



Planning For The Future: A guidebook to being prepared

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If you need any assistance or would like additional copies of this guide, please contact ServiceLink at
1-866-634-9412

Planning For The Future

- Do you know the name of your parent's doctor?
- Do your children know where your valuables are "hidden"?
- Do they know where the keys are to your winter house?

As you, your family and loved ones age, it becomes important to be prepared for what the future may bring. One way of becoming prepared is completing this packet and compiling a folder of important documents that could be needed in either an emergency situation or if the time comes when additional help is needed. It can be helpful to complete this packet before you find yourself in a time of need or crisis. This packet will serve as a guide to help you and your family become, and stay, organized and informed, keeping much-needed information available for quick, organized access.

A lot of important information is included in this packet, and it will take time to gather all the needed papers and documents. Some of the information may be something you've never thought about and some may spark a difficult conversation. Some of the information may not apply to you and that is OK, just check N/A (not applicable). The important thing is that you go through the packet and compile or discuss the topics. That way you and your family will be prepared and organized.

Once this packet is complete, you will have compiled a lot of very important information into one location. This will be a very useful tool, not only for you, but also your family and loved ones. You should plan on keeping this packet somewhere very safe and secure. Perhaps filed with an attorney, or in your safe deposit box that only a few people know about. This will most likely be ever evolving as things change, for example you get new insurance or you sell a house or car, so pick an annual date to update this document, perhaps a birthday or the first of the year.

Your Name: _____ Today's Date: _____

Your date of birth: _____ Date of retirement (if applicable): _____

Primary Contact (spouse, children): _____ Phone # _____

Other Emergency Contacts: (could be children, neighbors, co-workers etc...)

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Spiritual/Clergy Person: Name: _____ Phone #: _____

List all the providers involved in your healthcare (PCP, Dentist, Pharmacist, Optometrist, Specialist etc...)

Name	Specialty	Address	Phone Number

List all the medications you are currently taking (or the location that a list may be found)

Medication	Strength/Dose	Prescribing MD

Name of Pharmacy: _____ Phone #: _____

List any allergies you have and the reaction

Allergy	Reaction

Attach a copy of your health insurance cards to this document or in the folder:

List the location of the following documents that indicate decisions related to intensive or end of life care needs. Be sure to discuss your wishes with your family when you list this information:

	Location	N/A
Durable Power of Attorney (who will make treatment decisions for you if you are too ill)		
Advanced Directives (informing your doctor about the treatments you want if you are too sick at the time to make decisions)		
Living Will (similar to advanced directives)		

List the name, address and phone number of the following legal/financial associates

	Name	Address	Phone #	Don't have one
Bank (s)				
Insurance Agents: • Car • Home • Health • Life				
Attorney				
Accountant				
Financial Advisor				
Real Estate Agent				
Other				

List your bank accounts, real estate holdings, property titles, other assets you have:

	Location/Contact	Account #	Contact Phone #	N/A
Savings Account				
Checking Account				
Stocks/Bonds				
Deeds to real estate (second homes, business, rental)				
Titles to automobile/boats				
Retirement Accounts (IRA)				

Business Ownerships/Partnership				
Money Market Accounts				
Pension funds/annuities				
Savings Bonds				
Other				

List where you keep your outstanding debts/major bills that need payment:

	Location/Contact	Account #	Contact Phone #	N/A
Credit Card (s)				
Loans				
Mortgages				
Outstanding bills				
Other				

List routine bills you pay (include bills for all properties)

	Company	Account #	Amount Due	N/A
Electric				
Telephone: • Local • Long distance • Cell				
Insurance Premiums: • Car • Property • Health • Life				
Other Utility (gas, oil)				
Other				

List the location of following items

	Location	N/A
Birth Certificate		
Keys to safe deposit box		
Safe deposit box		
Hidden valuables		
Keys to post office box		
Will		
Passport		
Keys to real estate property		
Military/Veterans Documents		
Deeds, mortgage papers		
Marriage Certificate/ Divorce Papers		
Other		

Attach a copy of the following cards/information to this booklet

	Attached	Don't have
Social Security Card		
Drivers License		
Medicare/Medicaid Card		
Federal and State Tax Returns		
Life Insurance Policy		
Auto Insurance Policy		
Health Insurance Policy		
Home owners Insurance Policy		
Other		

Indicate any funeral arrangements you have made:

Name	Address	Phone Number
Clergy		
Funeral Home		
Location of service wishes		
Grave site proprietor		
Newspaper to be notified		
Special arrangements		
People to be notified		

List everyone that has a copy of this document:. Be sure the document is kept secured.

Name/Relationship	Address	Phone Number

Document Renewal Dates.

Write in the renewal date/anniversary you will use:_____

Use the following table to note the last time the document was reviewed and updated

Updated/Date	Updated/Date	Updated/Date	Updated/Date

We hope you have found our planning guide useful as you look to providing care to yourself or someone else. Please answer the following questions and forward to any of the Service Link Resource Centers in your area. To find the closest Service Link Resource Center, call the toll free number: 1-866-634-9412. Thank you for filling out the satisfaction questionnaire.

Circle the number that most closely reflects your experience as you completed the document:
 Planning for your future: A guidebook for being prepared.

- Circle **4** if you **strongly agree** with the statement
- 3** if you **slightly/moderately agree** with the statement
- 2** if you **slightly/moderately disagree** with the statement
- 1** if you **strongly disagree**

- | | | | | |
|---|---|---|---|---|
| 1. I found the document helpful in thinking about my future plans. | 1 | 2 | 3 | 4 |
| 2. Filling out this document encouraged me to talk about future issues with my family. | 1 | 2 | 3 | 4 |
| 3. Filling out the document helped me to think about or take action on issues I had not thought about before. | 1 | 2 | 3 | 4 |
| 4. I feel more confident about my families ability or my own ability to deal with health related issues . | 1 | 2 | 3 | 4 |
| 5. I found the document easy to understand.. | 1 | 2 | 3 | 4 |
| 6. I found the document easy to use. | 1 | 2 | 3 | 4 |
| 7. I would suggest /recommend this document to other friends and/or relatives. | 1 | 2 | 3 | 4 |

Additional comments: