

Advanced Care Plan Qorshaha Daryeelka Caafimamadka

My Advance Care Plan

Qorshahayga Daryeelka Caafimaadka

I have completed this Advance Directive with much thought. This document gives my treatment choices and preferences, and/or appoints a Health Care Agent (also known as Health Care Power of Attorney) to speak for me if I cannot communicate or make my own health care decisions. My Health Care Agent, if named, is able to make medical decisions for me, including the decision to refuse treatments that I do not want.

IWaxaan dhammaystiray Dardarankaan hore feker wanaagsan. Dhokumentigan waxa uu siiyaa doorashooyinka daawayntayda iyo dookhyada, iyo/ama ballamaha Wakiilka Daryeelka Caafimaadka (sidoo kale loo yaqaano Awooda Metelaada Qareenka ee Caafimaadka) si uu iigu hadlo aniga haddii aanay hadli karin ama gaadhi karin go'aamadayda daryeelka. Wakiilkayaga Daryeelka Caafimadka, haddii la magacaabo waxa uu awoodaa inuu aniga ii gaadho go'aamada caafimaadka si loo diido dawaynta aanan doonayn.

This document will replace any previous advance directive.

Dhokumentigan waxa uu beddeli doonaa dardarankaygii hore.

My name (Magacayga): _____

Date (Taariikhda): _____

My date of birth (Taariikhdayda dhalashada): _____

My address (Cinwaankayga): _____

My telephone numbers: (home) (Lambaradayda telefoonka: (guriga)) _____
(cell (cell)) _____



My initials here indicate a professional medical interpreter helped me complete this document.

Saxeexayga halkan waxa uu sheegayaa turjubaanka xirfada leh ee caafimaadka inuu iga caawiyay dhammaystirka warqaddan.

Advanced Care Plan / Qorshaha Daryeelka Caafimamadka

Part 1: My Health Care Agent

(Also Known as Health Care Power of Attorney)

Qaybta 1: Wakiilkayga Daryeelka Caafimaadka

(Sidoo kale Loo Yaqaano Sidii Awooda Metelaada Sharciyeed)

If I cannot communicate my wishes and health care decisions due to illness or injury, or if my health care team determines that I cannot make my own health care decisions, I choose the person named below to communicate my wishes and make my health care decisions. My health care agent must:

- Follow my health care instructions in this document
- Follow any other health care instructions I have given to him or her
- Make decisions in my best interest and in accordance with accepted medical standards

Haddii aanan kahadli karin rabitaanadayda iyo go'aamada daryeelka caafimaadka iyaddoo ay sababtay jirada ama dhaawaca ama haddii kooxdayda daryeelka caafimaadku ay go'aamiso inaan gaadhi karin go'aamadayda daryeelka caafimaadka, waxaan dooranayaa qofka lagu magacaabay hoose inuu ka hadlo rabitaanadayda oo uu gaadho go'aamadayda daryeelka caafimaadka.

Wakiilkayga daryeelka caafimaadku waa inuu:

- *Raacaa tilmaamaha daryeelkayga caafimaadka ku qoran dhokumentiga,*
- *Raac tilmaama kale oo daryeelka caafimaadka aan isaga siiya ama iyada*
- *Gaadha go'aamo dantayda ugu wanaagsan ah iyo si waafaqsan heerarka caafimaadka la aqbali karo.*

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Requirements for Who May Be an Agent or Health Care Power of Attorney Under State Law

Shuruudaha Cida noqon Karta Wakiilka ama Awooda Wakiilashada Waafaqsan Sharciga Gobolka

Iowa: My agent cannot be a health care provider caring for me on the date I sign this document. My agent also cannot be an employee of a health care provider unless related to me by blood, marriage, or adoption within the third degree of relation.

Iowa: *Wakiilkaygu ma noqon karo adeeg bixiyaha daryeelka caafimaadka aniga i daryeelaya taariikhda aan saxeexo dhokumentigan.. Wakiilkyagu ma noqon karo shaqaalaha adeeg bixiyaha daryeelka iyaddoo aanu xidhiidh ku leenahay dhiig ahaan, guur ahaan, ama korsasho gudaha darajada saddexaad ee xidhiidhka mooyaane.*

Minnesota: My agent must be an adult. My agent cannot be a health care provider or employee of a health care provider giving me direct care unless I am related to that person by blood or marriage, registered domestic partnership, or adoption or unless I have specified otherwise in this document (Specify here: _____).

