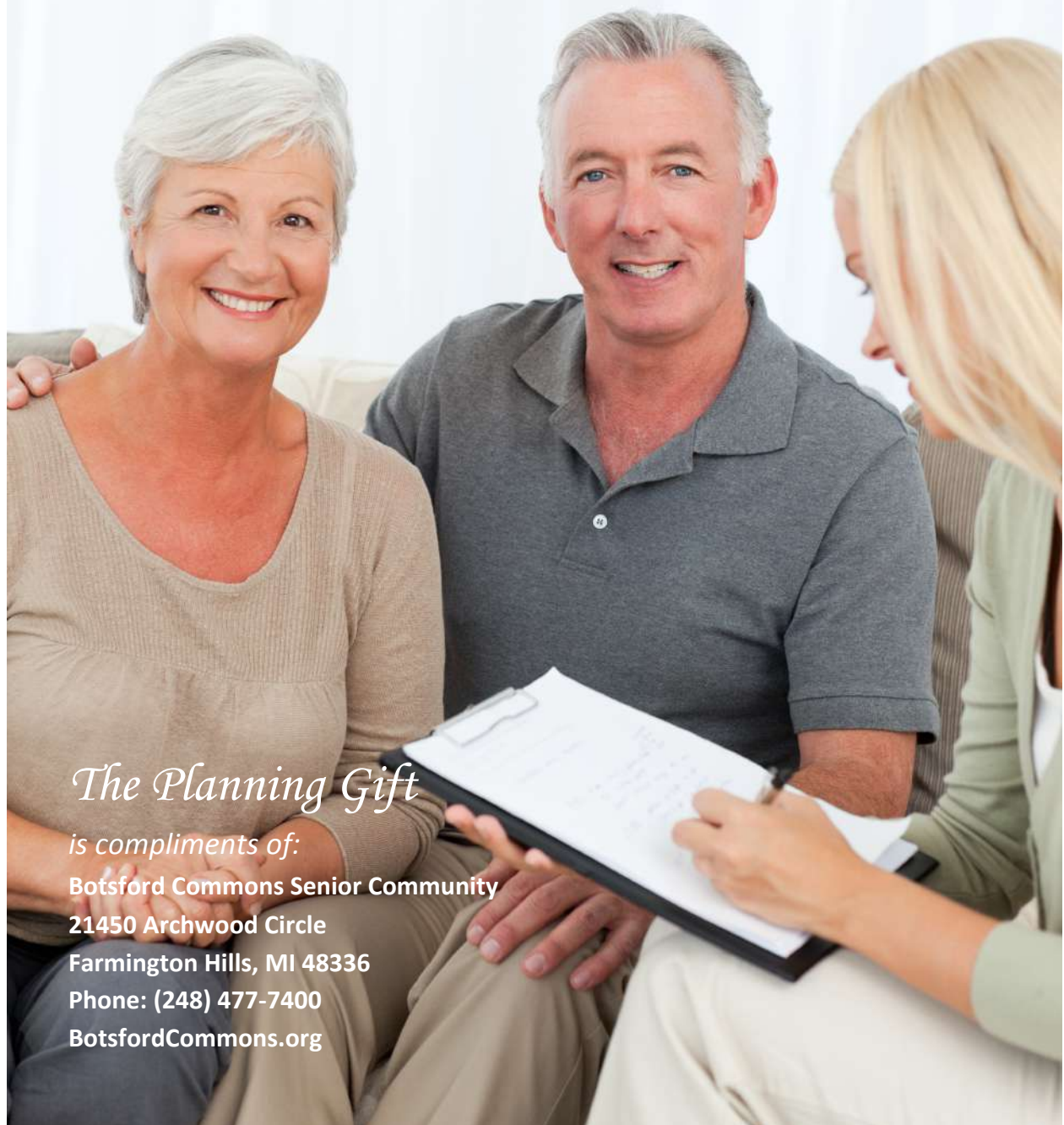


The Planning Gift

Giving your family the gift of peace of mind.



The Planning Gift

is compliments of:

Botsford Commons Senior Community

21450 Archwood Circle

Farmington Hills, MI 48336

Phone: (248) 477-7400

BotsfordCommons.org

THE PLANNING GIFT

Essential Personal Information | Where You Need It – When You Need It

There is no greater gift an individual can provide for their loved ones than the gift of planning. Regardless of age, an unexpected illness or injury can leave family or friends in the difficult position of making decisions in regards to your care or honoring your wishes.

“Before everything else, getting ready is the secret of success.”

– HENRY FORD

Plan Now! It can be overwhelming as a caregiver trying to locate important personal information about you that is necessary for your care.

The Planning Gift makes it easy and convenient for you and your loved ones. By planning ahead and gathering the necessary information now, and keeping the information in a convenient location for your caregivers, you have peace of mind that important information about you is easily accessible in one convenient document.

Start today, and take the time to create your personal Planning Gift.

