Are there any work/business details you need to share?
- Do you journal or keep a diary? What would you like done with those?
- What would you like done with your home?
- Would you like your body donated? To science/research? To save others lives? Are there parts of you that you would not want donated?
- Consider writing letters or narratives to the people close to you
- Consider leaving specified monetary support as needed for end of life arrangements (can include home cleaning and home artifact removal services)
- Are there additional people who need to be notified?
- Would you like donations to be made to charities in your name?

Pets

- Pet Name: _____
  - Pet Insurance: _____
  - Medical Notes: _____
  - Care Arrangements:

    _____

    _____

    _____
  - Notes: _____
- Pet Name: _____
  - Pet Insurance: _____
  - Medical Notes: _____
  - Care Arrangements:

    _____

    _____

    _____
  - Notes: _____
- Pet Name: _____
  - Pet Insurance: _____
  - Medical Notes: _____
  - Care Arrangements:

    _____

    _____

    _____
  - Notes: _____

*Consider a Pet Trust (can be put together with the assistance of an attorney.

Funeral Arrangements

When I die, I would like this to happen to my body....

_____

_____

_____

_____

_____

_____

- Funeral Home Contact Information:
  - _____
- Burial Information:
  - _____
- Cremation Information:
  - _____
- Body Donation:
  - _____
- End of Life Doula:
  - _____
- Religious and/or Spiritual Notes:
  - _____
  - _____
  - _____
- Additional Information:
  - _____
  - _____
  - _____

*Some body donation processes require notification after one dies within a certain period of time, please consider notating that here with contact information.

End of Life Choices New York

SCAN ME

End of Life Choices New York advocates for quality of health care, health care choices, and human rights, allowing for autonomy, justice, and the relief of suffering at the end of life.

Our mission is to improve awareness and options for end of life care for New Yorkers and the people who assist them. We work to fulfill this mission by expanding choice at the end of life, respecting every individual's wishes, and striving for the best possible quality of life and a peaceful death.

- We believe that no dying person should have to endure more suffering than he or she is willing to bear. Everyone should have the right to decide and control the way they die, consistent with their values and beliefs.
- *End of Life Choices New York* has been at the forefront of these issues in New York, with an experienced staff and board working to achieve better care and more choices for the dying.

For more information, please reach out to *End of Life Choices New York*:

- Website: https://endoflifechoicesny.org
- Phone: 212-726-2010
- Email: info@eolcny.org

SCAN ME

End of Life Choices New York recommends our companion piece '*A New Yorker's Guide to End of Life Planning, Options, and Rights*' to supplement this collection. This guide can be found on our website.

Emergency Cards

The following cards are intended to be cut out and used to keep on your person and/or displayed in your home (wallet, purse, front door, fridge door, etc.).

Name: _____
Phone Number: _____
Address: _____
DOB: _____
Emergency Contact:
_____
Notes: _____

Name: _____
Phone Number: _____
Address: _____
DOB: _____
Emergency Contact:
_____
Notes: _____

Emergency Room: _____
Medical Conditions: _____
Medical Conditions: _____
Medications: _____
Doctor: _____
Doctor: _____
Allergies: _____
*My End of Life Plans are located here:
_____

Emergency Room: _____
Medical Conditions: _____
Medical Conditions: _____
Medications: _____
Doctor: _____
Doctor: _____
Allergies: _____
*My End of Life Plans are located here:
_____

Name: _____
Phone Number: _____
Address: _____
DOB: _____
Emergency Contact:
_____
Notes: _____

Name: _____
Phone Number: _____
Address: _____
DOB: _____
Emergency Contact:
_____
Notes: _____

Emergency Room: _____
Medical Conditions: _____
Medical Conditions: _____
Medications: _____
Doctor: _____
Doctor: _____
Allergies: _____
*My End of Life Plans are located here:
_____

Emergency Room: _____
Medical Conditions: _____
Medical Conditions: _____
Medications: _____
Doctor: _____
Doctor: _____
Allergies: _____
*My End of Life Plans are located here:
_____