In addition, a person appointed to determine my capacity to make decisions cannot be my agent.

Minnesota: *wakiilkaygu waa inuu noqdaa qof wayn. Wakiilkyaga waxa uu noqon karaa adeeg bixiyaha daryeelka caafimaadka ama shaqaalaha adeeg bixiyaha daryeelka caafimaadka isiinaya daryeelka tooska ah iyaddoo aan xidhiidh kula leeyahay qofkaas dhiig ama guurka, shuraakada guriga diiwaanka gashan, ama korsashada ama iyaddoo aan ku caddeeyay si kale dhokumentigan mooyaane: (Ku caddee halkan: _____).*

Intaa waxa dheer qofka la doortay inuu go'aan ka gaadho awoodayda si uu go'aamo u gaadho ma noqon karo wakiilkayga.

North Dakota: My agent must be an adult. My agent cannot be: 1) my health care provider; 2) someone who is an employee of my health care provider but is not related to me; 3) my long term care services provider; or 4) someone who is an employee of my long term care services provider but is not related to me.

North Dakota: *wakiilkaygu waa inuu noqdaa qof wayn. Wakiilkaygu ma noqon karo: 1) adeeg bixiyahayga daryeelka caafimaadka; 2) qof ah shaqaalaha adeeg bixiyahayga daryeelka caafimaadka laakiin aanay wax isku ahayn aniga; 3) adeeg bixiyahayga daryeelka xiliga dheer; ama 4) qof ah shaqaalaha adeeg bixiyaha adeegyadayda daryeelka xiliga dheer laakiin aanaan waxba isku ahayn.*

South Dakota: My agent must be an adult.

South Dakota: *wakiilkaygu waa inuu noqdaa qof wayn.*

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My Primary (Main) Health Care Agent Is:

Wakiilkayaga Koowaad (Main) ee Daryeelka Caafimaadka waa:

Name (Magaca): _____ Relationship (Xidhiidhka): _____

Telephone numbers: (H) *Lambarada telefoonka:* (H) _____ (C (C)) _____
(W (W)) _____

Full address (*Cinwaanka buuxa*): _____

If my primary agent is not willing, able, or reasonably available to make health care decisions for me, I choose an alternate Health Care Agent.

Haddii wakiilkayga daryeelka koowaad aanu diyaar ahayn, awoodin, ama macquul ahaan la heli karin si uu u gaadho go'aamada daryeelka caafimaadka aniga, waxaan doortay Wakiilka kale ee Daryeelka caafimaadka.

My Alternate Health Care Agent Is:

Wakiilkayga Kale ee Daryeelka Caafimaadka waa:

Name (Magaca): _____ Relationship (Xidhiidhka): _____

Telephone numbers: (H) *Lambarada telefoonka:* (H) _____ (C (C)) _____
(W (W)) _____

Full address (*Cinwaanka buuxa*): _____

Powers of My Health Care Agent:

Awoodaha Wakiilkayga Daryeelka Caafimaadka:

My Health Care Agent automatically has all the following powers when I do not have the capacity to make decisions and/or I am unable to communicate for myself:

Wakiilkayga Daryeelka Caafimaadka si toos ah waxa uu u leeyahay awoodaha soo socda marka aanan haysan awooda si loo gaadho go'aamo iyo/ama ma awoodo inaan la xidhiidho naftayda.

- A. Agree to, refuse, or cancel decisions about my health care. This includes tests, medications, surgery, withdrawing or starting artificial nutrition and hydration (such as tube feedings or IV (intravenous) fluids), and other decisions related to treatments. If treatment has already begun, my agent can continue it or stop it based on my instructions.

Aqbala, in la diido, ama in la tirtiro go'aamada wax ku saabsan daryeelkayaga caafimaadka. Tan waxaa ka mid ah baadhitaanada, dawooyinka, qaliinka, ka noqoshada ama bilaabida nafaqada ardafiidhalka ah iyo fuuqa (sida tuumbada quudinta ama IV (dheecaanka xididka laga qaato) iyo go'aamad kale ee la xidhiidha daawaynta. Haddii daawaynta hadda ka hor ay bilaaban tay, wakiilkaygu wuu sii wadi karaa ama joojiyaa iyadda oo ku salaysan tilmaamahayaga.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

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Additional Powers of My Health Care Agent:

Awoodaha Dheeraadka ah ee Wakiilkayga Daryeelka Caafimaadka:

My initials below indicate I also authorize my health care agent to:

Saxeexayga hoose waxa uu sheegayaa inaan sidoo kale oggolaanayo wakiilkayga daryeelka caafimaadka:

☐

Make decisions about the care of my body after death.

