

My Time

Because your life matters...



**HOSPICE of
WICHITA FALLS**

*The Community's Choice
Since 1985*

Thank you for allowing Hospice of Wichita Falls to be a part of your life. We value the relationships we have made and are committed to providing service to those who need our care.

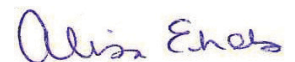
Hospice of Wichita Falls was established in 1985 and is the oldest, community-supported, non-profit hospice in the area. Our focus is on comfort, with the utmost attention given to the quality of life and how patients live each day. Hospice is a philosophy and not a place.

As a leader in end-of-life care, we recognize the need to be prepared long before an illness begins. To assist you in accomplishing this task, the staff at Hospice of Wichita Falls has developed this document. The following pages are meant to guide your thought process, allowing you to communicate your wishes to those you love. All of the information is designed to provide basic information to your family at a time when they need the most help and support.

Please use this as a tool to help outline your personal information and wishes. Keep this document in a safe place. You may want to give a copy to a trusted family member or friend. It is our hope that it will give you peace of mind knowing that your wishes have been expressed and are understood.

The staff and volunteers at Hospice of Wichita Falls are dedicated to providing *Care, Hope and Support for All When Illness Threatens Life.*

Sincerely,



Alisa Echols
Chief Executive Officer
Hospice of Wichita Falls

Completed by _____ Completed date _____

What is Hospice?

Hospice is a program of care provided across a variety of settings, based on the understanding that dying is part of the normal life cycle. As people experience this last phase of life, hospice provides comprehensive palliative medical and supportive services, compassion and care with the goals of comfort and quality of life closure. A hospice supports the patient through the dying process and the family through the experience of caregiving, the patient's illness, dying and their own bereavement. Understanding that the last phase of life is as individual as each person who experiences it, a hospice advocates so that people may live the remainder of their lives with dignity and die in a manner that is meaningful to them.

Instead of asking the patient and family members to fit into a caregiving system, hospice extends services according to their unique situation and values focusing on compassionate care. Compassionate care by its very nature is shaped to fit the individual needs and values of the people involved. Hospice allows the patient and family to direct the services received, rather than having professionals direct the lives of the patient and family. Hospice focuses on the individual's and family's world and encourages personal choices and meaningful experiences concerning the process of illness, dying and death.

Source: Textbook of Palliative Nursing Second Edition

Vital Statistics



Full Legal Name _____

Current Address _____

Date of Birth _____ Place of Birth _____

Citizenship _____ Social Security Number _____

Marital Status married divorced widowed significant other

Spouse or Significant Other's Full Name _____

Names of Biological Children _____

Names of Step-Children _____

Pets _____

Names of Former Spouses _____

Father's Legal Name _____

Father's Birthplace _____

Mother's Maiden Name _____

Mother's Birthplace _____

Military Service - Branch _____ From _____ To _____

Medicare and/or Medicaid Information _____

Health Insurance Information _____

Employment/Business History _____



Important Numbers of Family / Friends

Name	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Name	Phone/Email
Hospice of Wichita Falls	_____	_____
Doctor	_____	_____
Social Worker	_____	_____
Church	_____	_____
Attorney	_____	_____
Financial Advisor	_____	_____
CPA/Tax Advisor	_____	_____
Stockbroker	_____	_____
Employer	_____	_____
Other	_____	_____

Advanced Directives



I have appointed the following persons to act on my behalf if I become disabled:

Power of Attorney

	Name	Contact #
1 st	_____	_____
2 nd	_____	_____

Medical Power of Attorney

	Name	Contact #
1 st	_____	_____
2 nd	_____	_____

This page is for reference only and does not constitute a legal document or supersede any previously completed forms. Please call us at **940.691.0982** if you have any questions about advanced directives. Hospice of Wichita Falls social workers are available to answer questions and assist with the completion of these forms.

Creating a will is one of the most important things you can do. The object of a will is to tell the court who you want to administer the estate (executor) and where you want the estate to be distributed. In the absence of a will, the specific state or federal laws will dictate how your affairs are finalized. Do not allow that to happen, please take the time to prepare a will.

Location of my will _____



Medical History

My diagnoses _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Treatments I have received _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

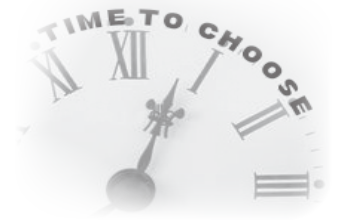
My physicians are _____

Blood Type _____

Body, organ or tissue donor information _____

I have the following implanted medical devices _____

Instructions About 911



Yes, I want resuscitation - call 911

No, I do NOT want resuscitation - do NOT call 911

*I have an Out of Hospital Do Not Resuscitate (DNR) Form yes no

Location of Out of Hospital DNR: _____

Other Wishes

Comfort care only

Adequate pain medications to relieve my pain even if that means I will be drowsy or sleep more

I do wish to die in my home I do not wish to die in my home

I want the following spiritual and/or cultural ritual(s) to be observed:

To occur before, at or after death: _____

Advanced planning or preparation required: _____

Advanced notification will need to be given to: _____

*Please call a Hospice of Wichita Falls social worker at **940.691.0982** for questions concerning, or assistance completing, an Out-of-Hospital DNR Form.



