

# Worksheet 6

## My incapacity plan: attorney, agent, Goals of Care, and who watches for changes

*Goes with: Chapters 13, 14 and 15*

Who acts for your money, who decides about your health and personal care, what your wishes are, and who keeps watch so problems are caught early.

Name

Date completed

### A. My money: enduring power of attorney (Chapter 13)

Attorney

Alternate attorney

Lawyer and date signed

Starts now, or springs on incapacity

If it springs, who declares incapacity

May my attorney be paid? (yes or no, terms)

Bank has a copy (date)

Pension and benefit programs have a copy (date)

CRA authorization (date)

### B. My health and personal care: personal directive (Chapter 14)

Agent

Alternate agent

Witness (over 18, not my agent or my spouse or partner, nor my agent's spouse or partner)

Copies given to my agent and doctor (dates)

Registered? (yes, no, or decided not to)

My wishes in brief (care, where I live, end-of-life wishes)

## C. Goals of Care Designation

Current designation

Date reviewed

Matches my directive? (yes or no)

## D. Who watches for changes (Chapter 15)

| Person | Relationship | Telephone or email |
|--------|--------------|--------------------|
|        |              |                    |
|        |              |                    |
|        |              |                    |

What would trigger a capacity assessment, and who would do it

## E. Numbers my family should have

| Service                                               | Number |
|-------------------------------------------------------|--------|
| Protection for Persons in Care (toll free in Alberta) |        |
| Health Link                                           |        |
| Alberta 211 (community services)                      |        |
| My doctor                                             |        |
| My lawyer                                             |        |

Plan reviewed every year: last review

Next review

### Checklist: my money (Chapter 13)

- ☐ I have an enduring power of attorney, made with a lawyer
- ☐ It says it continues if I lose capacity, or takes effect when I do (an ordinary power of attorney would stop)
- ☐ It names an alternate attorney
- ☐ It says when it starts, and who declares incapacity if it springs
- ☐ It says whether my attorney may be paid
- ☐ My bank and benefit programs have what they need on file

### Checklist: my health and personal care (Chapter 14)

- ☐ I have a personal directive naming an agent and an alternate
- ☐ My witness is over 18, and is not my agent, my spouse or partner, or my agent's spouse or partner
- ☐ My agent and doctor have copies
- ☐ I have registered it, or decided not to
- ☐ My Goals of Care Designation matches my directive
- ☐ I have signed my documents and had the Goals of Care conversation while I can still take part

### Checklist: when there is no plan, or the plan is abused (Chapter 15)

- ☐ I have signed documents so my family does not need a court order
- ☐ I have shared the warning signs of financial abuse with my family
- ☐ I call CRA back only on a number from canada.ca, and never pay by gift card
- ☐ My family knows the Protection for Persons in Care number
- ☐ My executor knows to ask for any guardian's or trustee's accounts
- ☐ My family knows who watches for changes, what would trigger a capacity assessment, and who would do it
- ☐ I review my incapacity plan every year
- ☐ My family respects my right to make choices they disagree with, and knows the signs that call for a closer look
- ☐ My essential bills are paid automatically, and my family knows the Addiction Helpline number