Gaadho go'aanada ku saabsan daryeelka jidhkayaga ka dib dhimashada.

If I live in North Dakota or Minnesota, my initials below indicate I also authorize my health care agent to:

Haddii aan ku noolahayn North Dakota ama Minnesota, saxeexayga hoose waxay sheegayaan inaan sidoo kale oggolaado wakiilkayga daryeelka caafimaadka:

☐

Continue as my health care agent even if our marriage or domestic partnership is legally ending or has been ended.

Sii wad sida wakiilkayga daryeelka caafimaadka xataa haddii guurkayaga ama lamaananimada guriga ay sharci ahaan dhammaanayso ama la dhammeeyay.

☐

Make health care decisions for me even if I am able to decide or speak for myself, if I so choose.

Gaadha go'aamada daryeelka caafimaadka ee aniga xataa haddii aan awoodo inaan go'aan ka gaadho ama u hadlo naftayda, haddii aan sidaas doorto.

Part 2: My Health Care Instructions

Qaybta 2: Tilmaamahayga Daryeelka Caafimaadka,

My choices and preferences for health care are indicated below. I ask my Health Care Agent to communicate these choices, and my health care team to honor them, if I cannot communicate or make my own choices.

Doorashooyinkayga iyo dookhyada daryeelka caafimaadka waxaa lagu sheegay hoos. Waxaan waydiinayaa Wakiilkayga Daryeelka Caafimaadka inuu ka hadlo doorashooyinkan, oo koowdayda daryeelka caafimaadka inay iyaga sharafto, haddii aanan ka xidhiidhi karin ama aanay samayn karin doorashooyinkayga.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

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I have initialed a box below for the option I prefer for each situation.

Waxaan saxeexay bogoska hoose wixii ah doorashada aan doorbido xaalad kasta.

Note: You do not need to write instructions about treatments to extend your life, but it is helpful to do so. If you do not have written instructions, your agent will make decisions based on your spoken wishes, or in your best interest if your wishes are unknown.

Fiiro: Uma baahnid inaad qorto tilmaamaha ku saabsan daawaynta si loo kordhiyo wakhtiga noloshaada, laakiin way caawimo badan tahay in sidaas la sameeyo. Haddii aanad haysan tilmaamaha qoran, wakiilkayga waxa uu gaadhi doonaa go'aamada ku salaysan rabitaankayga laga hadlo, ama dantaada ugu fiican haddii rabitaanka aan la aqoon.

A. Cardiopulmonary Resuscitation: A Decision for the Present

CRP soo celinta neefshada caadiga ah ka dib wadna xanuunka CPR) Go'aanka Wakhtiga Xaadirka ah

This decision refers to a treatment choice I am making today based on my current health. **Section C below (Treatments to Prolong My Life: A Decision for the Future)** indicates treatment choices I want if my health changes in the future and I cannot communicate for myself.

Go'aanku waxa uu tixraacyaa doorashada daawaynta aan gaadhayo maanta iyaddoo ku salaysan caafimaadka hadda. Qaybta C hoos (Daawaynta in La sii Dheereeyo Noloshayda: Go'aanka Mustaqbalka) waxay sheegaysaa doorashooyinka daawaynta waxaan doonayaa haddii isbeddelada caafimaadkayga gudaha mustaqbalka iyo aanan u hadli karin naftayda.

CPR is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. CPR may include chest compressions (forceful pushing on the chest to make the blood circulate), medications, electrical shocks, a breathing tube, and hospitalization.

CPR waa daawaynta loo isticmaali in la isku dayo soo celinta garaacida wadnaha iyo neefsasahda marka ay joogsadaan. CPR waxaa ku jiri kara cadaadiska xabadka (riixida xooga leh ee xabadka si loo sameeyo wareega dhiiga), dawooyinka, shooga korontada. tuumbada neefsasahda, iyo cusbitaal dhigida.

I understand that CPR can save a life but does not always work. I also understand that CPR does not work as well for people who have chronic (long-term) diseases or impaired functioning, or both. I understand that recovery from CPR can be painful and difficult.