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Farmington Hills, MI 48336

Phone: (248) 477-7400

BotsfordCommons.org

Botsford Commons

A Beaumont Community

MY CHILDREN

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

MY RELATIVES / NEIGHBORS / FRIENDS

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

HEALTH CARE PROVIDERS

	Name	Phone
Primary Care Physician		
Physician/Specialists		
Physician/Specialists		
Eye Doctor		
Dentist		
My Choice for Long-Term Care		
My Choice for Assisted Living Facility		
My Choice for Home Health Care Provider		
Pharmacist		
Other Care Provider(s)		
My Choice for Hospital		

INSURANCE INFORMATION (COPY OF CARDS ATTACHED)

	Agent Name	Phone
Automobile Insurance		
Homeowners Insurance		
Life Insurance		
Long-Term Insurance		
Prescription Insurance		
Health Insurance/HMO/ Managed Care		
Medicare		
Medicare Supplement		
Medicaid		
Medicaid Caseworker		
Veterans Benefits		

MEDICAL CONDITIONS CHECKLIST

- Blood Type: _____
- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Dementia
- Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Value Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis Type: _____
- Hypertension
- Hypoglycemia
- Implantable Devices: _____
- Laryngectomy
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke

Tuberculosis

Vision Impaired

ALLERGIES:

- No known allergies
- Animal
- Aspirin
- Barbiturate
- Codeine
- Demerol
- Food: _____
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocain
- Penicillin
- Seasonal
- Sulfa
- Tetracycline
- X-Rays Dyes
- Environmental: _____
- Other: _____

Notes

MEDICAL/HEALTH INFORMATION

	Notes
Health History	
Genetic Defects	
Family Medical History (Cancer/Heart/Blood Pressure, etc.)	
Adoption/Stepfamily History	
Other	

HOUSEHOLD SUPPORT

	Name	Phone
Rent or Own Home <i>*Provide Landlord's contact info if rent</i>		
Personal Care Provider		
Home Service Agency		
Home Security		
Housecleaning		
Transportation		
Meals		
Phone/Cable Provider		
Veterinary		
OTHER		

Notes

FINANCIAL INFORMATION

	Account #:	Account #:	Account #:	Account #:
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____
Institution Name				
Institution Location				
Institution Phone				
Register Location				
Social Security Direct Deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Check Direct Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Important Information				

FINANCIAL INFORMATION, CONT.

	Account #:	Account #:	Account #:	Account #:
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____
Institution Name				
Institution Location				
Institution Phone				
Register Location				
Social Security Direct Deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Check Direct Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Important Information				
Notes				

FINANCIAL & OTHER RECORDS

	Location & Notes
Real Estate Documents (i.e. Deeds, Mortgages, Notes)	
Tax Returns (Current/Prior Year)	
Insurance Policies and Premium Payment Records	
Pension, IRA, Keogh, & Other Deferred Compensation Records	
Health Care Expense and Reimbursement Records	
Will	
Living Trust	
Power of Attorney	
Power of Attorney for Health Care	
Safe Deposit Box <i>(Who is authorized? Where are the keys located?)</i>	
Stocks & Bonds	
Passport	

LEGAL AND FINANCIAL

	Name	Phone
Attorney		
Accountant		
Stock Broker or Investment Advisor		
Executor/Executrix of Estate		

Notes

PERSONAL CAREGIVING PREFERENCES

Circumstances often dictate many details of the caregiving situation, but it will be helpful to know your preferences regarding the who, where, what, how, and when of your personal caregiving preferences. Consider the questions in each box and write your thoughts and preferences.

WHO

Identify the kind of caregiver(s) you would like to have if you get sick. For example, what skills would these people have? Would they like reading or football games or both? Do they like eating the same foods you do? What about their social and spiritual interests – are they similar to yours? What values do you have and what values would you like your caregiver(s) to have in addition to being a skilled cook or nurse?

WHERE

Identify, in priority order, where you would like to live. Most people want to stay in their homes, but sometimes moving to a smaller place is the choice. Consider where you want to move if your future economic or physical condition dictates that you move to a facility. Would you want a large or small place? Do you want to go where friends already are? Would this place to provide assisted living for you now and later when you may need more care? What recreational, social, spiritual, and emotional values would you want fulfilled in this place? Would you want this place to be close to family members?

PERSONAL CAREGIVING PREFERENCES, CONT.

WHAT

Identify what you want your days to look and be like? What, ideally, do you want your home, apartment, or room to look like? What colors and decor provide emotional comfort to you? What furniture do you want? Do you want a telephone and/or computer in the room? What about a television and cable channels? What about a library or access to museums? Do you want the space to feel inviting or not?

HOW & WHEN

How will you make decisions regarding your care? Do you have some criteria even beyond a living will? Do you want lots of collaboration with your caregiver(s) and medical personnel or very little? Are you a decisive person or will you want to pursue all the options?

END-OF-LIFE DECISIONS

		Location/Notes
Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do Not Resuscitate Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want a feeding tube inserted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an organ donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FUNERAL/MEMORIAL INFORMATION

	Notes / Contact Person / Phone Number / Location
Funeral Home	
Prepaid Funeral Plan, Burial Plot Documents	
Cremation or Burial?	
Cemetery Lot	
Organizations to be contacted	
Services to be Performed	
Last Wishes or Requests	

Additional Notes

*“The only thing you take with you when you’re gone
is what you leave behind.”*

–JOHN ALLSTON

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