At the Time of my Death

- Decide who will do what tasks
- Contact those who will take on responsibilities
- Have someone write down every decision made and every action taken

If death occurs at home and I am under hospice care, please call Hospice of Wichita Falls at 940.691.0982. **Do not call 911.**

If death occurs at home and has not been anticipated or expected, please call my personal physician, _____ (name) at _____ (phone number), not 911.

If my death was not expected, the doctor may ask you to call the medical examiner or police.

Please follow my wishes regarding organ donation (see medical history).

At the time of my death, please notify my friends and family listed on page 5.

At the time of my death, please notify _____ funeral home at _____ (phone number).

I have the following pre-arranged plan at _____ funeral home at _____ (phone number).

My Remains

I would like my body to be buried cremated

Disposition of my buried remains embalming no embalming

plain pine box alternative container

coffin - wood coffin - metal coffin - fiberglass

I have designated the following garments for my burial _____

My designated garments are located _____

Please include the following items with my body (prayer beads, books of scripture, photographs, etc.) _____

Cemetery where I own interment space _____

Plot/Drawer Number _____

Disposition of my cremated remains leave in container from crematory placed in an urn

scattered _____ (location)

other _____

Crematorium _____

Funeral/Memorial Wishes



- no viewing
- private viewing
- public viewing
- visitation only
- private family service
- memorial service
- funeral with casket present
- graveside service only

Minister/Chaplain/Rabbi/Priest to perform service

Name _____ Phone Number _____

Eulogy to be given by _____

Church/location of services _____

Pallbearers

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Music _____

Readings/Scripture/Poetry _____

How I Want to be Remembered _____

Tombstone Engraving _____

Order copies of death certificate from the funeral director or health department.



My Obituary

Other close relatives _____

Education

High School attended _____
University attended _____
Military record _____

Family history _____

Work/career professional history _____

Religious activities and affiliations _____

Civic/community activities _____

Special awards/accomplishments _____

Hobbies _____

Volunteer activities _____

Memorial gifts may be given to _____

My Financial Information



Financial Assets and Loans	Account Numbers	Company & Contact Information (name, phone, email)
Bank Account(s) Checking Savings Other		
Credit Union Account(s)		
Investment (stocks, bonds) Account(s)		
Mutual Fund Account(s)		
Trusts		



My Financial Information

Financial Assets and Loans	Account Numbers	Company & Contact Information (name, phone, email)
Retirement Account(s) such as 401(k), 403(b), IRA or Annuity		
Pension		
Loans & Mortgages Residential Business Vacation Property Vehicles Personal Other		

My Financial Information



Financial Assets and Loans	Account Numbers	Company & Contact Information (name, phone, email)
Partnerships Limited Liability Companies (LLC)		
Credit Cards		



My Financial Information

Passwords		
ATM		
Computer		
Accounts		
Insurance	Policy Numbers	Company & Contact Information (name, phone, email)
Medical		
Life		
Auto		
Home		
Other		

My Personal Property



List important personal property you own and the names of the loved ones you would like to receive this property. Include belongings like furniture, jewelry, artwork, family heirlooms, photographs, etc. You may consider having these items appraised. This will not replace a valid will. Consult an attorney regarding laws in your state.

Property Description	Property Location	Photo (Y/N)	Name of Person to Receive	Phone Number	Email Address



Documents Executed

	Date Signed	Location	Check if Applicable
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Account			
Organ Donation			
Child Adoption Papers			
Section 529 Education Plan			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Marriage License			
Divorce Decree or Settlement			
Birth Certificates			
Automobile Title Papers			
Citizenship Papers/Passports			
Burial Agreements			
Retirement Plan Beneficiary Designation			
Insurance Beneficiary Designation			
Military Discharge Papers			
Employment/Independent Contractor Contract			
Domestic Partnership			
Personal Property Distribution List			
Other			

My important records can generally be found:

- home filing cabinet
- home safe
- attorney's office
- safety deposit box
- accountant's office
- financial planner's office
- other _____

