

TSIB QHO KEV XAV TAU FIVE WISHES

KUV TXOJ KEV XAV TAU RAU:

Tus Neeg Kuv Xav Kom Los Txiav Txim Siab Txog Cov Kev Tu
Kuv Thaum Kuv Ua Tsis Tau Lawm

Hom Kev Kho Mob Uas Kuv Xav Tau los sis Tsis Xav Tau

Seb Kuv Xav Kom Nyob Kaj Siab Npaum Li Cas

Seb Kuv Xav Kom Neeg Coj Li Cas Rau Kuv

Seb Kuv Xav Kom Cov Neeg Kuv Hlub Paub Dab Tsi

sau koj lub npe

print your name

hnuv yug

birthdate

SAMPLE

Tsib Qho Kev Xav Tau

Muaj ntau yam hauv lub neej uas peb pab tsis tau. Phau ntawv hais txog Tsib Qho Kev Xav Tau no ua ib txoj kev rau koj los tswj tej yam uas tseem ceeb heev—seb yuav koj li cas rau koj yog hais tias koj mob hanyav heev. Nws yog ib daim ntawv uas yuav teb tau yooj yim uas cia koj hais kiag seb koj xav tau dab tsi. Thaum uas teb meej lawm thiab kos npe tag rau lawm yuav siv tau nws raws li cov cai hauv cov xeev feem ntau.

Tsib Qho Kev Xav Tau Yog Dab Tsi?

Tsib Qho Kev Xav Tau yog thawj daim ntawv sau cia thaum tseem ua neej nyob (living will) uas yuav tham txog koj cov kev xav tau ntawm tus kheej, ntawm kev xav thiab ntawm sab ntsuj plig nrog rau koj cov kev xav tau ntawm kev kho mob. Nws cia koj xaiv ib tug neeg uas koj xav kom los txiav txim siab txog cov kev kho mob rau koj yog hais tias koj txiav txim tsis tau rau koj tus kheej lawm. Tsib Qho Kev Xav Tau cia koj hais kiag seb koj xav kom

coj li cas rau koj yog hais tias koj mob hanyav heev. Tau muab sau yam tau kev pab los ntawm Pawg Neeg Saib Xyuas Kev Cai Lij Choj Hais Txog Cai thiab Kev Laus (The American Bar Association’s Commission on Law and Aging), thiab cov txawj ntse hauv teb chaws hais txog kev pab thaum yuav tag txoj sia. Tseem siv tau yooj yim. Qhov uas koj tsuas ua ces yog kos lub thawv, kos ib lub voj voog rau ib qho kev qhia ua, los sis sau ob peb nqe lus.

Seb Tsib Qho Kev Xav Tau Yuav Pab Tau Koj thiab Koj Tsev Neeg Li Cas

- Nws cia koj tham nrog koj tsev neeg, cov phooj ywg thiab cov kws kho mob hais txog seb koj xav kom koj li cas rau koj yog koj mob hanyav heev.
- Cov neeg hauv koj tsev neeg yuav tsis tau twv seb koj xav tau dab tsi. Nws tiv thaiv lawv yog hais tias koj mob hanyav heev, vim hais tias lawv yuav tsis tau los txiav txim txog tej yam nyuaj yam uas tsis paub txog koj cov kev xav tau.
- Koj yuav paub tau seb koj niam, koj txiv, koj tus txij nkawm, los sis tus phooj ywg xav tau dab tsi los ntawm Tsib Qho Kev Xav Tau daim ntawv sau cia thaum tseem ua neej nyob. Koj yuav nyob tau nrog lawv thaum uas lawv xav tau koj tshaj. Koj yuav nkag siab seb qhov uas lawv xav tau tiag yog dab tsi.

Tsib Qho Kev Xav Tau Tshwm Sim Li Cas

Tau 12 lub xyoo, ib tug txiv neej lub npe hu ua Jim Towey ua hauj lwm ze nrog Niam Teresa (Mother Teresa), thiab tau ib xyoo, nws tau nyob hauv ib chav rau cov neeg mob uas yuav kho tsis tau lawm uas tus poj niam ntawd ua tus khiav hauv Washington, DC. Nws raug siab heev los ntawm qhov uas paub thiab pom kiag los ntawm nws tus kheej, Mr. Towey nrhiav ib txoj kev rau cov neeg mob thiab lawv tsev neeg los npaj ua

ntej thiab los tswj txog cov mob hanyav. Qhov uas tshwm sim los ntawm qhov ntawd yog Tsib Qho Kev Xav Tau thiab qhov uas neeg teb rau qhov ntawd mus tau zoo heev li. Tau muab tshaj tawm rau hauv CNN thiab NBC’s Today Show thiab hauv cov nplooj ntawv hauv cov phau ntawv *Time* thiab *Money*. Cov ntawv xov xwm tseem hu Tsib Qho Kev Xav Tau ua thawj “daim ntawv sau cia thaum tseem ua neej nyob uas muaj lub plawv.”

Leej Twg Yuav Tsum Siv Tsib Qho Kev Xav Tau

Tsib Qho Kev Xav Tau yog rau cov neeg uas muaj 18 xyoo rov saud — muaj txij nkawm, tsis tau muaj txij nkawm, cov niam txiv, cov me nyuam uas yog neeg laus, thiab cov phooj ywg. Muaj ntau tshaj yim vam (millions) tus neeg Mis Kas ntawm ntau lub hnuv nyoog tau siv qhov no

lawm. Vim hais tias nws ua hauj lwm zoo heev, cov kws lij choj, cov kws kho mob, cov tsev kho mob thiab cov chav rau cov neeg mob uas yuav kho tsis tau lawm, cov pawg ntseg, cov tswv hauj lwm, thiab cov pawg uas so hauj lwm lawm (retiree) muab daim ntawv no yais tawm.

Tsib Qho Kev Xav Tau Hais Tias

Yog hais tias koj nyob hauv **District of Columbia** los sis ib lub xeev ntawm **40 lub** xeev li muaj hauv qab no, koj yuav siv tau Tsib Qho Kev Xav Tau thiab tso siab tau hais tias nws muaj raws li koj lub xeev qhov kev xav kom yuav tsum tau muaj raws li txoj cai:

Alaska	Idaho	Missouri	Rhode Island
Arizona	Illinois	Montana	South Carolina
Arkansas	Iowa	Nebraska	South Dakota
California	Louisiana	New Jersey	Tennessee
Colorado	Maine	New Mexico	Vermont
Connecticut	Maryland	New York	Virginia
Delaware	Massachusetts	North Carolina	Washington
Florida	Michigan	North Dakota	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Pennsylvania	Wyoming

Yog hais tias koj lub xeev tsis yog ib lub xeev uas nyob ntawm 40 lub xeev uas muaj nyob ntawm no, Tsib Qho Kev Xav Tau tsis muaj qhov uas yuav tsum tau muaj raws li cov cai hauv koj lub xeev. Ib co kws kho mob hauv koj lub xeev tej zaum yuav tsis pom zoo rau Tsib Qho Kev Xav Tau. Tiam sis, muaj coob leej ntau tus neeg uas nyob hauv cov xeev uas tsis muaj nyob rau ntawm no tseem teb daim ntawv Tsib Qho Kev Xav Tau no nrog rau lawv daim ntawv raws cai hauv lawv lub xeev. Lawv pom tau hais tias Tsib Qho Kev Xav Tau pab lawv qhia txog tag nrho lawv cov kev xav tau thiab ua tau ib tug qauv zoo qhia rau cov neeg hauv tsev neeg, cov phooj ywg, cov neeg muab kev pab tu thiab cov kws kho mob. Feem ntau cov kws kho mob thiab cov neeg ua hauj lwm pab kho mob paub hais tias lawv yuav tsum tau mloog koj cov kev xav tau tsis hais seb koj yuav siv dab tsi los qhia txog qhov no.