Waxaan fahmayaa in CPR ay badbaadin karto nolosha laakiin aanay had iyo jeer shaqayn. Waxaan sidoo kale fahmayaa in CPR aanay shaqayn siiba dadka qaba cudurada raaga (xiliga dheer) ama shaqada liidata, ama labbadaba Waxaan fahmayaa in ka soo noqoshada CPR ay noqon karto mid xanuun badan oo adag.

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Therefore (initial one)

Sidaas awgeed (midka kowaad)

☐

I want CPR attempted if my heart or breathing stops.

Isku dayo haddii wadnahayga ama neefsashadu joogsato.

Or (Ama)

☐

I want CPR attempted if my heart or breathing stops based on my current state of health. However, in the future if my health has changed, then my agent or I (if I am able) should discuss CPR with my health care team. My choices in **Section B: Treatment Preferences** and **Section C: Treatments to Prolong My Life** below should be considered when making this decision. Examples of when my health has changed include:

Waxaan doonayaa CPR la isku deyay haddii wadnahayga ama neefsashadu istaagto iyaddoo ku salaysan xaaladayda hadda ee caafimaadka. Si kastaba ha ahaatee, mustaqbalka haddii caafimaadkayagu isbeddelay, marka wakiilkyaga ama aan (haddii aan awoodo) kala hadlo CPR kooxdayda caafimaadka. Doorashooyinkayga Qaybta B: Daawaynta Dookhyada iyo Qaybta C: Daaaynta Si loo sii Dheereeyo Noloshayda hoos waxaa looga fekerayaa marka go'aanka la gaadhayo. Tusaalooyinka marka caafimaadkayagu isbeddelo waxaa ka mid ah:

- I have an incurable illness or injury and am dying
Inaan qabo cudurada aan la dawayn karin ama dhaawac ama dhimanayo
- I have no reasonable chance of survival if my heart or breathing stops
Ma haysto fursad macquul ah oo samatabaxa haddii wadnahayga ama neefsashadu istaagto
- I have little chance of long-term survival if my heart or breathing stops and CPR would cause significant suffering
Waxaan hayaa fursada yar ee samata baxa xiliga dheer haddii wadnahayga ama neefsashadu istaagto oo CPR uu sababo dhib wayn

Or (Ama)

☐

I do not want CPR attempted if my heart or breathing stops. I want to allow a natural death. I understand if I choose this option I should see my health care provider about writing a Do Not Resuscitate (DNR) order.

Ma doonayo CPR in la isku dayo haddii wadnaha ama neefsashadu joogsato. Waxaan doonayaa inaan oggolaado dhimishada dabiciiga ah. Waan fahamayaa haddii aan doorto doorashadan waa inaan arkaan adeeg bixiyahayga daryeelka caafimaadka waxa ku saabsan qoraalka amarka Dib Ha u soo Kicin Wadnaha (DNR).

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B. Treatment Choices: My Health Condition

Doorashooyinka Daawaynta: Xaaladayada Caafimaadka

My treatment choices for my specific health condition(s) are written here. With any treatment choice, I understand I will continue to receive pain and comfort medicines, as well as food and liquids by mouth if I am able to swallow.

Doorashooyinka daawayntayda xaalada(ha) caafimaadka gaarka ah waxay ku qoran yihiin halkan: Doorashada daawayn kasta, waxaan fahmayaa inaan sii wadi karo helida xanuunka iyo dawooyinka raaxada, siiba cuntadda iyo dareeraha afka laga qaato haddii aan awoodo inaan liqo.

My initials here indicate additional documents are attached.

Saxeexayga waxay sheegayaan dhokumenti dheeraad ah inay lifaaqayn yihiin.

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C. Treatments to Prolong My Life: A Decision for the Future

Daawaynta Si loo sii dheereeyo Noloshayda: Go'aanka Mustaqbalka

If I can no longer make decisions for myself, and my health care team and agent believe I will not recover my ability to know who I am, I want (Initial One):

Haddii aanan in dheeraad ah go'aan u gaadhi karin naftayda iyo kooxdayda daryeelka caafimaadka iyo wakiilkuna rumaysan yahay inaan ka bogsan doonin kartidayda aan ku garto cida aan ahay, waxaan doonayaa (Midka hore):

NOTE: With either choice, I understand I will continue to receive pain and comfort medicines, as well as food and liquids by mouth if I am able to swallow.

