



HOME CARE DIRECTIVE

I, _____, hereby inform my family, caregivers, physician, hospital, rehabilitation center or nursing home that:

If I ever need future assistance with my activities of daily living, please know that I prefer to receive that care and assistance in my home located at

_____.

I realize and acknowledge that there may be situations when a stay in an extended care facility is unavoidable.

In order to maximize my chances of remaining in my home, I will endeavor to gather information on available resources and benefits to which I may be entitled.

Please sign here _____

Please print name here _____

Dated: _____



A copy of this directive should be given to your physician and your Health Care Proxy agent. You may also register it with aginginmyhome.com