Kuv Yuav Hloov Tsib Qho Kev Xav Tau Li Cas?

Tej zaum koj twb muaj ib daim ntawv sau cia thaum tseem ua neej nyob lawm los sis ib daim ntawv tso cai rau ib tug kws lij coj los txiav txim siab rau koj hais txog kev kho mob (durable power of attorney for health care) lawm. Yog hais tias koj ho xum siv Tsib Qho Kev Xav Tau, qhov uas koj tsuas tau ua ces yog teb daim ntawv thiab kos npe rau ib daim ntawv tshiab hais txog Tsib Qho Kev Xav Tau raws li hais. Thaum uas koj kos npe tas rau lawm, nws yuav tshem tawm tag nrho cov kev qhia ua ua ntej uas koj tau muab ntawd. Yuav xyuas kom siv daim ntawv yog, thov ua cov nram qab no:

- Muab tag nrho cov qauv ntawm koj daim ntawv sau cia thaum tseem ua neej nyob los sis daim ntawv ts o cai rau ib tug kws lij coj los txiav txim siab rau koj hais txog kev kho mob ntawd pov tseg. Los sis koj sau tau “Revoked” (siv tsis tau lawm) uas ua cov ntawv loj rau kab saum toj ntawm daim qauv uas koj tau. Qhia rau koj tus kws lij choj yog hais tias nws pab npaj cov ntawv

qub ntawd rau koj. **THIAB**

- Qhia rau koj Tus Neeg Sawv Cev Rau Kev Kho Mob (Health Care Agent), cov neeg hauv tsev neeg, thiab tus kws kho mob hais tias koj tau teb ib daim ntawv tshiab hais txog Tsib Qho Kev Xav Tau lawm. Xyuas kom lawv paub txog koj cov kev xav tau tshiab.

QHOV KEV XAV TAU 1 — WISH 1

Tus Neeg Kuv Xav Kom Los Txiav Txim Txog Kev Kho Mob Rau Kuv Thaum Kuv Txiav Txim Tsis Tau Rau Kuv Tus Kheej Lawm.

The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself.

Yog hais tias kuv txiav txim tsis tau txog kev kho mob rau kuv tus kheej lawm, daim ntawv no qhia txog tus neeg uas kuv xaiv los txiav txim txog qhov ntawd rau kuv. Tus neeg no yuav yog kuv Tus Neeg Sawv Cev Rau Kev Kho Mob (los sis ib lo lus uas siv hauv kuv lub xeev yog, xws li ib tug ua dej num sawv cev ntawm ib pawg neeg, tus neeg sawv cev, los sis tus xaiv los sawv cev lwm tus neeg). Tus neeg no yuav pab txiav txim txog cov kev kho mob rau kuv yog hais tias tag nrho ob qho no tshwm sim:

- *Kuv tus kws kho mob uas kho kuv pom tias kuv yuav txiav txim tsis tau rau kuv tus kheej lawm, THIAB*
- *Lwm tus neeg muab kev pab kho mob pom zoo hais tias qhov ntawm no yeej muaj tseeb.*

Yog hais tias kuv lub xeev muaj ib txoj kev txawv los txiav txim tias kuv yuav txiav txim tsis tau hais txog kev kho mob lawm, ces yuav tsum tau caum xeev txoj kev ntawd.

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- *My attending or treating doctor finds I am no longer able to make health care choices, AND*
- *Another health care professional agrees that this is true.*

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

Xaiv Tus Neeg Uas Yog Los Ua Koj Tus Neeg Sawv Cev Rau Kev Kho Mob

Picking The Right Person To Be Your Health Care Agent

Xaiv ib tug neeg uas koj paub zoo, txhawj xeeb txog koj, thiab yuav txiav txim tau txog tej yam nyuaj nyuaj. Ib tug txij nkawm los sis ib tug neeg hauv tsev neeg tej zaum yuav tsis yog ib tug neeg uas yuav zoo xaiv vim hais tias lawv cov kev xav ntawd txuam ntau heev rau hauv lawm. Tej lub sijhawm mas lawv yeej yog ib tug neeg uas yuav zoo xaiv tshaj plaws. Koj paub seb qhov twg yog qhov uas zoo tshaj. Xaiv ib tug neeg uas yuav sawv cev tau rau koj uas yuav ua tau raws li koj cov kev xav tau. Ntxiv thiab, xaiv ib tug neeg uas yuav nyob ze koj kom lawv yuav pab tau koj thaum uas koj xav tau lawv. Txawm tias koj xaiv tus txij nkawm, ib tug neeg hauv tsev neeg, los sis ib tug phooj ywg los ua koj Tus Neeg Sawv Cev Rau Kev Kho Mob los, xyuas kom koj tham txog cov kev xav tau no thiab xyuas kom tus neeg no pom zoo los hwm thiab ua raws li koj cov kev xav tau. Koj Tus Neeg Sawv Cev Rau Kev Kho Mob yuav tsum muaj **yam tsawg 18 xyoo rov sau**v (hauv Colorado, muaj 21 xyoos rov sau) thiab yuav tsum **tsis** yog:

- Tus neeg muab kev pab kho koj, nrog rau tus tswv los sis tus khiav hauv ib qho chaw kho mob los sis ib lub tsev laus uas pab koj.
- Ib tug neeg ua hauj lwm los sis tus txij nkawm ntawm tus neeg ua hauj lwm ntawm koj tus neeg muab kev pab kho mob.
- Ib tug neeg sawv cev los sis ib tug ua dej num sawv cev ntawm ib pawg neeg rau ntau tshaj 10 tus neeg yog hais tias lawv tsis yog koj tus txij nkawm los sis ib tug neeg txheeb ze.