Checklist for Survivors



- _____ decide on a time/place of funeral/memorial service
- _____ name a suitable charity for memorial gifts
- _____ submit an obituary with time and place of service
- _____ notify friends/family
- _____ keep record of calls, visits, food, offers of help
- _____ arrange hospitality for visiting relatives
- _____ arrange childcare if needed
- _____ coordinate food needed
- _____ coordinate household chores
- _____ notify insurance companies and social security
- _____ notify executor and/or lawyer
- _____ send acknowledgment of remembrances
- _____ check debts/payments due
- _____ if deceased was living alone, protect valuables and take precautions against intruders
- _____ provide for pets and houseplants
- _____ cancel subscriptions, newspaper, email or internet accounts, credit cards, cable TV
- _____ notify utilities, landlord, post office, yard or household help
- _____ recycle medical devices (pacemaker, glasses, hearing aids, walking aids, commode, etc.)
- _____ other



Begin to Organize Information

_____ Start a filing system for quick and easy retrieval. For example, use colored manila folders. Here are some possible file headings: bank correspondence, bills, business related, credit card statements, employer correspondence, estate documents, household, income tax related, investments, life insurance, other assets, personal documents, etc.

_____ Create a calendar with important due dates.

_____ Keep a log of actions taken, including the date and contact person if someone else was involved and pertinent notes. (If you don't create a list, you're likely to forget the dozens of contacts you'll make and the things you've done)

Work with an Attorney or Financial Advisor

_____ Gather significant documents including your loved one's will and trust if applicable.

_____ If you have not previously worked with a tax preparation professional, inquire about which documents to keep and your pertinent tax issues for the current year.

_____ Ask friends or a professional advisor for the name of a lawyer who does estate work if you do not have an attorney already. This individual will guide you during the probate process.

_____ If you're the executor of the will, process and manage the estate settlement process with the guidance of your professional advisors.

Review Cash Flow and Liquidity Needs

_____ Be certain you have sufficient cash flow during this transition period. Prepare a statement listing where money will come from and where it needs to go in the coming months. Include a list of regular and periodic bills.

_____ Inquire if investments may be available at face value without penalty after death (For example, certificates of deposit with a "death put" or a variable annuity with death benefit greater than its current market value). Contact your financial advisor, attorney or CPA.

Review Assets and Liabilities

_____ Create a list of everything you own and your debts.

Collect Benefits



_____ Locate birth certificate, social security card, marriage license, military discharge papers, financial account statements and company benefits brochure you may need to collect certain benefits. Keep these papers readily available in your organizational folders.

_____ File benefits claim through the nearest social security office or go online at www.ssa.gov and print out Publication No. 05-10084, Social Security Survivor Benefits, for more information.

_____ Contact your life insurance agent to start collecting benefits. You may have various payment options. Be certain you understand your choices before selecting the payout method. Check the following sources for other life insurance: loved one's employer or former employers; insurance through a mortgage company, credit cards or certain other loans; and professional association or unions.

_____ Contact the Department of Veteran's Affairs, if applicable, at the local VA office or go online at www.va.gov. You will need your loved one's Defense Department Form 214.

_____ Check your loved one's IRA or pension. Consult your CPA, financial planner or attorney before making any choices.

_____ Contact the Human Resources department of your loved one's employer if they were employed at the time of death. Staff can assist you with unpaid salary, vacation pay, sick pay, medical-care flex or reimbursement account, bonuses and commissions, life insurance, pension benefits, access to qualified retirement accounts, stock options, and any other benefits due. Consult your CPA, financial planner or attorney before making any choices.

_____ Contact the financial aid office if you have a child in college. Your son/daughter may be eligible for special assistance or increased financial aid.

Adjust Insurance Coverage

If recently deceased was your spouse:

_____ Make sure you have your own medical insurance coverage. If you and your family were covered under your deceased spouse's policy at work, inquire about continuing under the group plan through COBRA coverage. You will have to pay any premiums. Notify Medicare if your spouse was covered.

_____ Inform your auto, homeowner's, liability, long-term care and other appropriate insurance carriers. Premiums may be reduced or you may be eligible for a refund of a portion of the premium payment.

Begin Estate Settlement

_____ Locate the will and identify the executor

_____ Consider hiring an attorney or CPA knowledgeable in estate law.

_____ Consult with a CPA or attorney to determine if filing a federal or state estate tax return is necessary.

Myths About Hospice Care

Myth: Hospice is a place

Fact: Hospice care usually takes place in the comfort of your home, but can be provided in any environment in which you live, including nursing homes, assisted living facilities, and residential care facilities.

Myth: Hospice means that the patient will soon die

Fact: Receiving hospice care does not mean giving up hope or that death is imminent. The earlier an individual receives hospice care, the more opportunity there is to stabilize your medical condition and address other needs. Some patients actually improve and may be discharged from hospice care.

