

Good to Go Kit

THE GALIANO HEALTH CARE SOCIETY
908 BURRILL ROAD
GALIANO ISLAND BC VON 1P0

NAME:

CONTACT INFORMATION:

DATE REVISED:

DATE REVISED:

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Welcome

The Good to Go Kit is a document to guide and to help you reflect, consult and make decisions regarding your care in the event you are not able to speak for yourself. It is also a document that will help family and friends follow your wishes when you die.

It is with much gratitude to the hard work of the Lasqueti Island Take-Out Team members who developed this booklet that we share this with you.

If you have preferences, concerns and/or questions about your end of life care, talk with your family and friends. Your doctor or nurse practitioner can answer many questions for you regarding medical care, particularly Medical Orders for Scope of Treatment and DNR. Consulting a lawyer is always a good idea, to make sure important aspects of your plan are legal. Attending an Advance Care Planning workshop can help get you started.

It bears repeating:

To ensure you're your wishes will be followed and that you will be cared for in the way that is important to you, it is **IMPORTANT** to speak with and share your wishes with people you trust – family and/or friends. Make sure your wishes are written down.

Difficult conversations **are** difficult. Yet these important conversations make it easier for others to understand what is important to you, what your wishes are specifically, should you not be able to speak for yourself and/or make decisions regarding your health care.

Ask for help if you would like support to get these conversations started. There are often Death Cafes or Advance Care Planning workshops or other support groups who will help you take the first steps. Your doctor and/or nurse practitioner can also help.

The Galiano Health Care Society has printed this document for your use. A donation to cover the printing costs is most appreciated.

Send a cheque to:

Galiano Health Care Society, 908 Burrill Road, Galiano Island, B.C. V0N 1P0

Or you can e-transfer to galianohealth@shaw.ca

Much gratitude for your support.

Getting started

This is your document. First, read through it. Think about the questions and consider your responses. Some questions might not be relevant to you at all. Don't complete them! There may be topics you wish to include that aren't here. Add them in! This is intended to be a work in progress and revised and reviewed regularly.

The second step is to talk with someone else, share your thoughts and concerns. Consider a trusted family member or close friend. It could be your Substitute Decision Maker or Patient Representative. It could be your doctor or lawyer.

To get started, the first part of the Kit has suggestions to help you reflect on and clarify your values, get clear on what is important to you. When you've decided, there are tips for starting conversations. Additional information is in the appendix at the back of this document. Take some time to write down what you are thinking, what your values are, what you would like to have happen should you not be able to speak for yourself.

When you think you are clear and want to share your ideas with family or friends, set up a time to talk. Once these conversations are started, it gets easier. Talking about death can be hard, awkward and uncomfortable. Sitting down with family and friends to talk about our death is not a normal conversation we have in our death adverse culture. Sometimes there is denial and avoidance.

Complete the sections for what is appropriate for you. Not all questions need to be answered. Know that you will likely come back and revise, rework, add and delete.

Provide trusted friends with confidential information if preferred. If it is possible to attend an Advance Care Planning workshop, that is a good place to get the information to start this conversation.

** You might consider an 9x12 plastic envelope to hold your Good to Go kit, a copy of your will, any other related lists or documents that are pertinent to your wishes. Store this in an easily accessible place. Let your trusted advisor, patient representative, spouse or partner know where it is located.

The booklet is in sections:

- Personal
- Medical/Health
- Financial
- Legal
- After Death – your Post death wishes

We urge you at the VERY LEAST, before you are incapacitated or dead, to:

1. First, **make a will!** Not making a will means when you die, if there is no administrator (a spouse or child), the B.C. Public Trustee takes over your affairs.
2. Second, create an **Advance Care Directive**, which specifies all things to do with your medical care. This is also called **MOST – Medical Orders for Scope of Treatment**. **Ask** your Doctor or Nurse Practitioner to help you complete it and be sure it is scanned into your medical record.
3. Third, complete:
 - a. an Enduring Power of Attorney (EPA) (which specifies who can handle your financial & legal affairs),
 - b. a Representation Agreement Section 7 (RA7 F+L) for more routine financial and legal affairs
 - c. a Representation Agreement Section 9 (RA9) for healthcare & personal affairs. This person is also called your Substitute Decision Maker, who makes decisions about your care, should you NOT be able to speak for yourself.
 - d. Ask to have these documents scanned into your medical file.
4. If you have questions about Advance Care directives, including DNR, Medical Orders for Scope of Treatment (MOST) and MAiD, please speak with your health care provider.

**** Important!** Keep the completed kit in an easy to find place. Let your Substitute Decision Maker or Patient Representative know that you have completed this kit and where it is located. You do not need to show them details of what you have written here, if you prefer to keep it private.

A reminder: Take your Advance Care Directives, a completed MOST form and your Patient Representative forms to your doctor. Have the forms scanned into their system on your file so the information is part of your health record. Then, should you end up in emergency, the information will be available to the health care team.