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they **are** the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect and follow your wishes. Your Health Care Agent should be **at least 18 years or older** (in Colorado, 21 years or older) and should **not** be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you.
- An employee or spouse of an employee of your health care provider.
- Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

Tus Neeg Kuv Xaiv Los Ua Kuv Tus Neeg Sawv Cev Rau Kev Kho Mob Yog: The Person I Choose As My Health Care Agent Is:

Lub Npe Ntawm Thawj Tug Uas Xaiv *First Choice Name*

Tus Xov Tooj *Phone*

Qhov Chaw Nyob *Address*

Lub nroog/Xeev/Zauv Cheeb Tsam *City/State/Zip*

Yog hais tias tus neeg no ua tsis tau los sis tsis kam txiav txim rau kuv, *LOS SIS* sib nrauj lawm los sis cais tawm ntawm kuv yam raws cai lawm, *LOS SIS* tus neeg no tau tuag lawm, ces cov neeg no yog cov uas kuv xaiv txuas ntxiv:

If this person is not able or willing to make these choices for me, *OR* is divorced or legally separated from me, *OR* this person has died, then these people are my next choices:

Lub Npe Ntawm Tus Ob Uas Xaiv *Second Choice Name*

Lub Npe Ntawm Tus Peb Uas Xaiv *Third Choice Name*

Qhov Chaw Nyob *Address*

Qhov Chaw Nyob *Address*

Lub nroog/Xeev/Zauv Cheeb Tsam *City/State/Zip*

Lub nroog/Xeev/Zauv Cheeb Tsam *City/State/Zip*

Tus Xov Tooj *Phone*

Tus Xov Tooj *Phone*

Yog Hais Tias Kuv Hloov Saib Txog Qhov Kom Muaj Ib Tug Neeg Sawv Cev Rau Kev Kho Mob, Kuv Yuav

- Muab tag nrho cov qauv ntawm seem no hauv daim ntawv hais txog Tsib Qho Kev Xav Tau pov tseg. *LOS SIS*
- Qhia rau ib tug neeg, xws li kuv tus kws kho mob los sis tsev neeg, tias kuv tsis xav tau los sis xav hloov kuv Tus Neeg Sawv Cev Rau Kev Kho Mob. *LOS SIS*
- Sau lo lus “Revoked” (Siv Tsis Tau Lawm) ua cov ntawv loj rau kab saum toj ntawm tus neeg sawv cev uas kuv tsis xav tau lawm lub npe. Kos kuv lub npe rau nplooj ntawv ntawd.

If I Change My Mind About Having A Health Care Agent, I Will

- Destroy all copies of this part of the Five Wishes form. *OR*
- Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent. *OR*
- Write the word “Revoked” in large letters across the name of each agent whose authority I want to cancel. Sign my name on that page.

Kuv nkag siab tias kuv Tus Neeg Sawv Cev Rau Kev Kho Mob yuav txiav txim siab txog cov kev kho mob rau kuv. Kuv xav kom kuv Tus Neeg Sawv Cev ua tau cov nram qab no: (Thov txhaj tawm cov uas koj tsis xav kom koj Tus Neeg Sawv Cev ua uas muaj nyob hauv qab no.)

I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following: (Please cross out anything you don't want your Agent to do that is listed below.)

- | | |
|---|---|
| <ul style="list-style-type: none"> • Txiav txim rau kuv txog cov kev kho kuv los sis cov kev pab, xws li cov kev soj ntsuam, tshuaj noj, los sis kev phais. Qhov kev tu los sis kev pab no yuav yog los xyuas seb kuv tus mob yog dab tsi, los sis seb yuav kho li cas. Nws tseem muaj cov kev kho uas yuav los ua kom kuv muaj txoj sia nyob. Yog hais tias twb pib qhov kev kho mob los sis qhov kev tu no lawm, kuv Tus Neeg Sawv Cev Rau Kev Kho Mob yuav cia kom kho mus txuas ntxiv tau los sis cheem tau kom cia li tsum. | <ul style="list-style-type: none"> • Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped. |
| <ul style="list-style-type: none"> • Txhais cov lus qhia ua uas kuv tau muab tso rau hauv daim ntwv no los sis tau muab hauv lwm cov kev sib tham, raws li kuv Tus Neeg Sawv Cev Rau Kev Kho Mob txoj kev nkag siab txog kuv cov kev xav tau thiab qhov uas tseem ceeb rau kuv. | <ul style="list-style-type: none"> • Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values. |
| <ul style="list-style-type: none"> • Tso cai cia nkag mus rau hauv ib qho chaw pab tu neeg, tim tsev kho mob, los sis lub tsev laus rau kuv. Kuv Tus Neeg Sawv Cev Rau Kev Kho Mob yuav ntiav tau lwm cov neeg kho mob uas kuv xav tau los pab kuv los sis los tu kuv. Kuv Tus Neeg Sawv Cev tseem yuav tshem tawm tau ib tug neeg kho mob, yog hais tias tsim nyog. | <ul style="list-style-type: none"> • Consent to admission to an assisted living facility, hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed. |
| <ul style="list-style-type: none"> • Txiav txim los thov kom muab, muab tshem tawm los sis tsis muab kev kho mob, nrog rau kev muab khoom noj thiab dej haus uas tsis tseeb (artificially), thiab lwm cov kev kho mob los pab kom kuv muaj txoj sia nyob. | <ul style="list-style-type: none"> • Make the decision to request, take away or not give medical treatments, including artificially-provided food and water, and any other treatments to keep me alive. |
| <ul style="list-style-type: none"> • Saib thiab pom zoo rau kuv cov ntaub ntwv kho mob thiab cov ntaub ntwv ntawm kuv tus kheej. Yog hais tias kuv yuav tau kos kuv lub npe rau es thiaj li yuav tau cov ntwv no, kuv Tus Neeg Sawv Cev Rau Kev Kho Mob yuav kos npe tau rau kuv. | <ul style="list-style-type: none"> • See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign it for me. |
| <ul style="list-style-type: none"> • Txav kuv mus rau lwm lub xeev mus kho mob los sis ua raws li kuv cov kev xav tau. | <ul style="list-style-type: none"> • Move me to another state to get the care I need or to carry out my wishes. |
| <ul style="list-style-type: none"> • Tso cai los sis tsis kam tso cai muab tshuaj los sis ua cov txheej txheem los pab tswj qhov mob. | <ul style="list-style-type: none"> • Authorize or refuse to authorize any medication or procedure needed to help with pain. |
| <ul style="list-style-type: none"> • Foob tau kom ua raws li kuv cov kev xav tau. | <ul style="list-style-type: none"> • Take any legal action needed to carry out my wishes. |
| <ul style="list-style-type: none"> • Pub cov khoom nyob hauv nruab nrog cev (organs) uas tseem siv tau los sis cov nqaij mos uas yog kuv li rau lwm tus neeg raws li txoj cai kam ua. | <ul style="list-style-type: none"> • Donate useable organs or tissues of mine as allowed by law. |
| <ul style="list-style-type: none"> • Thov Medicare, Medicaid, los sis lwm cov kev pab los sis kev tuav pov hwm (insurance) rau kuv. Kuv Tus Neeg Sawv Cev Rau Kev Kho Mob yuav saib tau kuv cov ntaub ntwv, xws li cov ntaub ntwv tim tuam txhab tso nyiaj, es xyuas seb tshuav dab tsi thiaj li yuav teb tau cov ntwv no. | <ul style="list-style-type: none"> • Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms. |
| <ul style="list-style-type: none"> • Hauv qab no yog cov kev hloov, ntxiv, los sis kev txwv hais txog qhov uas kuv Tus Neeg Sawv Cev Rau Kev Kho Mob yuav ua tau. | <ul style="list-style-type: none"> • Listed below are any changes, additions, or limitations on my Health Care Agent's powers. |

QHOV KEV XAV TAU 2 — WISH 2

Kuv Qhov Kev Xav Tau Rau Hom Kev Kho Mob Uas Kuv Xav Tau Los Sis Tsis Xav Tau.

