

This interactive form contains fields that you can select or fill in. Follow these tips to enter and save your information.

### Mobile Devices and Tablets

You can edit and save this interactive form using the free Dropbox and Adobe apps. To edit the form using Dropbox and the Adobe Acrobat app:

1. Open a PDF file with the Dropbox app on your mobile device.
2. Tap the edit icon (a piece of paper and a pen). You'll be prompted to install the Adobe Acrobat app, and then will be taken to the app store.
3. Once Adobe Acrobat is installed, go back to your Dropbox app and either tap Next on the screen indicating that installation is complete or, if you don't see that screen, tap the edit icon again.
4. You'll be taken to the Adobe Acrobat app, and prompted to authorize that the Adobe Acrobat app can access your Dropbox.
5. Your file will open in the Adobe Acrobat app, where you can view or edit the PDF.
6. When you finish editing, tap the back arrow to save. You'll be taken to your Dropbox where the updated file will be saved.

### Computers



*Interactive fillable form*

**A.** Purple message bar indicates presence of fillable fields. **B.** When clicked, shows where fillable fields exist.

Moving within the Forms — Use your mouse or pointing device to select icons, buttons, checkboxes, menu items and to select a space to enter information. Use the scroll bar to view more of the form you have selected.

(Optional) To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. Form fields appear with a colored background (light blue by default), and all required form fields are outlined in another color (red by default).

Entering your Information — Placing your mouse or pointing device over an entry area may display text about what to enter. You may also use the tab key to navigate through the form. To move backward to a previous area, hold down shift and then push the tab key.

Manual Entry Fields — Select an area to enter information and a blue box will surround it, with a blinking vertical line to indicate where you are entering your information.

Save forms -To save the completed form, choose File > Save As and rename the file.

## CONSIDER THIS....

1. Do you and your family member have a living will?

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2. Have you and your family member named a health care surrogate designation in a written document?

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3. Have you and your family member named an alternate health care surrogate in a written document?

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4. Which rights, if any, does your family member need assistance in exercising?

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5. Which decision-making options could help your family member in the area of decision-making assistance?

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Now that you have read through Chapter 7, you are ready to complete Section G. Decision-Making Assistance of Personal Information Summary.

## Section G. Decision-Making Assistance

*This section describes the financial arrangements that have been made to benefit the person and protect legal rights. Be sure that the names of any financial advisors are included as well as copies of court orders or other legal papers.*

### Banking Services

Person needs assistance with (circle all that apply):

Banking                      Paying Bills                      Making Purchases  
Counting Money              Recognizing Denominations of Money

List assistance currently in use (such as co-signer on bank account) \_\_\_\_\_

### Power of Attorney

Has this person given a Power of Attorney or Durable Power of Attorney to someone else? (Yes / No)

Name of Attorney-in-Fact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Representative Payee

Has Social Security assigned a representative payee? (Yes / No)

Name and contact information of the representative payee? \_\_\_\_\_

### Living Will

Has the person signed a living will? (Yes / No)

The living will documents are located: \_\_\_\_\_

### Health Care Surrogate Designation/Durable Power of Attorney for HealthCare

Has the person named a Health Care Surrogate or Power of Attorney for Health Care? (Yes / No)

What is the name of the Health Care Surrogate/Power of Attorney for Health Care?  
\_\_\_\_\_

Is there an alternate Health Care Surrogate/Power of Attorney for Health Care? (Yes / No)

What is the name of the alternate Health Care Surrogate/Power of Attorney for Health Care?

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### Medical Proxy

If the person has no health care advance directive and the person cannot make his or her medical decisions, who can serve as medical proxy? (See Planning Ahead Guide, page 92, for list of order of priority.)

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### Trust

Name of Trust \_\_\_\_\_

This trust is: Revocable \_\_\_\_\_ Special Needs \_\_\_\_\_ Irrevocable \_\_\_\_\_

Trustees: Names Address(es) Phone Number(s)

Current \_\_\_\_\_

Successors \_\_\_\_\_

Copy of the trust can be found at \_\_\_\_\_

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