How to start the conversation



Reflection

It really helps to spend time by yourself to reflect, get clear on what's important to you and how you want to be cared for as you age, or as you become ill or frail. Then talk with a trusted friend, if you wish. You may change your mind or refine your wishes as you talk with others.

The following questions are to help you develop that clarity. Adapted from Hello! a game prepared by BC Centre for Palliative Care.

Use as much space as you need – extra sheets or a notebook. This reflection helps you get the conversation started.

What do I worry about most when it comes to my future health?	What makes my life meaningful? (eg good company, good conversation, good wine, time in nature, music, solitude)
---	---

Who knows the most stories about me?	What is my favourite routine or habit?
What is my favourite ceremony or special event?	What life circumstances would I find most unbearable?
Who do I go to first for advice?	Who is the most likely to know what I am thinking?
What situation makes me the most uncomfortable or embarrassed?	Where do I store my life planning documents? (will, RRSP docs, important forms etc)

Notes:

The following questions are from **My Wishes, My Care – starting the conversation** developed by BC Centre for Palliative Care.

You can look here for more resources. www.bc-cpc.ca/acp

Find a notebook or some paper and take the time to record your responses to these questions.

These questions will help you think about what matters most to you for your health care and personal care. You can write down responses, then talk about them with your family and friends. Thinking about and then sharing what matters most to you with the people you trust is an important part of your future care. You may change your mind when talking with others. It is a learning process.

1. What is something that always makes you smile?
2. What activities or routines make your day enjoyable? It can be things you do alone or with other people.
3. What book, movie, piece of music, or artwork is meaningful to you and why?
4. What is something you would like to do or experience in the future?
5. Are there cultural or spiritual practices that are important to you? If so, what are they?
6. What aspects of caring for your appearance and grooming are most important to you?
7. What does quality of life mean to you?
8. Think about what is more important to you – the length of your life or the quality of your life? What comes to your mind when thinking about this question?
9. When you have to make decisions, who do you talk things over with?
10. How would you start a conversation with family or friends about changes in your health?
11. If someone had to make a health care decision for you, what characteristics would you want this person to have?
12. If you were unable to make health care decisions for yourself and someone else had to make them for you, what would you want this person to keep in mind?
13. If you needed help with your personal care, who would you be most comfortable with helping you? Personal care means things like brushing your teeth, grooming, bathing, help with the toilet, getting dressed.
14. To provide the best care possible, what would you like your doctors and nurses to know about you as a person? For example, your values, personal history or story.

What has been helpful about these questions? What might be your next steps?

Notes:

Personal Information

Full name (first, middle, last) _____

Birth date (month, day, year): _____

Location of birth certificate: _____

City, province/state, country of birth: _____

Current residence:

Street address _____

City/town _____ Province _____

Postal Code _____

Mailing address, if different from above: _____

Marital status: Married Divorced Separated Widow

Location of marriage license/divorce/separation papers: _____

Legal name of spouse or partner: _____

Contact information for spouse/partner: Cell phone _____

Email: _____

Workplace: contact information _____

Name and address of "ex" (s), if appropriate:

Your citizenship: _____

Passport info: _____

Country Number on Passport: _____

If you hold more than one Passport, please include the information here:

Country Number of additional passport:

Location of passport(s)/citizenship papers:

Children (include Social Insurance Number if appropriate)

Name #1: _____

SIN: _____ Phone: _____

Name #2: _____

SIN: _____ Phone: _____

Name #3: _____

SIN: _____ Phone: _____

Name #4: _____

SIN: _____ Phone: _____

If you need more space, please add additional pages.

Include current contact information for your children. Add extra sheets if needed.

Location of underage children's birth certificates:

Location of children's' Social Insurance cards, if appropriate:

Location of adoption papers, if appropriate:

Aboriginal Status/Band/Registration number: _____

Location of documents: _____

Your family information, if appropriate:

Father's legal name: _____

Father's birthplace: _____

Mother's legal name: _____

Mother's birthplace: _____

Any other personal information, add a separate sheet.

Government Identification

Your Social Insurance Number: _____

Location of card: _____

Health Care Number (MSP often included with a BC Driver's License): _____

Location of card: _____

Veteran Affairs number: _____

Location of card: _____

Military Service

(include if appropriate and/or applicable)

Which military did you serve? _____

Last held Position: _____

Dates from: _____ to _____

Military identification number: _____

Military benefits currently being received: _____

Education

(Include if relevant and/or appropriate; information might be used to write an obituary)

High School: _____ Graduated: _____

College: _____ Graduated: _____

University: _____ Graduated: _____

Other: _____ Graduated: _____

Degrees/Awards:

1.

2.

3.

If you wish, attach additional educational and/or award information on a separate sheet and attach to this document.

Employment

(include only if applicable/appropriate)

Current	Position	
Previous Jobs	Position	Dates

Include additional employment information here, or attach a separate sheet.