My Wish For The Kind Of Medical Treatment I Want Or Don't Want.

Kuv ntseeg tias kuv lub neej muaj nqis thiab yuav tau saib taus kuv yam muaj nqis. Thaum lub sijhawm los txog uas kuv mob loj thiab kuv hais tsis tau lus rau kuv tus kheej lawm, kuv xav kom hwm thiab uaraws li kuv cov kev xav tau nram qab no, thiab nrog rau lwm cov kev qhia ua uas kuv tau muab rau kuv Tus Neeg Sawv Cev Rau Kev Kho Mob.

I believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

Qhov Koj Yuav Tsum Tau Xav Nraim Thaum Ua Tus Neeg Tu Kuv

- Kuv tsis xav kom mob kuv. Kuv xav kom kuv tus kws kho mob muab tshuaj kom txaus rau kuv kom txo tau kuv qhov mob, txawm tias qhov ntawd yuav txhais tias kuv yuav tsaug zog los sis pw ntau dua qhov uas kuv pw lawm.
- Kuv tsis xav kom ua dab tsi los sis tshem tawm dab tsi los ntawm kuv cov kws kho mob los sis cov kws ntsuam mob (nurses) uas muaj qhov yuav los txov kuv txoj sia.
- Kuv xav kom muab khoom noj thiab dej haus rau ntawm qhov ncauj, thiab kom nws huv thiab sov so.

What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

Yog Thaum Muaj Xwm Ceev In Case Of An Emergency

Yog hais tias koj muaj ib qho mob ceev thiab cov neeg ua hauj lwm hauv lub tsheb thauj mob tuaj txog, tej zaum lawv yuav xyuas seb koj puas muaj ib daim ntawv **Tsis Txhob Cawm** los sis ib txoj saw tes. Muaj ntau lub xeev kom ib tug neeg yuav tsum tau sau ib daim ntawv **Tsis Txhob Cawm** thiab kos npe rau los ntawm ib tug kws kho mob. Daim ntawv no qhia rau cov neeg ua hauj lwm hauv lub tsheb thauj mob paub tias koj tsis xav kom lawv siv kev pab cawm txoj sia thaum uas koj yuav tuag. Thov xyuas nrog koj tus kws kho mob seb koj puas yuav tau teb ib daim ntawv **Tsis Txhob Cawm**.

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a **Do Not Resuscitate** form or bracelet. Many states require a person to have a **Do Not Resuscitate** form filled out and signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a **Do Not Resuscitate** form filled out.

“Kev Pab Cawm Txoj Sia” Txhais Tau Li Cas Rau Kuv

Kev pab cawm txoj sia txhais tias cov txheej txheem, cov twj los sis tshuaj los cawm kuv txoj sia. Kev pab cawm txoj sia muaj xws li: cov twj kho mob uas muab ntsaws rau kuv los pab kuv ua pa; cov khoom noj thiab dej haus uas muab rau hauv ib txoj yas los pub rau kuv noj (txoj yas tso khoom noj); nias lub hauv siab kom lub plawv ntoj (cardiopulmonary resuscitation [CPR]); kev phais loj; ntxiv ntshav; lim ntshav; muab tshuaj tua kab mob (antibiotics); thiab lwm yam uas yuav ua rau kom kuv muaj txoj sia nyob. Yog hais tias kuv xav txwv cov kev pab cawm txoj sia vim kuv txoj kev ntseeg los sis kev ntseeg ntawm kuv tus kheej, kuv sau cov kev txwv no rau txoj kab hauv qab no. Kuv ua qhov no kom qhia tau meej meej txog qhov uas kuv xav tau thiab seb rau lub sij hawm zoo li cas.

Ntawm no yog hom kev pab kho mob uas kuv xav tau los sis tsis xav tau hauv plaub lub sij hawm li nram qab no. Kuv xav kom kuv Tus Neeg Sawv Cev Rau Kev Kho Mob, kuv tsev neeg, kuv cov kws kho mob thiab lwm cov neeg muab kev pab kho mob, kuv cov phooj ywg thiab tag nrho lwm cov neeg kom paub txog cov kev qhia ua no.

Here is the kind of medical treatment that I want or don't want in the four situations listed below. I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.

Ze qhov tuag:

Yog hais tias kuv tus kws kho mob thiab lwm tus neeg muab kev pab kho mob txiav txim hais tias tej zaum kuv yuav tuag tsis ntev tom ntej no, thiab kev siv kev pab cawm txoj sia tsuas yuav ncuu lub sij hawm uas kuv yuav tuag xwb (Xaiv *ib* qho nram qab no):

Close to death:

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- Kuv xav kom muab kev pab cawm txoj sia.**
I want to have life-support treatment.
- Kuv tsis xav kom muab kev pab cawm txoj sia. Yog hais tias twb pib lawm, kuv xav kom cia li tsum.**
I do not want life-support treatment. If it has been started, I want it stopped.
- Kuv xav kom muab kev pab cawm txoj sia yog hais tias kuv tus kws kho mob ntseeg tau hais tias qhov ntawd yuav pab tau kuv. Tiam sis kuv xav kom kuv tus kws kho mob tsis txhob muab kev pab cawm txoj sia yog hais tias qhov ntawd yuav tsis pab kuv tus mob los sis cov tsos mob.**

I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

Thaum Tsis Hnov Lawm (Coma) Thiab Yuav Tsis Xeev Los Lawm Los Sis Yuav Tsis Zoo Li Lawm:

Yog hais tias kuv tus kws kho mob thiab lwm tus neeg muab kev pab kho mob txiav txim tias kuv tsis hnov lawm uas kuv yuav tsis xeev los lawm los sis yuav tsis zoo li lawm, thiab kuv puas hlwb lawm, thiab kev siv kev pab cawm txoj sia tsuas yuav ncuu lub sij hawm uas kuv yuav tuag xwb (Xaiv *ib* qho nram qab no):

- Kuv xav kom muab kev pab cawm txoj sia.**

I want to have life-support treatment.

- Kuv tsis xav kom muab kev pab cawm txoj sia. Yog hais tias twb pib lawm, kuv xav kom cia li tsum.**

I do not want life-support treatment. If it has been started, I want it stopped.