FIIRO: Miduun doorashada, waxaan fahamayaa oo waan sii wadi doonaa inaan helo xanuun iyo dawooyinka raaxada, siiba cuntadda iyo dareeraha afka laga qaato haddii aan awoodo inaan liqo.

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To **stop or withhold all treatments** that may extend my life. This includes but is not limited to artificial nutrition and hydration (for example, tube feedings and IV (intravenous) fluids), respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), dialysis, and antibiotics.

In ka joojiyo ama la joojiyo dhammaan daawaynta ee kordhin karta nolosha. Tan waxaa ku jira laakiin kuma xadidna nafaqada ardafiishalka ah (tusaale ahaan, tuumbada quudinta iyo IV (xididka la geliyo) dheecaanka) iyo mashiinka neefsashada/mashiinka neefsashada (CPR), dhaqida kelyaha, iyo antibiyootiga.

Or (Ama)

☐

All treatments recommended by my health care team. This includes but is not limited to artificial nutrition and hydration (for example, tube feedings, IV (intravenous) fluids), respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), dialysis, and antibiotics. I want treatments to continue until my health care team and agent agree such treatments are harmful or no longer helpful.

Dhammaan daawaynta ay ku taliyeen kooxdayda daryeelka caafimaadka. Tan waxaa ka mid ah laakiin kuma xadidna nafaqada ardafiishalka iyo fuuq baxa (tusaale ahaan, tuumbada quudinta, IV (xididka la geliyo) dheecaamada), qalabka neefsasahda/mashiinka neefsasahda (mashiinka neefsashada), soo kicinta wadnaha (CPR), dhaqida kelyaha, iyo antibiyootiga. Waxaan doonayaa inaan sii wado ilaa kooxdayda daryeelka caafimaadka iyo wakiilkuna aqbalo sida daawayntu inay waxyeelo leedahay ama in dheeraad ah aanay caawimo lahayn.

Comments or directions to my health care team:

Faallooyinka ama tilmaamaha kooxdayada daryeelka caafimaadka:

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

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D. Organ Donation (Initial One)

Ku deeqida Xubinta jidhka (Hal saxeex)

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I want to donate my eyes, tissues and/or organs, if able. My Health Care Agent may start and continue treatments or interventions needed to maintain my organs, tissues and eyes until donation has been completed. My specific wishes (if any) are:

Waxaan doonayaa inaan ku deeqo indhahayga, nudaha, iyo/ama xubnaha jidhka, haddii aan awoodo. Wakiilkayaga Daryeelka caafimaadka waa uu bilaabi karaa oo sii wadi karaa daawayntayda ama wax ka qabadyada loo baahan yahay si loo joogteeyo xubnahayga jidhka, nudaha iyo indhaha iyaddoo xubin ku deeqida la dhammaystiro mooyaane. Rabitaankayga gaarka ah (haddii ay wuxuun jiraan) waa:

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I do not want to donate my eyes, tissues and/or organs.

Ma doonayo inaan ku deeqo indhahayga, nuddaha iyo/ama xubnaha jidhka.

Or (Ama)

☐

My Health Care Agent can decide.

Wakiilkayga Daryeelka Caafimaadka waxaanu go'aamin karnaa.

E. Autopsy (Initial One)

Baadhida Maydka (Saxeexa Hore)

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I want my agent to make decisions about an autopsy of my body.

Waxaan doonayaa wakiilkayaga inuu gaadho go'aamo ku saabsan baadhida maydka jidhkayga.

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I do not want an autopsy unless required by law.

Ma doonayo baadhida maydka iyaddoo sharcigu oggolaado mooyaane.

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Part 3: My Hopes and Wishes (Optional)

Qaybta 3: Rajooyinkayga iyo Rabitaanada (Ikhtiyaaro ah)

I want my loved ones to know my following thoughts and feelings.

Waxaan doonayaa kuwa i jecel inay ogaadaan fikradaha soo socda iyo dareamda.

