

Advance Care Planning Worksheet

As you move through the process of planning for your future medical, financial and legal needs, the Care Ecosystem team can help identify reliable resources you can turn to.

This worksheet will to give you a sense of the kinds of questions that may come up along the way. Feel free to use this information in whatever way is most helpful to you – as a guide to discuss advance care planning with your family, as a checklist to make sure you’ve covered all your bases, or as place to jot down any thoughts or concerns you may have. Your CTN will be using a similar worksheet to help talk through these issues during your next call.

Remember, no one expects you to have all the answers.

Things to Consider When Planning for Medical Decisions

To get a better understanding of the topics discussed here, we recommend first reading the “Planning for Health Care Decisions” handout.

1. Have you (or the person you care for) already done anything to prepare for future medical decisions? If so, what?
2. How much do you (or the person you care for) participate in care decisions now?
3. How well do you feel like you understand the progression of dementia or other serious and life-threatening illness you, and the types of care you may need?
4. How well do you understand the types of decisions that may need to be made in the advanced stages of dementia and at the end of life?

5. Have you given some legal authority to make medical care decisions for you when you can no longer do so? This person is usually called a Health Care Agent/Proxy or a Conservator or Guardian.

6. Does your health care agent feel prepared to make care decisions in the future?

7. Have you reviewed your advance directive, POLST, or goals of care with your doctor within the last year or during a more recent change in your health?

Medical Planning: Documents and Information

8. Advance Health Care Directives (AHCD)

Status:	Date Completed:
Agent:	Relation:
Backup Agent:	Relation:

9. Conservator (of Person)/Guardian

Status:	Date Completed:
Name:	Relation:

10. POLST/IPOST

Status:	Date Completed:
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11. Goals of Care (usually included in the AHCD document)

Status:	Date Completed:
Discussed with Doctor:	If so, when?

12. Do plans and preferences match across documents?

Things to Consider When Planning for Financial Decisions

To get a better understanding of the topics and terms discussed in this section, we recommend first reading the “Who Can Make Financial Decisions for Me?” handout.

1. Have you (or the person you care for) already done some planning around paying for your current or future care needs?
2. How much do you (or the person you care for) participate in financial and legal decisions now?
3. Have you given someone legal authority to make financial and legal decisions for you when you are no longer able to do so?
4. Does that person/people need help understanding or managing your financial resources?
5. Do you have any problems or concerns about insurance or benefits (Medicare, Medicaid/Medi-Cal, Social Security Income, VA Benefits, Long Term Care Insurance, etc.)?
6. Have you received information about Medicaid/Medi-Cal Long Term Care or VA Long Term Care benefits?



7. How well do you understand the types of long term care that may be available and how to pay for them?
8. Do you have any worries about being able to afford to pay for future care and end of life needs?
9. Do you have any concerns with your housing? This includes any concerns you may have about a community residence or nursing facility where you may be living.
10. Have you or anyone else who is helping you made any financial or legal decisions that might be concerning?

Legal and Financial Planning: Documents and Information

11. Living Situation:
12. Renter/Owner:
13. Individual Income: Household Income:
14. Marital Status:

15. Person/People who help manage your money and property (fiduciaries)

Agent in Durable Power of Attorney for Finances (DPOA-F)

Status:

Date Completed:

Agent:

Relation:

Backup Agent:

Relation:

Trustee/s in a Living Trust:

Conservator/Guardian:

Social Security Representative Payee:

VA Fiduciary:

Private/Professional Fiduciary:

Someone other than above:

16. Health Insurance

Medicare

Supplemental Insurance/Medi-Gap

Medicaid / Medi-Cal

Share of Cost (SOC)

Veterans Health Care

VA Long-Term Care

Private Insurance

Other

17. Plan to Pay for Long Term Care (LTC) Needs

Private LTC insurance

Medicaid LTC program

In-Home Supportive Services (IHSS - California only)

Veterans Benefits / Compensation / Pension

Personal savings and/or assets

Pension and/or retirement funds

Social Security Retirement Income

Social Security Disability Insurance

Supplemental Security Income

Financial product (reverse mortgage, annuity, other)

Other

None

18. End of Life Plans

Will and/or trust

Funeral arrangements

Other

19. Previous Professional Consultation

Social Worker

Attorney

Financial Advisor

Other