Myth: Families have to pay for hospice care

Fact: Hospice care is a Medicare and Medicaid benefit. Most private insurers also cover hospice care as well. And, through its charity care policies, Hospice of Wichita Falls is committed to caring for all patients, regardless of an individual's ability to pay.

Myth: Patients have to give up their own doctor

Fact: Patients may keep their own physician who will work closely with our medical staff to plan and carry out care.

Myth: Hospice is only for cancer patients

Fact: A large number of hospice patients have non-cancer illnesses such as congestive heart failure, dementia, chronic lung disease, or other conditions.

Myth: Patients can only receive hospice care for a limited amount of time

Fact: The Medicare and Medicaid benefit and most private insurance pays for hospice care as long as the patient continues to meet the criteria for hospice care. Patients may come on and off hospice care, and re-enroll in hospice care, as needed.

Myth: Hospice provides 24-hour care

Fact: The hospice team (which includes physicians, nurses, social workers, home health aides, chaplains, LPC, bereavement counselors, and volunteers) visits patients intermittently, and are on call 24 hours a day/7 days a week for support and care.

Myth: All hospice programs are the same

Fact: All licensed hospice programs must provide certain services, but the range of support services and programs may differ. Hospice of Wichita Falls is the oldest community-supported non-profit in the area and we provide patient care and community programs for those unable to pay.

Myth: Hospice care is just for the patient

Fact: Hospice care focuses on comfort, dignity, and emotional support. The quality of life for the patient, family members and others, who are caregivers, is the highest priority.

Contact our Hospice Program

Please call at 940.691.0982 if you have any questions about hospice care or if you wish to begin care for someone you know.

Recommended Reading List

Dying Well
Ira Byock

Final Gifts
Maggie Callana and
Patricia Kelley

Glimpses of Heaven
Trudy Harris

*Handbook for Mortals:
Guidance for People Facing Serious Illness*
Joanne Lynn and
Joan Harrrold

I'm With You Now
M. Catherine Ray

Life Lessons
David Kessler and
Elizabeth Kubler-Ross

*Share My Lonesome Valley:
The Slow Grief of Long-term Care*
Doug Manning

Surviving the Fall
Peter Selwyn

*The Four Things That Matter Most:
A Book About Living*
Ira Byock

The 36-Hour Day
Nancy L. Mace and
Peter V. Rabins

The Grace in Dying
Kathleen Dowling Singh

*The Gift of Peace:
Personal Reflection*
Joseph Cardinal Bermardin

The Good Death
Marilyn Webb

The Last Lecture
Randy Pausch

Tuesdays with Morrie
Mitch Albom

When Life Becomes Precious
Elise NeeDell Babcock

Recommended Websites

AARP
www.aarp.org

**Aging With Dignity
(Five Wishes)**
www.agingwithdignity.org

Alzheimer's Association
www.alz.org

American Cancer Society
www.cancer.org

Americans for Better Care of the Dying
www.abcd-caring.org

Caring Connections
www.caringinfo.org

Growth House, Inc.
www.growthhouse.org

Hospice Foundation of America
www.hospicefoundation.org

Hospice of Wichita Falls
www.hospiceofwf.org

Ira Byock's Dying Well
www.dyingwell.com

Public Broadcasting Service
www.pbs.org/wnet/onourown/terms/resources/eol_sites.html

The National Hospice and Palliative Care Organization
www.nhpc.org

One Day at a Time

There are two days in the week upon which I never worry - two carefree days kept sacredly free from fear and apprehension.

One of these days is yesterday. Yesterday, with all its cares and frets and all its pains and aches, all its faults, its mistakes and blunders, has passed forever beyond my recall.


And the other day that I do not worry about is tomorrow. Tomorrow, with all its possible adversities, its burdens, its perils, its large promise and poor performance, its failures and mistakes, is as far beyond my mastery as its dead sister, yesterday.

Tomorrow is God's day; it will be mine.

There is left for myself, then, but one day in the week - today. Any man can fight battles of today. Any woman can carry the burdens of just one day; any man can resist the temptations of today. It is only when we willfully add the burdens of those two awful eternities, yesterday and tomorrow - such burdens as only the mighty God can sustain, that we break down. It isn't the experiences of today that drive men mad. It is the remorse of what happened yesterday, and fear of what tomorrow might bring.

These are God's days. Leave them to Him.

Author Unknown



"My Time" is provided at no cost due to a generous donation in memory of Frank Gibson who benefitted from Hospice of Wichita Falls services. He believed communicating this type of information was of utmost importance.



**HOSPICE *of*
WICHITA FALLS**

*The Community's Choice
Since 1985*

4909 Johnson Road
Wichita Falls, TX 76310
940.691.0982 - Main Number
800.378.2822 - Toll Free Number
940.691.7100 - Inpatient Center
940.691.1608 - Fax
www.hospiceofwf.org