Notes:

Pets/Livestock

Name of pet: _____

Type of animal: _____

Name of pet: _____

Type of animal: _____

Add a sheet to list them all.

Livestock: List the number of and types of other animals in your care. Add another sheet if necessary.

Who have you designated to care for your pets/livestock?

Name: _____

Contact information: _____

Have you put money aside for the care of your pets and livestock? Yes No

Where is this money located? _____

Who has access to this money? _____

Their contact information: _____

Any special instructions on the care of your pets or livestock? Special toys, blankets, bed, food, etc.
Attach a separate sheet if needed.

Vet: Name and contact information:

Large animal Vet : Name and contact information :

Important advisors

Include the name and contact information for the following:

	Name	Phone/Email	Company/location
Doctor			
Lawyer			
Accountant			
Spiritual Advisor			
Power of Attorney			
Patient Representative			
Closest Family relative			
Best Friends			
Anyone Else?			

Personal Possessions

You will need a notebook or pad of paper and/or your computer to prepare these lists. When completed, attach/include the information to the Good to Go kit.

Household Inventory:

In case you have to move out of your home it helps others to know what you want done with your possessions. **Make a list** of the items you want distributed to family and friends. You can also label items with a person's name on masking tape stuck on the back or underneath. You can also start to think about giving things away now to those you love rather than wait. Or donating to thrift stores or worthy causes.

Computers/tablets/phones:

Log on information, passwords etc help those who might need access to your computers for emails, etc. Consider how you want to handle this. List the devices you have and who they are leased from, if relevant. Include the name of your internet provider. It may be important to access your devices and contact your internet provider. Give this information to a trusted advisor, if you don't want to include it with the Good to Go kit.

Important family documents:

Family photographs, old genealogy records, family trees, bibles etc. What are your important family documents – what are they, where are they and who will get them?

Diplomas/certificates

Are these important to you? If so, where are they and who gets them?

Household systems information

Do you have all the information about the systems that run your house? The Heat Pump? Well information? Septic? Most used service repair people? Gardens? Solar/wind and any alternate energy systems have manuals – where are these located? Anything that isn't mentioned here that is important to note on your list?

Letters to family and friends

Include any messages here that you would like passed along to others. Write the letters when you are ready, put them in an addressed envelope and include them here.

Hidden or buried treasure

Now is the time to let us know where you have dug it in – let us find the treasure!

Jewelry, family heirlooms, precious to you things

Make a list of what you have and who you want it to go to. Similar to the household items list, this helps with the distribution of your things.

Club Memberships

(If applicable.)

NAME of Club	PHONE NUMBER

Legal Information

Last Will and Testament

Write a will!

This is the **MOST IMPORTANT THING YOU CAN DO!** Keep it simple

You can:

1. **Write your own:** Get a book from the library OR buy a book from a bookstore (online if you wish) OR research online. Use your search engine, type in “write your own will in BC” and see what comes up.
2. Pay a **notary public or a lawyer** to write one up for you.

Include important information regarding your will here:

Executor:

Name	Phone
------	-------

Executor:

Name	Phone
------	-------

Where is your will located?

Is your will registered? Check with the Vital Statistics Agency of BC

<https://www2.gov.bc.ca/gov/content/life-events/death/wills-registry>

Yes No

Complete an **Enduring Power of Attorney** and a **Representation Agreement Section 7 and RA Section 9**. Both are highly recommended. These documents are included with this Kit.

Location of completed PoA and/or RA 7 and/or RA 9 documents: _____

Who is your named Patient Representative? (also known as Substitute Decision Maker). Make sure the forms are signed, witnessed and dated.

Name _____ Phone _____

Your **Power of Attorney**:

Name _____ Phone _____

Write directions to those who will handle your affairs after you die. Attach a sheet for these directions.

Who is the person handling your affairs _____

Contact information: cell phone _____ email _____

Include information on how you want your personal effects dispersed. Tell your family members or the person who will handle your affairs that you have completed this information.

You can keep this information separate from your will or include it here.

This information is located: _____

List of Properties Owned

DESCRIPTION	LOCATION
Home	
Property easements/rights of way	
Other	

Add additional property information here. Attach extra sheets if needed.

Other Important Legal Documents

TYPE	Account #	Institution	Address/phone	Location of documents
Guardianship papers for children				
Trust fund information				
RRSP info				
RRIF info				
RESP info				
Pension, government and private				
Investments Stocks/bonds/ Mutual funds				

List any other important financial papers you think the executors need to be aware of. Attach additional sheets if you require more space.

Credit Cards and Financial Obligations

Card	Account number	Institution Address Phone

How much money (approximately) is owing on credit cards?

Financial Records

Type	Location of documents	
Tax returns (who prepares your taxes?)		
Irreplaceable receipts		
Bank statements		
Other		

Please add additional sheets if you need.