The things that make life most worth living to me are:

Waxyaabaha ka dhiga nolosha mid la qiimo ah in lagu noolaado:

My beliefs about when life would be no longer worth living:

Caqiidooyinkayga ku saabsan marka nolosha aanay in dheeraad ah ku xaq mudnayn noolaansho:

My thoughts about specific medical treatments, if any:

Fikradahayaga ku saabsan daawaynta caafimaadka gaarka ah, haddii ay wax uun jiraan:

My thoughts and feelings about how I would like to die and where I would like to die:

Fikradahayga iyo dareemada ku saabsan sida aan u jeclaan lahaa inaan dhinto iyo halka aan ku dhimanayo:

If I am nearing my death, I want my loved ones to know that I would appreciate the following for comfort and support (rituals, prayers, music, etc.):

Haddii aan dhimashadayda u dhawaanayo, waxaan doonayaa kuwa i jecel inay ogaadaan inaan qiimayn doono mida soo socota raaxo ahaan iyo taageero (hawlo caqiido, ducooyin, muusig, iwm.):

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Religious affiliation:

Ku xidhnaanta diinta

I am of the (Waxaan ahay) _____ faith, and am a member of
(caqiido ahaan, oo waxaan xubin ka ahay) _____ faith community in
(city) (bulshadda caqiidada ah (magaalada)) _____.

I would like my Health Care Agent to notify my faith community of my death and arrange for them to provide my funeral/memorial/burial.

Waxaan jeclaan lahaa Wakiilkayga Daryeelka Caafimaadka inuu ku wargeliyo jamaacadayda diinta dhimashadayada oo ay u habbeeyaan iyaga inay ii qabtaan aaska/xuska aaska.

I would like my funeral to include, if possible, the following (people, music, rituals, etc.):

Waxaan jeclaan lahaa aaskayaga inay ku jirto, haddii ay suuragal tahay, kuwan soo socda (dadka, muusiga, hawlaha caqiideed, iwm.):

Other wishes and instructions:

Rabitaanada kale iyo tilmaamaha:

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My initials here indicate additional documents are attached:

Saxeexayaga halka waxa uu sheegayaa dhokumentiyadu inay lifaaqan yihiin.

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Part 4: Legal Authority

Qaybta 4: Masuuliyiinta Sharciga ah

Do not sign unless the witnesses or notary are present.

Ha saxeexin iyaddoo markhaatiyada saxeexaan ama nootaayadu joogto mooyaane.

Note: This document must be notarized or witnessed. [See individual state requirements on page 17]. Two witnesses OR a Notary Public must verify your signature and the date.

Fiiro: Dhokumentigan waa in nootaayo lagu qoraa ama markhaati laga noqdaa. [Arag shuruudaha gobolka gaarka ah ee bogga 17]. Labba markhaati AMA Nootaayada Dad waynha waa inay xaqiijisaa saxeexaaga iyo taariikhda.

I have made this document willingly. I am thinking clearly. This document states my wishes about my future health care decisions:

Waxaan dhokumentigan u sameeyay si aan rabo. Waxaan u fekerayaa si cad. Dhokumentigan waxay sheegaysaa rabitaanada ku saabsan mustaqbalka go'aamadayda daryeelka caafimaadka:

Signature (Saxeexa) _____ Date (Taariikhda) _____

If I cannot sign my name, I ask the following person to sign for me:

Haddii aanad ku saxeexi karin magacayga, Waxaan waydiinayaa qofka soo socda inuu aniga ii saxeexo:

Signature (of person asked to sign)
(Saxeexa (ee qofka la waydiiyay in la saxeexo)) _____

Date (Taariikhda) _____

Printed Name (Magaca Daabacan) _____

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Option 1: Notary Public

Doorashada 1: Nootaayada Dad waynaha

State of (Gobolka) _____ County of (Degmadda) _____

In my presence on (Joogitaankayga) _____ (date) (taariikhda),

_____ (name) acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this document to sign on his or her behalf. ((magaca) qirayaa saxeexiisa ama keeda dhokumentigan, ama qiray in isaga ama iyaddu oggolaaday qofka saxeexaya dhokumentigan in la saxeexo iyaddoo la metelayo isaga ama iyadda.)

Signature of Notary (Saxeexa Nootaayada) _____

Notary Seal (Saxeexa Nootaayada) _____

My commission expires (Wakhtigayga nootaayadu way dhacaysaa): _____

Or (Ama)

Option 2: Statement of Witnesses

Doorashada 2: Warbixinta Markhaatiga

Witness 1: In my presence on (Markhaati 1: Joogitaankayga) _____ (date) (taariikhda),

_____ (name) voluntarily signed this document (or authorized the person signing this document to sign on his or her behalf.) ((magaca) si aan kahasab ahayn ku saxeexay dhikumentiga (ama la oggolaaday qofka saxeexaya dhokumentigan si loogu saxeexo iyaddoo la metelayo isaga ama iyadda).

Signature (Saxeexa) _____ Date (Taariikhda) _____

Printed Name (Magaca Daabacan) _____

Witness 2: In my presence on (Markhaati 2: Joogitaankayga) _____ (date) (taariikhda),

_____ (name) voluntarily signed this document (or authorized the person signing this document to sign on his or her behalf.) ((magaca) si aan kahasab ahayn ku saxeexay dhikumentiga (ama la oggolaaday qofka saxeexaya dhokumentigan si loogu saxeexo iyaddoo la metelayo isaga ama iyadda).

Signature (Saxeexa) _____ Date (Taariikhda) _____

Printed Name (Magaca Daabacan) _____

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

Advanced Care Plan / Qorshaha Daryeelka Caafimamadka

Requirements for Witnesses by State

Shuruudaha Markhaatiga ee Gobolka

Iowa: Notary Public or 2 adult witnesses are required. A witness cannot be: (1) a provider attending the principal on the date this document is signed; (2) an employee of the provider attending the principal on the date this document is signed; (3) the Health Care Agent named in this document; and (4) at least one witness cannot be related to the principal by blood, marriage, or adoption within the third degree of relation.

Iowa: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay. Markhaatigu ma noqon karo: (1) adeeg bixiyaha daryeelka muhiim ahaan taariikhda dhokumentigan la saxeexay; (2) shaqaalaha adeeg bixiyaha daryeelka muhiim ahaan taariikhda dhokumentigan la saxeexay; (3) Wakiilka Daryeelka Caafimaadka lagu magacaabay dhokumentigan, iyo (4) ugu yaraan hal ka mid ah markhaatiga laguma xidhiidhin karo muhiim ahaan dhiiga, guurka, ama korsashada gudaha darajada saddexaad ee xidhiidhka.

Minnesota: Notary Public or 2 adult witnesses are required. A witness cannot be the Health Care Agent or alternate Health Care Agent. Of the two witnesses, only one can be a health care provider or an employee of a provider giving direct care on the date the document is signed.

Minnesota: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay. Markhaatiga ma noqon karo Wakiilka Daryeelka caafimaadka ama Wakiilka Daryeelka Caafimaadka beddelka ah. Mid ka mid ah markhaatiyada, keliya hal waxa uu noqon karaa adeeg bixiyaha daryeelka caafimaadka ama shaqaalaha adeeg bixiyaha bixinaya tilmaanta daryeelka ee taariikhda dhokumentiga la saxeexay.

North Dakota: Notary Public or 2 adult witnesses are required. A witness cannot be: (1) the Health Care Agent; (2) the principal's spouse or heir; (3) a person related to the principal by blood, marriage, or adoption; (4) a person entitled to any part of the Estate of the principal upon the death of the principal under a will or deed; (5) any other person who has any claims against the Estate of the principal; (6) a person directly financially responsible for the principal's medical care; or (7) the principal's attending physician. In addition, at least one witness may not be a health care or long term care provider providing direct care to the principal on the date this document is signed or an employee of a health care or long term care provider providing direct care to the principal on the date this document is signed.

North Dakota: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay. Markhaatigu ma noqon karo: (1) Wakiilka Daryeelka Caafimaadka; (2) qofka muhiimkaha xaaskiisa ama qofka dhaxlaya; (3) qofka xidhiidh kula leh qofka muhiimka ah Dhiig ahaan, guur ahaan, ama korsasho; (4) qofka xaq u leh qayb kasta oo Hanti dhul ah ee qofka muhiimka marka uu dhinto qofka muhiimka oo waafaqsan dardaranka ama ficilka; (5) qof kasta oo kale oo leh sheegashooyin kasta oo ku lid ah hantida Dhulka ee qofka muhiimka ah; (6) qofka si toos ah maaliyad ahaan uga masuulka ah daryeelka caafimaadka qofka muhiimka ah, ama (7) dhakhtarka daryeelaya qofka muhiimka ah. Intaa waxa dheer, ugu yaraan hal markhaati ma noqon karo adeeg bixiyaha daryeelka caafimaadka ama daryeelka xiliga dheer ee siinaya daryeelka tooska ah qofka buka ee muhiimka ah taariikhda dhokumentigan la saxeexay iyo shaqaalaha daryeelka caafimaadka ama adeeg bixiyaha daryeelka caafimaadka bixinaya daryeelka tooska ah ee qofka muhiimka ah taariikhda dhokumentiga la saxeexo.

