**Department of Developmental Services**

**End of Life Legacy Planning**

*Today more than ever, people with intellectual disabilities are making important decisions. Living a good life also means making choices about serious illness, the end of your life, and how you want to be remembered. We all probably know someone, a family member, support person, or friend, who is very sick or has died. Talking about end of life can be difficult but being prepared for that time can help make sure your choices are known and respected. The DDS End of Life Legacy plan can help you share your wishes with those that are most important to you. This document is not a will, living will, or advanced directive. It is a tool to help you discuss and organize all the necessary information in one place and to share your wishes with family, caregivers, and friends.*

**Name:**

**Date:**

**Address:**

**DOB:**

**DDS #:**

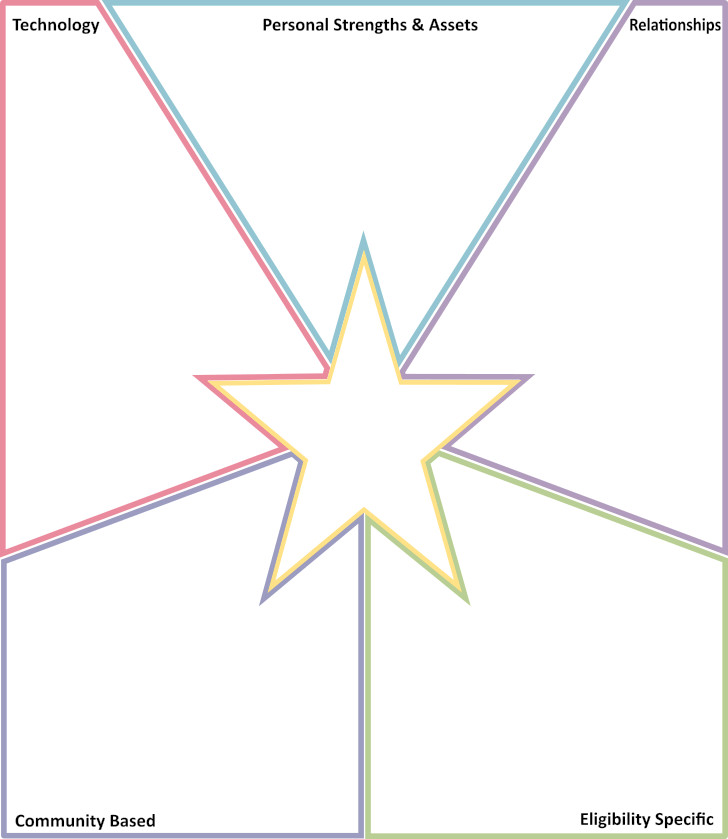
Name/Relationship of People Important to Me

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Relationship | Phone # | Address |
|  | Guardian/Conservator |  |  |
|  | Family Member |  |  |
|  | Health Care Agent |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*When very sick or near the end of their lives, people have choices about the place where they want to be, who they want to be with, and sometimes make special requests. It is important to let others know what you want. The use of this modified integration star can help to explore some ideas*

***Religious/Cultural preferences?***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Favorite things/ music?*** |  | Click or tap here to enter text. | | |  | ***Who I want with me?*** |
| Click or tap here to enter text. |  |  | | |  | Click or tap here to enter text. |
|  |  | | | | |  |
|  |  | Click or tap here to enter text. | | |  |  |
|  |  | | | | |  |
| [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]Wher |  | | | | |  |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | |



***Things to make me comfortable?***

***Where I want to be?***

Personal Preferences

*The following information below may be helpful as a way to document and honor an individual's preferences of support people, disposition (what to do) with personal articles and donating items like a computer or clothing to charity.*

|  |  |  |  |
| --- | --- | --- | --- |
| Names & addresses of important people to me who should be notified at time of my death: | | |  |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Disposition of personal articles: | |  | |
|  | | | |
|  | | | |
|  | | | |
| Donations to charity: |  | | |
|  | | | |
|  | | | |
|  | | | |

***Living Will***

*A living will is a way for you to give consent for certain situations where you might want or not want treatment. If you do not have a guardian, you can appoint someone to make decisions for you, if you can’t do so for yourself in the future. It gives you a better chance of having your wishes carried out, when you can’t speak for yourself.*

|  |  |
| --- | --- |
| Do you have a Living Will?   * if yes, indicate location of will?: * if no, do you want more information about Living Wills |  |

The information below is to assist in making choices for the funeral services such as poems, spiritual support, songs or a video that shows the wonders of who you were as a person.