Debt/Outstanding Bills

TYPE	Account number	Institution, Address, Phone
Mortgage		
Loans		
Other	Amount	To whom

Monthly Payments automatically to non-profit organizations

Organization	Amount donated	From

(Add another sheet if needed)

Post-Death Wishes

Who should be contacted in the event your death:

Name/Relationship	Phone/email
Name/Relationship	Phone/email

(Include additional names on a separate sheet and attach to document.)

Location of address book for more contacts and phone numbers:

If you have addresses in a phone or other electronic device, who has the password to access that information? _____

Contact information _____

Where else do you keep friends and family contact information? _____

Who have you named to be responsible for ensuring that your post-death wishes are carried out?

Name	Relationship	Phone number
------	--------------	--------------

(Use as many separate sheets as needed to include this information.)

Do you want your death to be announced in social media? What social media accounts do you have, what names do they go by and how do you access the account?

What do you want said on social media about your death and who is going to do this?

Who will cancel your social media accounts? _____

What information do they need to cancel these accounts? _____

(Attach additional sheets if necessary)

Let the executor of your will know that there is an excellent resource for them called **After Death Checklist**. There is a lot of detail to cover. Be informed. Read the list.

https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/after-a-death/after_death_checklist.pdf The other helpful website is here:
<https://www2.gov.bc.ca/gov/content/life-events/death/after-death/first-steps>

What you do you want to have happen with your body?

(e.g., cremation, green burial, embalming, donating your body to science etc.)

Funeral home directors are up to date with all the latest regulations and can advise you the best choices to make given your wishes. Any funeral director will have a lot of suggestions for you to consider, particularly explain the myriad of details that need to be completed after your death. Educate yourself before you make a decision about how your funeral arrangements are to be made. Then you can start to decide on the details.

Cremation

Cremation can be paid for in advance. Call either a funeral home or a cremation service, generally found by searching on the internet or asking a friend or family member. Living on an island may incur additional expense if you wish them to transport a body. If you are prepared to transport the body to a crematorium, you need to obtain a permit to transport a body from Consumer Protection. Check this link: <https://www.consumerprotectionbc.ca/2014/10/optiming-for-a-private-transfer-of-your-loved-one-to-a-funeral-home-crematorium-or-cemetery-if-you-have-questions-here-are-some-things-you-should-know/>

There are regulations regarding the cremation of a body. The cremation service or funeral home director will tell you what they are. If you are transporting the body, you can find out more at the Consumer Protection website. Do your research and find out what you need to do.

Green Burial

If you want a GREEN burial, do your research now. There are a number of green burial grounds around the province. Here in the Southern Gulf Islands, there is one on Salt Spring Island, Royal Oak Cemetery and one on Denman Island. Check this website for more information:

<https://www.greenburialbc.ca/GreenBurialinBC>

There is a web page for burials at sea. <https://www.evergreencremationcentre.com/living-reef-memorial-canada>

- Where you wish to be buried (have you pre-arranged a burial plot and is it paid for?) or have your ashes scattered?
- If you wish to be buried, mention what you want to be buried in (e.g., box, coffin, fabric, urn, etc.), what you want to be dressed or wrapped in for either a full body burial or cremation. Are there any special objects that you want to be buried or cremated with?
- If you wish a green burial, research what you can legally do in BC.
- Have you pre-paid your funeral expenses Yes No
- Which funeral home/cremation service did you pay?
- Location of receipt _____

Include your specific instructions about your funeral below. Add additional pages if needed.

Autopsy and organ donation

If an autopsy is optional, do you want one performed? Yes No

(Depending upon the circumstances of your death, an autopsy may be a legal requirement.)

Have you registered to donate your organs/body? Yes No

Where?

For any organs specifically?

See online at <http://www.transplant.bc.ca/> for information on how to register your wishes. Your age at death may determine if your organs are viable. Do your research. Frequently asked question PDF is found here

http://www.transplant.bc.ca/Documents/FAQs%20website%20copy_2018_final.pdf

Donating your body to science? Contact UBC Faculty of Medicine, Department of Cellular and Physiological Services

<https://med-fom-cell-phys.sites.olt.ubc.ca/files/2014/06/Body-Program-Brochure-2018.pdf>

Please note It states on the brochure, that someone from the program will want to speak with the deceased persons medical doctor with in 72 hours of death. They will review the medical files post death. If the body is accepted, UBC will make arrangements to transport the body where it will be kept for up to 3 years. If the body is declined, the executor will be informed and alternative plans put in to place.

Please do some research before you decide that is the route you want to go.

Tell the people who will be handling your post death wishes of your desire to donate or not. Do your research before you make this decision so your executor is clear about your wishes.

Notes:

Funeral service and /or memorial ceremony

What kind of a ceremony, service, wake, or gathering to do you want?