South Dakota: Notary Public or 2 adult witnesses are required.

South Dakota: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

Advanced Care Plan / Qorshaha Daryeelka Caafimamadka

After Completing the Advance Care Plan

Ka dib Dhammaystirka Qorshaha Daryeelka Hore

Now that I have completed this document, I will:

Ogow in aan dhammaystiro dhokumentigan, waxaan

- ☐ Keep the original copy of this document where it can be easily found.
Haysan doonaa koobiga asalka ah ee dhokumentigan halka aan si fudud uga heli karo.
- ☐ Make several copies of this document and give to my:
Samaysan doonaa dhowr koobi oo dhokumentigan ah oo sii:
 - Primary and Alternate Health Care Agents
Kayga koowaad iyo Wakiilada Daryeelka Caafimaadka Beddelka ah
 - Doctor and other health care providers
Dhakhtaradayda iyo adeeg bixiyayaasha daryeelka caafimaadka kale.
 - Health care facility (hospital, other) whenever I am admitted, and ask that it be placed in my medical record
Xarunta daryeelka caafimaadka (cusbitaal, meel kale) mar kasta oo la idhigo, oo aan waydiiyo in lagu daro diiwaankayga caafimaadka.
- ☐ Talk to the rest of my family and close friends who might be involved if I have a serious illness or injury, making sure they know who my Health Care Agent is, and what my wishes are.
La hadal inta hadhay ee qoyska iyo saaxiibada dhow ee ka qayb qaadan kara haddii aan qabo jiro khatar ah ama dhaawac si loo habsado inay garanayaan inta uu yahay Wakiilkayga Daryeelka Caafimaadka, iyo waxay yihiin rabitaanadaydu.

Advanced Care Plan / Qorshaha Daryeelka Caafimamadka

When to Review Your Advance Care Plan

Marka Dib loo eego Qorshahaaga Daryeelka Hore

It is common to review and update an advance care plan regularly. You may want to review it with your annual physical exam or whenever any of the “Five D’s” occur.

Waa mid guud in dib loo eego oo la cusboonaysiiyo qorshaha daryeelka hore si caadi ah. Waxaad dooni kartaa inaad ka beddesho baadhitaankaaga sanadlaha ah ee jidhka ama mar kasta oo ay dhacdo “Shan D”.

- **Decade:** when you start each new decade of your life.
Toban sano: marka aad bilowdo toban sano oo kasta oo cusub oo noloshaada ah.
- **Death:** whenever you experience the death of a loved one.
Dhimashada: mar kasta oo aad la kullanto dhimashada qof la jecel yahay.
- **Divorce:** when you experience a divorce or other major family change.
Furiinka: marka aad la kullanto furiinka ama isbeddelka kale ee qoyska ee wayn.
- **Diagnosis:** when you are diagnosed with a serious health condition.
Cudur aqoonsashada: marka lagaa helo inaad qabto xaalad caafimaad oo khatar ah.
- **Decline:** when you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.
Hoos u dhac: marka aad la kullanto hoos u dhac wayn ama ka sii darka xaalada caafimaadka jira, gaar ahaan marka aanad awoodin inaad iskaa u noolaato.

Copies of This Document Have Been Given To:

Koobiyada Dhokumentigan Waxaa la siiyay:

Primary (main) Health Care Agent

(Wakiilkayaga Koowaad (Muhiimka ah) ee Daryeelka Caafimaadka waa)

Name (Magaca): _____ Telephone (Telefoonka): _____

Alternate Health Care Agent

(Wakiilkayaga Kale ee Daryeelka Caafimaadka waa)

Name (Magaca): _____ Telephone (Telefoonka): _____

Health Care Provider/Clinic/Hospital/Family Members

Adeeg bixiyaha Daryeelka caafimaadka/Rugta caafimaadka/Hospital/Xubnaha Qoyska

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

Advanced Care Plan / Qorshaha Daryeelka Caafimamadka

If your wishes change, fill out a new form. Give copies of the new document to everyone who has copies of your previous one. Tell them to destroy the previous version.

Haddii aad rabto isbeddel, buuxi foomka cusub. Sii koobiyada dhokumentiga cusub qof kasta oo haysta koobiyadaadii hore. U sheeg inay tuuraan noocyadii hore.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____