- Kuv xav kom muab kev pab cawm txoj sia yog hais tias kuv tus kws kho mob ntseeg tau hais tias qhov ntawd yuav pab tau kuv. Tiam sis kuv xav kom kuv tus kws kho mob tsis txhob muab kev pab cawm txoj sia yog hais tias qhov ntawd yuav tsis pab kuv tus mob los sis cov tsos mob.**

I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

Kev Puas Hlwb Mus Tas Li Thiab Puas Loj Thiab Yuav Tsis Zoo Li Lawm:

Yog hais tias kuv tus kws kho mob thiab lwm tus neeg muab kev pab kho mob txiav txim tias kuv puas hlwb loj heev lawm thiab yuav puas hlwb mus tas li, (piv txwv li, kuv tseem qhib tau qhov muag, tiam sis hais tsis tau lus los sis tsis nkag siab lawm) thiab pom tias kuv yuav tsis zoo ntxiv lawm, thiab kev siv kev pab cawm txoj sia tsuas yuav ncuu lub sij hawm uas kuv yuav tuag xwb (Xaiv *ib* qho nram qab no):

- Kuv xav kom muab kev pab cawm txoj sia.**

I want to have life-support treatment.

- Kuv tsis xav kom muab kev pab cawm txoj sia. Yog hais tias twb pib lawm, kuv xav kom cia li tsum.**

I do not want life-support treatment. If it has been started, I want it stopped.

- Kuv xav kom muab kev pab cawm txoj sia yog hais tias kuv tus kws kho mob ntseeg tau hais tias qhov ntawd yuav pab tau kuv. Tiam sis kuv xav kom kuv tus kws kho mob tsis txhob muab kev pab cawm txoj sia yog hais tias qhov ntawd yuav tsis pab kuv tus mob los sis cov tsos mob.**

I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

In A Coma And Not Expected To Wake Up Or Recover:

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

Permanent And Severe Brain Damage And Not Expected To Recover:

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

Lwm Lub Sij Hawm Uas Kuv Tsis Xav Kom Cawm Kuv Kom Kuv Muaj Txoj Sia Nyob:

Yog hais tias muaj lwm lub sij hawm uas kuv tsis xav kom muab kev pab cawm txoj sia, kuv qhia rau hauv qab. Thaum lub sij hawm zoo li no, kuv ntseeg tias cov nqi thiab lub nra hnyav ntawm kev pab cawm txoj sia mas nws ntau dhau heev lawm thiab yuav tsis tsim nyog rau kuv. Li no, thaum lub sij hawm zoo li no lawm, kuv tsis xav kom muab kev pab cawm txoj sia. (Piv txwv li, koj yuav sau tau “qhov kawg ntawm tus mob.” Qhov ntawd txhais tias koj txoj kev kaj huv ntawm cev tau phem zuj zus lawm xwb. Koj yuav tu tsis tau koj tus kheej lawm tsis hais tu li cas, ntawm kev xav los sis ntawm lub cev. Kev pab cawm txoj sia yuav tsis pab kom koj zoo tuaj. Thov tsis txhob sau dab tsi rau ntawm txoj kab yog hais tias tsis muaj lwm lub sij hawm uas yuav qhia txog.)

In Another Condition Under Which I Do Not Wish To Be Kept Alive:

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write “end-stage condition.” That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

*P*eb qho kev xav tau tom ntej no yog hais txog kuv qhov kev xav tau ntawm tus kheej, ntawm sab ntsuj plig thiab ntawm kev xav. Lawv tseem ceeb rau kuv. Kuv xav kom saib kuv yam muaj nuj nqis thaum uas txog qhov kawg ntawm kuv lub neej, li no kuv xav kom cov neeg ua raws li cov lus uas kuv sau cia hauv Qhov Kev Xav Tau 3, 4, thiab 5 thaum uas yuav ua tau lawv. Kuv nkag siab hais tias kuv tsev neeg, kuv cov kws kho mob thiab lwm cov neeg muab kev pab kho mob, kuv cov phooj ywg thiab lwm cov neeg yuav ua tsis tau cov no los sis yuav tsis hais kom ua cov no los sis yuav tsis kom ua cov no raws li txoj cai. Kuv tsis xav kom cov kev xav tau nram qab no los ua ib qho hauj lwm tshiab los sis hauj lwm ntxiv raws li txoj cai rau kuv cov kws kho mob los sis cov neeg muab kev pab kho mob. Kuv tseem tsis xav kom cov kev xav tau no los ua ib qho kev zam kuv tus kws kho mob los sis cov neeg muab kev pab kho mob hais txog qhov muab cov kev pab kho mob kom yog rau kuv raws li txoj cai.

*T*he next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

QHOV KEV XAV TAU 3 — WISH 3

Kuv Txoj Kev Xav Tau Seb Kuv Xav Kom Kuv Nyob Kaj Siab Npaum Li Cas. My Wish For How Comfortable I Want To Be.

(Thov txhaj tawm tej yam uas koj tsis pom zoo txog.)

(Please cross out anything that you don't agree with.)

- Kuv tsis xav kom mob kuv. Kuv xav kom kuv tus kws kho mob muab tshuaj kom txaus rau kuv kom txo tau kuv qhov mob, txawm tias qhov ntawd yuav txhais tias kuv yuav tsaug zog los sis pw ntau dua qhov uas kuv pw lawm.
- Yog hais tias zoo nkaus li kuv nyuab siab, xeev siab, ua tsis tshua taus pa, los sis ua sab ntsej los sis pom tej yam uas tsis muaj tiag nyob rau ntawd (hallucinations), kuv xav kom cov neeg tu kuv ntawd ua txhua yam li qhov lawv ua tau los pab kuv.
- Kuv xav kom muab ib daim ntaub ntub dej txias los tso rau ntawm kuv lub taub hau yog hais tias kuv kub taub hau.
- Kuv xav kom kuv daim di ncauj thiab kuv lub qhov ncauj ntub tas li kom tsis txhob qhuav.
- Kuv xav da dej sov kom ntau zaus. Kuv xav kom kuv huv si thiab du lug txhua lub sij hawm.
- Kuv xav kom muab cov roj sov so los zaws kuv kom ntau li ntau tau.
- Kuv xav kom tso zaj yas suab uas kuv nyiam tshaj rau kuv mloog kom txog thaum uas tag kuv txoj sia.
- Kuv xav kom muaj neeg tu kuv xws li chais hwj txwv, txiav rau tes, ntsis plaub hau, thiab txhuam hniav, tsuav kom lawv tsis txhob ua rau kuv mob los sis tsis kaj siab.
- Kuv xav kom nyeem cov lus hauv phau vaj lug kub thiab cov paj huam uas zoo kom nrov nrov rau kuv mloog thaum uas ze rau lub sij hawm kuv yuav tuag.
- Kuv xav paub txog cov kev xaiv hais txog kev pab thaum uas kws kho mob kho tsis tau lawm kom los muab kev pab kho mob, kev pab rau txoj kev xav thiab kev pab sab ntsuj plig rau kuv thiab cov neeg kuv hlub.
- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care givers to do whatever they can to help me.
- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have religious readings and well-loved poems read aloud when I am near death.
- I wish to know about options for hospice care to provide medical, emotional and spiritual care for me and my loved ones.