**Choice of Funeral Service (check choices)**

|  |  |
| --- | --- |
| 1. Church or Funeral Home: |  |

2. Casket:  Closed  Open

3. Cremation  yes  no

4. Burial:  yes  no

5. Funeral:  Public  Private

6. Memorial:  Yes (deceased present  yes  no)

No

7. Calling Hours: Yes  No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8. Memorial gift beneficiaries' choice: | | | |  | | | |
|  | | | | | | | |
| 9. Favorite hymns/music: | |  | | | | | |
|  | | | | | | | |
| 10. Scriptures, poems or other items to include: | | | | | |  | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 12. Articles to be buried with: | | |  | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 13. If no clergy is to be involved, would you like to have someone else say a few words at the | | | | | | | |
| service |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Name address and telephone number: | | | | |  | | |
|  | | | | | | | |
|  | | | | | | | |
| 14. What would you like said about you at your service: | | | | | | |  |
|  | | | | | | | |
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**Burial Arrangements and Information Guidelines**

* The following may be used as a tool for individuals and their families, teams, etc. who may choose or want to prepare for burial/funeral service arrangements prior to death. This is a guideline to help individuals/families complete the process. Other items may be added as needed.

**Death Certificate Information**

Name:       Date of birth:

Social security #:

Father’s full name:       Mother’s full name:

Mother’s maiden name:

Education level:       Interment preference: Burial/Cremation

Religious/Spiritual affiliation:

Type of work *(may include # of years employed)*

Have any funeral arrangements been made?  Yes (see below)  No (go to next question)

Do you wish to discuss funeral arrangements?  Yes (complete below)  No (stop here)

**Pre-Planning Arrangements Made**

|  |  |  |
| --- | --- | --- |
| Name of funeral home |  | Non-DDS Person responsible for overseeing cremation/burial plans: |
| Name of cemetery |  | Date discussed: |
| Location |  | Contact information: |
| Plot number & location of the deed |  | Date of follow up: |
| Location of pre-paid funeral contact: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  | |
| Organ Donation:  Yes  No | | | | |
| Additional Instructions: |  | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Name and address of lawyer: | |  | | |
|  | | | | |
| Name and address of clergyperson/spiritual mentor of choice *(if available):* | | | |  |
|  | | | | |

**Helpful Resources**

<https://www.aarp.org/caregiving/financial-legal/info-2019/what-is-a-living-will>

Living Will information

[funeraltrustbrochure.pdf (ctfda.org)](https://ctfda.org/docs/funeraltrustbrochure.pdf)

Medicaid Funeral Trusts and Contracts

[End-of-Life Planning | MyPlaceCT](https://www.myplacect.org/services-and-supports/end-of-life-planning/)

Connecticut Coalition to Improve End-of-Life Care has generated a comprehensive guide offering basic information to help individuals make informed choices about end-of-life care

<https://theconversationproject.org>

The Conversation Project is an initiative of the Institute for Healthcare Improvement, a not-for-profit organization that is a leader in health and health care improvement worldwide.

<https://www.fivewishes.org>

Five Wishes planning tools and resources (Living Will templates included)

<https://coalitionccc.org/>

Thinking Ahead: My Way, My Choice, My Life at the End.

[MOLST (ct.gov)](https://portal.ct.gov/DPH/Medical-Orders-for-Life-Sustaining-Treatment-MOLST/MOLST)

Link to information about implementation of the MOLST In CT.

[National Hospice and Palliative Care Organization | NHPCO | Center to Advance Palliative Care (capc.org)](https://www.capc.org/collaborations/national-hospice-and-palliative-care-organization/)Includes information about how to find a hospice, a hospice FAQ, discussion groups, and links to other resources.