- Write down your wishes. Attach on a separate sheet if desired.
- Have you written an obituary? Yes No
- Where is your obituary located?
- If you haven't already written one, who do you want to write your obituary?
- What do you want said in your obituary?
- Have you written letters to friends and family that can be distributed?
- Do you want someone special to deliver a eulogy and whom? What do you want them to say?
- Do you want your funeral service to be religious, military, or have a theme of some sort?
- Have you written a final farewell to be read aloud at the funeral?
Yes No
Where is it located? _____
- Who do you want to read it? _____
- Are there certain people you want to attend the funeral service? Include their contact information _____
- Who is to contact them?
- _____

- Who do you **NOT** want to attend your funeral or memorial service? Please list their names here: _____

What music do you want played at the funeral or memorial service?

Additional information

To help those responsible for your post death wishes. Attach a separate sheet if needed.

Do you want a notice of your death to be published in a newspaper? Which one and when? Has money been set aside for this expense? What picture, if any, do you want included. What do you want said about you? Who will write this?

If you are to be buried: (see additional information earlier in this document)

Where are you going to be buried? _____

How will your body get there, if you wish to be transported to another country, for example?

Have arrangements been made for this? Yes No

Location of details

Expenses paid? Yes No Location of receipt _____

Do you want a marker of some kind? A planted tree or plaque or bench? Please note details here:

Where would this go and who will be responsible for making sure it goes in the place you want?

Name: _____ Phone: _____

Has this been paid for? Yes No Location of receipt _____

Grave Marker: What do you want your headstone/grave marker to look like and what do you want written on it? If you have a design, please include a drawing or picture.

Where is the company located (or person) who will make this for you?

Name: _____ Phone: _____

Are they aware of your request? Yes No

Has it been paid for? Yes No Location of receipt _____

Tick any that apply and describe in more detail below:

- Carved head stone Bench Other _____
- Natural stone Statue? _____
- Tree Bird bath? _____

Include additional information that will help with this memorial plan.

Notes:

When people ask to donate in your memory, what favourite charities would you like donations to be made in your honour/memory?

I prefer no gifts or donations of any kind

Organization	Phone/website

Add additional organizations on a separate list and attach to this document.

Notes:

FINALLY

Please sign and date this document:

Name (printed)

Signature

Date

If amended, please initial changes and date each one, every time a change is made.

If you wish to have your signature witnessed, include that information here.

Witness (signature)

Witness: print name

Date:

Official Health-related Government Forms

MOST: Medical Orders for Scope of Treatment.

This form is completed in consultation with your doctor or nurse practitioner and is attached to your electronic medical records. In case you are in another location, the doctor about to treat you will see this form on your medical record. It includes Do Not Resuscitate information as well as the scope of treatment that you desire. It also has your Patient Representative contact information, next of kin, etc. We **strongly advise** you to discuss MOST with your doctor or nurse practitioner.

For more information, check here: <https://www.islandhealth.ca/learn-about-health/planning-health-problems/medical-orders-scope-treatment-most>

Advance Care Planning

An Advance Directive is a document that you complete outlining your wishes for end of life care and care should you not be able to speak for yourself. It gives your health care provider information on the health care treatment you consent to or refuse. This is important if you are unable to speak at the time you require medical assistance. Your patient representative must have this information to represent your wishes. It only applies when you are unable to speak for yourself.

The copy attached is as current as we know, at the time this kit was put together. You can check here to make sure you have the most up to date copy.

<https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning>

You can also speak with your health care provider about your wishes and they can assist you completing these forms. Ask that any forms of this nature be included with your medical file.

Included with these forms is an appendix outlining the specifics of care you wish.

Enduring Power of Attorney

This document authorizes another person to make decisions and take care of your financial affairs, regarding your business or property. The authorization to act on your behalf only comes into effect should you become incapacitated and unable to speak for yourself. When you die, the EPA becomes invalid and your executor takes over responsibility for overseeing your will. You will need either a lawyer or a notary public to help you prepare this document.

DNR (Do Not Resuscitate) Instructions/Form (Also see M.O.S.T.)

Please speak with your health care provider about this form. They will assist you. At the time of compiling this kit, the form was current.

Check here for more the latest copy of this form:

<https://www2.gov.bc.ca/assets/gov/health/forms/302fil.pdf>

Alter Ego Trust

This document is helpful if you are leaving money to children or others. You can find out more information at these websites and decide in consultation with an accountant, financial advisor or lawyer if this is a useful option for you to consider.

<https://www.bccpa.ca/news-views-kb/browse-news-views-knowledge-base/taxation/taxation/articles/alter-ego-trusts-an-effective-estate-planning-tool/>

Representative Agreements (Section 7) RA7

This form (included here) allows you to stipulate who is authorized to make decisions on your behalf concerning: your finances, your personal care and your medical treatment. This person is NOT authorized to make decisions about accepting and /or refusing life sustaining medical treatment for you. This person may also obtain legal service and instruct legal counsel to begin, continue or terminate legal proceedings. This copy was legal when compiling this kit. Check here for the most current forms:

https://www2.gov.bc.ca/assets/gov/health/managing-your-health/incapacity-planning/representation_agreement_s7.pdf

Representative Agreements (Section 9) RA9

A RA9 form (included here) is a more enhanced form than the standard RA7. This person can speak for you when you cannot speak for yourself. Please consult with your health care provider to determine which form is best for you to complete.

