

## Assisted Living Options

There may come a time when you require assistance in your daily activities (help with bathing, dressing, eating, and so on). This form allows you to make your own preferences for assisted-living care known. Give a copy of this page to your family members, your health care agent, and your alternate agents.

**My preferences are the following, ranked in order of preference:**

<input type="checkbox"/>	Stay at home with home care	
<input type="checkbox"/>	Live with a family member	
<input type="checkbox"/>	Move to assisted living residence	
<input type="checkbox"/>	Let the following person make this decision for me	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

**Person or agency to provide assistance at home:**

Name	<input type="text"/>		
Street	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Web Site	<input type="text"/>		

I pre-registered with this home care agency on (date)

I have included a copy of this registration in this notebook.

**Family member or friend with whom I have discussed providing living accommodations:**

Name	<input type="text"/>		
Street	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

This family member or friend will:

- take me into his or her home
- live in my home with me
- serve as a live-out assistant