QHOV KEV XAV TAU 4 — WISH 4

Kuv Qhov Kev Xav Tau Kom Neeg Coj Li Cas Rau Kuv.

My Wish For How I Want People To Treat Me.

(Thov txhaj tawm tej yam uas koj tsis pom zoo txog.)

(Please cross out anything that you don't agree with.)

- Kuv xav kom neeg nyob nrog kuv thaum uas tau. Kuv xav kom muaj ib tug neeg nyob nrog kuv thaum uas zoo nkaus li kev tuag nyob ze ze.

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.

- Kuv xav kom tuav kuv txhais tes thiab nrog kuv tham thaum ua tau, txawm tias zoo nkaus li kuv tsis teb thaum lwm tus neeg hais lus rau kuv los sis kov kuv.

- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.

- Kuv xav kom lwm cov neeg nyob ntawm kuv ib sab thov ntuj rau kuv thaum uas tau.

- I wish to have others by my side praying for me when possible.

- Kuv xav kom qhia rau cov neeg hauv kuv pawg ntseeg tias kuv mob thiab thov kom lawv thov ntuj rau kuv thiab tuaj saib kuv.

- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.

- Kuv xav kom tu kuv yam siab dawb paug thiab zoo siab hlo, tsis yog nrog kev tu siab.

- I wish to be cared for with kindness and cheerfulness, and not sadness.

- Kuv xav kom muaj cov neeg uas kuv hlub cov duab nyob hauv kuv chav, ze rau ntawm kuv lub txaj.

- I wish to have pictures of my loved ones in my room, near my bed.

- Yog hais tias kuv uv tsis taus thaum yuav mus tso quay tso zis, kuv xav kom kuv cov khaub ncaws thiab cov ntaub pua chaw tu du lug, thiab kom muab hloov kom saib li saib tau yog hais tias ntu rau lawm.

- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.

- Kuv xav tuag rau hauv kuv lub tsev, yog hais tias tau.

- I want to die in my home, if that can be done.

QHOV KEV XAV TAU 5 — WISH 5

Kuv Qhov Kev Xav Tau Seb Kuv Xav Kom Cov Neeg Kuv Hlub Paub Txog Dab Tsi.

My Wish For What I Want My Loved Ones To Know.

(Thov txhaj tawm tej yam uas koj tsis pom zoo txog.)

(Please cross out anything that you don't agree with.)

- | | |
|---|--|
| <ul style="list-style-type: none">• Kuv xav kom kuv tsev neeg thiab cov phooj ywg paub hais tias kuv hlub lawv. | <ul style="list-style-type: none">• I wish to have my family and friends know that I love them. |
| <ul style="list-style-type: none">• Kuv xav kom lawv zam txim rau lub sij hawm uas kuv ua kuv tsev neeg, cov phooj ywg, thiab lwm cov neeg mob. | <ul style="list-style-type: none">• I wish to be forgiven for the times I have hurt my family, friends, and others. |
| <ul style="list-style-type: none">• Kuv xav kom kuv tsev neeg, cov phooj ywg thiab lwm cov neeg paub tias kuv zam txim rau lawv thaum uas tej zaum lawv tau ua rau kuv mob hauv kuv lub neej. | <ul style="list-style-type: none">• I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life. |
| <ul style="list-style-type: none">• Kuv xav kom kuv tsev neeg thiab cov phooj ywg paub hais tias kuv yeej tsis ntshai kev tuag. Kuv xav hais tias nws tsis yog qhov kawg, tiam sis yog ib qho pib rau kuv. | <ul style="list-style-type: none">• I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me. |
| <ul style="list-style-type: none">• Kuv xav kom tag nrho kuv tsev neeg muaj kev thaj yeeb ib tug nrog ib tug ua ntej kuv yuav tuag, yog hais tias lawv ua tau. | <ul style="list-style-type: none">• I wish for all of my family members to make peace with each other before my death, if they can. |
| <ul style="list-style-type: none">• Kuv xav kom kuv tsev neeg thiab cov phooj ywg xav txog qhov uas kuv nyiam ua ntej kuv mob hnyav li no. Kuv xav kom lawv nco qab kuv zoo li no tom qab kuv tuag. | <ul style="list-style-type: none">• I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death. |
| <ul style="list-style-type: none">• Kuv xav kom kuv tsev neeg thiab cov phooj ywg thiab cov neeg muab kev pab tu kuv hwm kuv cov kev xav tau txawm tias lawv tsis pom zoo rau qhov no. | <ul style="list-style-type: none">• I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them. |
| <ul style="list-style-type: none">• Kuv xav kom kuv tsev neeg thiab cov phooj ywg saib qhov uas kuv yuav tuag ntawd ua ib lub sij hawm loj hlob ntawm tus kheej rau txhua tus, nrog rau kuv. Qhov no yuav pab kom kuv ua lub neej nyob yam muaj nqis thaum kuv yuav tuag. | <ul style="list-style-type: none">• I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days. |

• Kuv xav kom kuv tsev neeg thiab cov phooj ywg mus nrhiav kev pab (counseling) yog hais tias lawv muaj teeb meem txog qhov kuv tuag. Kuv xav kom cov kev xav txog kuv lub neej muab kev zoo siab rau lawv tsis yog muab kev tu siab.

• I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.

• Tom qab kuv tuag, kuv xav kom muab kuv lub cev (kos lub voj voog rau ib qho):
faus los sis hlawv.

• After my death, I would like my body to be (circle one): buried or cremated.

• Kuv lub cev los sis qhov uas tshuav ntawv yuav tsum tau muab tso rau qhov chaw nram qab no
_____.

• My body or remains should be put in the following location
_____.

• Tus neeg nram qab no paub txog kuv cov kev xav tau hais txog kuv lub ntees:
_____.

• The following person knows my funeral wishes:
_____.

Yog hais tias leej twg nug seb kuv xav kom nco txog kuv li cas, thov hais cov nram qab no txog kuv:
If anyone asks how I want to be remembered, please say the following about me:

Yog hais tias ua ib lub koob tsheej txog kuv (memorial service) rau kuv, kuv xav kom lub koob tsheej no muaj cov nram qab no (sau cov suab paj nruag (music), cov yas suab, cov kev nyeem ntawv los sis lwm cov kev thov uas koj muaj):

If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

(Thov siv qhov chaw nram qab no los sau lwm cov kev xav tau. Piv txwv li, tej zaum koj yuav xav muab tag nrho los sis tej yam ntawm koj lub cev pub dawb thaum uas koj tuag. Thov muab ib daim ntawv ntxiv yog hais tias koj xav tau chaw sau ntxiv.)

(Please use the space below for any other wishes. For example, you may want to donate any or all parts of your body when you die. Please attach a separate sheet of paper if you need more space.)