To find the RA9, check this link.

https://www2.gov.bc.ca/assets/gov/health/managing-your-health/incapacity-planning/representation_agreement_s9.pdf

After a Death Checklist

This form is very comprehensive. All the information your executor needs is included. You find it online at

https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/after-a-death/after_death_checklist.pdf

Additional Resources

There are many online resources that provide helpful information regarding end of life questions. The few listed here are a sampling of what is available.

Dying with Dignity Canada: www.dyingwithdignety.ca

Health Link BC: <https://www.healthlinkbc.ca/>

Advance Care planning:

<http://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

<http://www.advancecareplanning.ca/>

Hospice Care

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care>

Death at Home: Information and forms

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/expected-planned-home-deaths>

<http://www.solacebc.ca/Expected.pdf>

<http://www.bcfunerals.com/public-when-death-occurs/procedures-planned-home-death>

Medical Assistance in Dying

<https://www.islandhealth.ca/sites/default/files/2019-05/maid-bereavement-guide-patients-families.pdf>

Hospice and Palliative Care

<https://www.islandhealth.ca/our-services/end-of-life-hospice-palliative-services/hospice-palliative-end-of-life-care>

*** Please note that websites listed here are for information only and are the information provided by them is not necessarily endorsed by the Galiano Health Care Society.

Representative Agreements

Section 7
And
Section 9

REPRESENTATION AGREEMENT (SECTION 7)

Made under Section 7 of the *Representation Agreement Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS REPRESENTATION AGREEMENTS

I revoke all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act* made by me.

(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)

(See Note 2 – effect of revocation on a previous section 7 Representation Agreement)

3. REPRESENTATIVE

(See Note 3 – naming a Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)

(See Note 3 – naming a Representative)

(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

(See Note 4 – statutory declaration for evidence of authority of Alternate Representative)
(Strike out this provision if you are not appointing an Alternate Representative.)

A statutory declaration made by my Representative, my Alternate Representative (if one is named), or the Monitor (if one is named), declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE

(See Note 5 - what a Representative may and may not be authorized to do under a section 7 Representation Agreement)

Pursuant to section 7 of the *Representation Agreement Act*, I authorize my Representative to:

(If you want your Representative to have both types of authority, do not strike out either of the following provisions. If you want your Representative to have authority over only one of the following matters, strike out the provision over which you do not want your Representative to have authority. You may not strike out both types of authority.)

- a. help me make decisions
- b. make decisions on my behalf

about the following:

(Strike out any of the following matters for which you do not want your Representative to have authority.)

- a. my personal care;
- b. the routine management of my financial affairs, as set out in the Representation Agreement Regulation;
- c. major health care and minor health care, as defined in the *Health Care (Consent) and Care Facility (Admission) Act*;
- d. obtaining legal services for me and instructing counsel to commence proceedings, except divorce proceedings, or to continue, compromise, defend or settle any legal proceedings on my behalf.

7. MONITOR

(See Note 6 - what a Monitor is and whether one is required)
(Strike out this provision if a Monitor is not required and you do not want to name a Monitor.)

I name the following person as Monitor of this Representation Agreement:

Full Legal Name of Monitor
Full Address of Monitor

8. EFFECTIVE DATE

This Representation Agreement becomes effective on the date it is executed.

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE

- The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ADULT'S SIGNATURE

(See Note 7 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: <input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

REPRESENTATIVES' SIGNATURES

(See Note 8 - when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE

Signature of Representative	Date Signed (YYYY / MM / DD)
Print Name	

ALTERNATE REPRESENTATIVE

(Strike out if an Alternate Representative is not appointed.)

Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
Print Name	

(See Note 9 - additional forms required for this Representation Agreement to be effective)

**STATUTORY DECLARATON FOR EVIDENCE OF
AUTHORITY OF ALTERNATE REPRESENTATIVE**

This statutory declaration may be completed by the representative, the alternate representative, or the monitor, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult name of Representative

TO WIT:

I, _____
Name
of _____
Full Address

SOLEMNLY DECLARE THAT:

- a. I am the (*strike out the descriptions that do not apply*):
 - representative named under the representation agreement
 - alternate representative named under the representation agreement
 - monitor named under the representation agreement.
- b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically (*describe the specific circumstance resulting in the alternate representative having authority to act*):

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location

_____ Declarant's Signature

on _____ date

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

NOTES RESPECTING THIS REPRESENTATION AGREEMENT MADE UNDER SECTION 7 OF THE REPRESENTATION AGREEMENT ACT

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this representation agreement form. They should not be considered a complete description of matters to be taken into account in making a representation agreement. A person making a representation agreement, or acting as a representative, alternate representative or monitor, should consult the *Representation Agreement Act* and the Representation Agreement Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke a previous Representation Agreement

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on a previous section 7 Representation Agreement

If you have previously made a section 7 representation agreement that is still effective, it will be revoked by the revocation provision in this representation agreement.