Kev Kos Npe Rau Daim Ntawv Hais Txog Tsib Qho Kev Xav Tau

Signing The Five Wishes Form

Thov xyuas kom koj kos npe rau koj daim ntawv hais txog Tsib Qho Kev Xav Tau thaum muaj ob tug neeg ua pov thawj rau ntawd.

Please make sure you sign your Five Wishes form in the presence of the two witnesses.

Kuv, _____, xav thov kom kuv tsev neeg, kuv cov kws kho mob, thiab lwm cov neeg muab kev pab kho mob, kuv cov phooj ywg, thiab lwm cov neeg, ua raws li kuv cov kev xav tau raws li kuv Tus Neeg Sawv Cev Rau Kev Kho Mob hais (yog hais tias kuv muaj ib tug thiab nws xyeej), los sis li hais hauv daim ntawv no. Daim ntawv no yuav siv tau thaum uas kuv txiav txim tsis tau los sis hais lus tsis tau rau kuv tus kheej lawm. Yog hais tias tej seem hauv daim ntawv no yuav ua tsis tau raws li txoj cai, kuv xav kom ua raws li tag nrho lwm seem hauv daim ntawv no. Kuv tseem tshem tawm tau cov kev qhia kho mob ua ntej uas kuv tau ua ua ntej.

I, _____, ask that my family, my doctors, and other health care providers, my friends, and all others, follow my wishes as communicated by my Health Care Agent (if I have one and he or she is available), or as otherwise expressed in this form. This form becomes valid when I am unable to make decisions or speak for myself. If any part of this form cannot be legally followed, I ask that all other parts of this form be followed. I also revoke any health care advance directives I have made before.

Kos npe *Signature:* _____

Qhov Chaw Nyob *Address:* _____

Tus Xov Tooj *Phone:* _____ Hnub Tim *Date:* _____

Tus Neeg Ua Pov Thawj Nqe Lus •

(yuav tau muaj 2 tus neeg ua pov thawj):

Kuv, tus neeg ua pov thawj, lees tias tus neeg uas kos npe los sis lees paub daim ntawv no (txuas ntawm no mus hu ua “tus neeg”) yog ib tug neeg uas kuv paub, thiab nws kos npe los sis lees paub daim ntawv [Tus Neeg Sawv Cev Rau Kev Kho Mob thiab/los sis Daim Ntawv Sau Cia Thaum Tseem Ua Neej Nyob (Living Will)] thaum kuv nyob rau ntawd, thiab nws zoo nkaus li yeej meej pem thiab tsis yog ua los ntawm kev yuam, kev dag los sis kev haub yaum yam tsis raug cai.

Kuv tseem lees tias kuv muaj 18 xyoo rov sauv thiab kuv TSIS YOG:

Witness Statement •

(2 witnesses needed):

I, the witness, declare that the person who signed or acknowledged this form (hereafter “person”) is personally known to me, that he/she signed or acknowledged this [Health Care Agent and/or Living Will form(s)] in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

I also declare that I am over 18 years of age and am NOT:

- Tus neeg uas xaiv los ua (tus neeg sawv cev/ib tug ua dej num sawv cev ntawm ib pawg neeg/tus xaiv los sawv cev lwm tus neeg /tus neeg tawm suab rau tus neeg mob/tus neeg sawv cev rau ib tug neeg) raws li daim ntawv no los sis nws tus neeg ua ntej nws ntawd,
- Tus neeg qhov chaw muab kev pab kho mob, nrog rau tus tswv los sis tus khiav hauv ib qho chaw kho cov neeg uas tau tus mob los ntev, los sis lwm cov tsev laus los sis cov tsev tu mob hauv zej zos uas pab tus neeg,
- Ib tug neeg ua hauj lwm hauv tus neeg ntawd qhov chaw muab kev pab kho mob,
- Tus uas lees them rau tus neeg qhov kev kho,
- Ib tug neeg ua hauj lwm hauv qhov chaw muab kev tuav pov hwm los sis hauv qhov chaw them nqi kho mob rau tus neeg,
- Sib txheeb rau tus neeg raws roj ntsha, kev sib yuav, los sis kev yuav coj mus tu, thiab,
- Raws li qhov uas kuv paub, ib tug neeg uas tau nyiaj los ntawm tus neeg los sis muaj feem tau ib feem ntawm nws li vaj tse hauv daim ntawv sau cia thaum tseem ua neej nyob los sis ib daim ntawv uas sau los hloov daim ntawv sau cia thaum tseem ua neej nyob uas twb muaj ua ntej ntawd lawm, raws li kev siv txoj cai.

- The individual appointed as (agent/proxy/surrogate/patient advocate/representative) by this document or his/her successor,
- The person’s health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the person,
- An employee of the person’s health care provider,
- Financially responsible for the person’s health care,
- An employee of a life or health insurance provider for the person,
- Related to the person by blood, marriage, or adoption, and,
- To the best of my knowledge, a creditor of the person or entitled to any part of his/her estate under a will or codicil, by operation of law.

(Tej co xeev tej zaum yuav muaj ib co cai tsawg zog txog seb leej twg yuav ua tau tus neeg pov thawj. Yog tsis yog tias koj twb paub koj lub xeev cov cai lawm, thov ua raws li cov saum toj no.)

(Some states may have fewer rules about who may be a witness. Unless you know your state’s rules, please follow the above.)

Tus Neeg Ua Pov Thawj #1 Kos Npe *Signature of Witness #1*

Tus Neeg Ua Pov Thawj #2 Kos Npe *Signature of Witness #2*

Sau Lub Npe Ntawm Tus Neeg Ua Pov Thawj
Printed Name of Witness

Sau Lub Npe Ntawm Tus Neeg Ua Pov Thawj
Printed Name of Witness

Qhov Chaw Nyob *Address*

Qhov Chaw Nyob *Address*

Tus Xov Tooj *Phone*

Tus Xov Tooj *Phone*

Kev Lees Tias Yeej Muaj Tseeb (Notarization) • Notarization •

Tsuas yuav tsum tau muaj rau cov neeg nyob hauv lub xeev Missouri, North Carolina, South Carolina thiab West Virginia xwb
Only required for residents of Missouri, North Carolina, South Carolina and West Virginia

- *Yog hais tias koj nyob hauv lub xeev Missouri, tsuas yog qhov koj kos npe thiaj li yuav tsum tau muaj neeg lees tias yeej muaj tseeb xwb.*
- *Yog hais tias koj nyob hauv lub xeev North Carolina, South Carolina los sis West Virginia, qhov koj kos npe, thiab qhov koj cov neeg ua pov thawj kos npe, yuav tsum tau muaj neeg lees tias yeej muaj tseeb.*
- *If you live in Missouri, only your signature should be notarized.*
- *If you live in North Carolina, South Carolina or West Virginia, you should have your signature, and the signatures of your witnesses, notarized.*

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, the said _____, and _____, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires: _____
Notary Public

Cov neeg nyob hauv WISCONSIN yuav tsum tau muab WISCONSIN daim ntawv tshaj tawm rau Tsib Qho Xav Tau.
Residents of WISCONSIN must attach the WISCONSIN notice statement to Five Wishes.
 Muaj cov lus qhia ntxiv thiab daim ntawv tshaj tawm nyob rau ntawm www.agingwithdignity.org.
 More information and the notice statement are available at www.agingwithdignity.org.