NOTE 3: Naming a Representative

- (a) This form provides for the naming of one representative and one alternate representative. If you wish to name more than one representative to act at the same time, do not use this form.
- (b) The *Representation Agreement Act* sets out who may be named as a representative. If an individual is appointed, that individual must be 19 years of age or older, and must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.
- (c) A representative must complete the Certificate of Representative or Alternate Representative in Form 1 under the Representation Agreement Regulation.

The information in this note also applies in respect of an alternate representative.

NOTE 4: Statutory declaration for evidence of authority of Alternate Representative

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate representative to act in place of the representative may be required for some purposes.

NOTE 5: What a Representative may and may not be authorized to do under a section 7 Representation Agreement

Under a section 7 representation agreement, a representative may be authorized to help the adult make decisions, or to make decisions on behalf of the adult, about all of the following things:

- the routine management of the adult's financial affairs, as described in the Representation Agreement Regulation;
- obtaining legal services for the adult and instructing counsel to commence proceedings, or to continue, compromise, defend or settle any legal proceedings on the adult's behalf;
- the adult's personal care, and major health care and minor health care, as defined in the *Health Care (Consent) and Care Facility (Admission) Act*.

Under a section 7 representation agreement, a representative may not be authorized to do any of the following:

- to help the adult make decisions, or to make decisions on behalf of the adult, about the adult's financial affairs, other than the routine management of the adult's financial affairs as described in the Representation Agreement Regulation;
- to commence divorce proceedings on the adult's behalf;
- to help make, or to make on the adult's behalf, a decision to refuse health care necessary to preserve life;
- to help the adult make decisions, or to make decisions on behalf of the adult, about the kinds of health care prescribed under section 34 (2) (f) of the *Health Care (Consent) and Care Facility (Admission) Act*;
- despite the objection of the adult, to physically restrain, move or manage the adult, or authorize another person to do these things;

- to refuse consent to those matters in relation to the *Mental Health Act* set out in section 11 of the *Representation Agreement Act*.

(Please note that this list may not be complete.)

In addition, a representative must not do either of the following:

- consent to the provision of professional services, care or treatment to the adult for the purposes of sterilization for non-therapeutic purposes;
- make or change a will for the adult.

(Please note that this list may not be complete.)

NOTE 6: What a Monitor is and whether one is required

- (a) A monitor is a person responsible for making reasonable efforts to determine whether a representative is complying with the representative's duties under the *Representation Agreement Act*.
- (b) A monitor is required for this representation agreement if the representation agreement authorizes a representative to make, or help make, decisions concerning routine management of the adult's financial affairs, unless the representative is the adult's spouse, the Public Guardian and Trustee, a trust company or a credit union.
- (c) A monitor must complete the Certificate of Monitor in Form 2 under the Representation Agreement Regulation.

NOTE 7: Information for witnesses

- (a) The following persons may not be a witness:
 - i. A person named in the representation agreement as a representative or alternate representative;
 - ii. A spouse, child or parent of a person named in the representation agreement as a representative or alternate representative;
 - iii. An employee or agent of a person named in the representation agreement as a representative or alternate representative, unless the person named as a representative or an alternate representative is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, the Public Guardian and Trustee of British Columbia, or a financial institution authorized to carry on trust business under the *Financial Institutions Act*;
 - iv. A person who is under 19 years of age;
 - v. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.
- (b) Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.
- (c) A witness must complete the Certificate of Witnesses in Form 4 under the Representation Agreement Regulation.
- (d) Section 30 of the *Representation Agreement Act* provides for a number of reasons to object to the making and use of a representation agreement. If you believe that you have grounds to make an objection at this time, you must not witness the representation agreement or execute the Certificate of Witnesses, and you may report your objection to the Public Guardian and Trustee of British Columbia.

NOTE 8: When a Representative may exercise authority under this Representation Agreement

Before a person may exercise the authority of a representative under a representation agreement, that person must sign the representation agreement.

NOTE 9: Additional forms required for this Representation Agreement to be effective

The following certificates must be completed, if applicable:

- Form 1 (Certificate of Representative or Alternate Representative);
- Form 2 (Certificate of Monitor), if the Representation Agreement names a Monitor;
- Form 3 (Certificate of Person Signing for the Adult), if a person is signing the Representation Agreement on behalf of the Adult;
- Form 4 (Certificate of Witnesses).

These certificates can be found in the Representation Agreement Regulation.

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS

(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)

(See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE

(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)

(See Note 3 – who may be named as Representative)

(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE	
<ul style="list-style-type: none"> The Adult must sign and date in the presence of both Witnesses. 	
Signature of Adult	Date Signed (YYYY / MM / DD)
Print Name	
WITNESSES TO ADULT'S SIGNATURE	
(See Note 7 – information for witnesses)	
WITNESS NO. 1	
<ul style="list-style-type: none"> Witness No. 1 must sign in the presence of the Adult and Witness No. 2. 	
Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: <input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	
WITNESS NO. 2	
<ul style="list-style-type: none"> Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia. Witness No. 2 must sign in the presence of the Adult and Witness No. 1. 	
Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

REPRESENTATIVES' SIGNATURES

(See Note 8 - when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE	ALTERNATE REPRESENTATIVE
	<i>(Strike out if an Alternate Representative is not appointed.)</i>
Signature of Representative	Signature of Alternate Representative
Date Signed (YYYY / MM / DD)	Date Signed (YYYY / MM / DD)
Print Name	

**STATUTORY DECLARATON FOR EVIDENCE OF
AUTHORITY OF ALTERNATE REPRESENTATIVE**

This statutory declaration may be completed by the adult, the representative, or the alternate representative, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult name of Representative

TO WIT:

I, _____
Name

of _____
Full Address

SOLEMNLY DECLARE THAT:

- a. I am the *(strike out the descriptions that do not apply)*:
 - adult who made the representation agreement
 - representative named under the representation agreement
 - alternate representative named under the representation agreement.
- b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically *(describe the specific circumstance resulting in the alternate representative having authority to act)*:

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location
on _____ date

Declarant's Signature

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

NOTES RESPECTING THIS REPRESENTATION AGREEMENT MADE UNDER SECTION 9 OF THE REPRESENTATION AGREEMENT ACT

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this representation agreement form. They should not be considered a complete description of matters to be taken into account in making a representation agreement. A person making a representation agreement, or acting as a representative or alternate representative, should consult the *Representation Agreement Act* and the Representation Agreement Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke a previous Representation Agreement

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on previous Representation Agreements

The revocation provision in this representation agreement will do all of the following:

- if you have previously made a section 7 representation agreement that is still effective, it will be revoked;
- if you have previously made a section 9 representation agreement that is still effective, it will be revoked.

NOTE 3: Who may be named as Representative

- (a) This form provides for the naming of one representative and one alternate representative. If you wish to name more than one representative to act at the same time, do not use this form.
- (b) The *Representation Agreement Act* sets out who may be named as a representative. If an individual is appointed, that individual must be 19 years of age or older, and must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.

The information in this note also applies in respect of an alternate representative.

NOTE 4: Statutory declaration for evidence of authority of Alternate Representative

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate representative to act in place of the representative may be required for some purposes.

NOTE 5: What a Representative may and may not do

The authority of a representative appointed under this representation agreement includes the power to give or refuse consent to health care necessary to preserve life.

A representative appointed under this representation agreement must not do any of the following:

- give or refuse consent on the adult's behalf to any type of health care prescribed under section 34 (2) (f) of the *Health Care (Consent) and Care Facility (Admission) Act*;
- make arrangements for the temporary care and education of the adult's minor children, or any other persons who are cared for or supported by the adult;
- interfere with the adult's religious practices.

(Please note this list may not be complete.)

If you want your representative to be authorized to do the things on the above list, you should obtain legal advice.

In addition, under the *Representation Agreement Act*, a representative:

- may not be authorized to refuse consent to those matters in relation to the *Mental Health Act* set out in section 11 of the *Representation Agreement Act*;
- must not consent to the provision of professional services, care or treatment to the adult for the purposes of sterilization for non-therapeutic purposes;
- must not make or change a will for the adult.

(Please note that this list may not be complete.)

NOTE 6: Consultation with a health care provider

If you choose to include instructions or wishes in your representation agreement about your health care, you may wish to discuss with a health care provider the options and the possible implications of your choices.

NOTE 7: Information for witnesses

(a) The following persons may not be a witness:

- i. A person named in the representation agreement as a representative or alternate representative;
- ii. A spouse, child or parent of a person named in the representation agreement as a representative or alternate representative;
- iii. An employee or agent of a person named in the representation agreement as a representative or alternate representative, unless the person named as a representative or alternate representative is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, or the Public Guardian and Trustee of British Columbia;
- iv. A person who is under 19 years of age;
- v. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.

(b) Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.

(c) Section 30 of the *Representation Agreement Act* provides for a number of reasons to object to the making and use of a representation agreement. If you believe that you have grounds to make an objection at this time, you should not witness the representation agreement and you may report your objection to the Public Guardian and Trustee of British Columbia.

NOTE 8: When a Representative may exercise authority under this Representation Agreement

Before a person may exercise the authority of a representative under a representation agreement, that person must sign the representation agreement.