Cov Neeg Nyob Hauv Cov Tsev Kho Neeg (Institutions) Hauv CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, NORTH DAKOTA, SOUTH CAROLINA, THIAB VERMONT Yuav Tsum Tau Caum Cov Cai Tshwj Xeeb Txog Kev Ua Pov Thawj.
Residents of Institutions In CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, NORTH DAKOTA, SOUTH CAROLINA, AND VERMONT Must Follow Special Witnessing Rules.
Yog hais tias koj nyob hauv tej lub tsev laus los sis tsev kho mob (tsev laus, lwm cov tsev tu cov neeg mob ntev, ib lub tsev rau cov neeg puas hlwb los sis rau cov uas loj hlob tsis zoo, los sis ib lub tsev rau cov neeg puas hlwb) hauv ib lub xeev li muaj sau, koj yuav tau caum raws li qhov tshwj xeeb hais txog “qhov yuav tsum tau muaj hais txog kev ua pov thawj” es koj daim ntawv hais txog Tsib Qho Kev Xav Tau thiaj li yuav siv tau. Yog xav paub ntxiv, thov hu rau ib tug neeg pab tawm tswv yim pab neeg (social worker) los sis tus neeg tawm suab sawv cev rau tus neeg mob hauv qhov chaw uas koj mus nyob.
If you live in certain institutions (a nursing home, other licensed long term care facility, a home for the mentally retarded or developmentally disabled, or a mental health institution) in one of the states listed above, you may have to follow special “witnessing requirements” for your Five Wishes to be valid. For further information, please contact a social worker or patient advocate at your institution.

Yuav Ua Li Cas Tom Qab Koj Ua Tiav Daim Ntawv Hais Txog Tsib Qho Kev Xav Tau

- *Xyuas kom koj kos npe thiab ua pov thawj rau daim ntawv raws nkaus li qhov uas hais hauv cov lus qhia ua. Li no koj daim ntawv hais txog Tsib Qho Kev Xav Tau yuav ua raws cai thiab yuav siv tau.*
- *Tham txog koj cov kev xav tau nrog koj tus neeg sawv cev rau kv kho mob, cov neeg hauv tsev neeg thiab lwm cov neeg uas txhawj xeeb txog koj. Muab cov qauv ntawm koj daim ntawv hais txog Tsib Qho Kev Xav Tau rau lawv.*
- *Khaws daim tseem uas koj kos npe rau tso rau hauv ib qho chaw tshwj xeeb hauv koj lub tsev. TSIS TXHOB muab tso rau tim ib lub thawv tim txuam txhab tso nyiaj (safe deposit box). Muab khaws cia kom ze kom neeg yuav nrhiav tau thaum uas koj xav tau.*
- *Sau daim ntawv uas ntsaws rau hauv lub hnab rau nyiaj (wallet) hauv qab no. Nqa nrog koj. Li no cov*
- *Kuv tau muab ib co qauv ntawm kuv daim ntawv hais txog Tsib Qho Kev Xav Tau rau cov neeg nram qab no:*

- *neeg yuav paub seb koj muab koj daim ntawv hais txog Tsib Qho Kev Xav Tau tso rau qhov twg.*
- *Nrog koj tus kws kho mob tham thaum uas koj rov mus ntsib nws. Muab ib daim qauv ntawm koj daim ntawv hais txog Tsib Qho Kev Xav Tau rau koj tus kws kho mob. Xyuas kom nws muab qhov no tso rau hauv koj cov ntaub ntawv kho mob. Xyuas kom koj tus kws kho mob nkag siab txog koj cov kev xav tau thiab kam ua raws li ntawd. Hais kom nws qhia rau lwm cov kws kho mob uas kho koj ntawd kom lawv hwm thiab ua raws li ntawd.*
- *Yog hais tias koj mus pw rau tim tsev kho mob los sis tim ib lub tsev laus, nqa ib daim qauv ntawm koj daim ntawv hais txog Tsib Qho Kev Xav Tau nrog koj. Hais kom muab tso rau hauv koj cov ntaub ntawv kho mob.*
- *I have given the following people copies of my completed Five Wishes:*

Tsib Qho Kev Xav Tau yog los pab koj npaj rau koj lub neej yav pem suab. Nws tsis yog los tawm tswv yim txog kev cai lij choj. Nws tsis yog los sim teb cov lus nug txog tej yam uas tshwm sim. Txhua tus neeg nws sib txawv, thiab txhua qhov teeb meem nws sib txawv. Cov cai yuav hloov ib lub sij hawm mus rau ib lub sij hawm. Yog hais tias koj muaj lus nug dab tsi los sis teeb meem, nrog ib tug neeg kho mob los sis kws lij choj tham kom muab tswv yim.

Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.

Daim Khaj Ntsaws Hauv Lub Hnab Rau Nyiaj Uas Qhia Txog Tsib Qho Kev Xav Tau.

**Important Notice to Medical Personnel:
I have a Five Wishes Advance Directive.**

*Lus Qhia Tseem Ceeb rau Cov Neeg Kho Mob:
Kuv muaj Ib Daim Ntawv Qhia Ua Ua Ntej Hais Txog Tsib Qho Kev Xav Tau.*

Signature *Sau npe thiab xeeb*

Please consult this document and/or my Health Care Agent in an emergency. My Agent is:

Thov tham txog daim ntawv no thiab/los sis nrog kuv Tus Neeg Sawv Cev Rau Kev Kho Mob tham thaum uas muaj xwm ceev. Kuv Tus Neeg Sawv Cev yog:

Name *Sau npe thiab xeeb*

Address *Qhov Chaw Nyob*

City/State/Zip
Lub nroog/Xeev/Zauv Cheeb Tsam

Phone *Tus Xov Tooj*

My primary care physician is:

Kuv tus kws kho mob yog:

Name *Sau npe thiab xeeb*

Address *Qhov Chaw Nyob*

City/State/Zip
Lub nroog/Xeev/Zauv Cheeb Tsam

Phone *Tus Xov Tooj*

My document is located at:

Kuv daim ntawv nyob rau ntawm:

Ntawm No Yog Qhov Neeg Hais Txog Daim Ntawv Qhia Txog Tsib Qho Kev Xav Tau:

“Twb yuav yog ib xyoo txij thaum uas kuv niam xiam. Peb paub seb nws xav tau dab tsi vim hais tias nws muaj daim ntawv qhia txog Tsib Qho Kev Xav Tau thaum tseem ua neej nyob (living will). Txog rau thaum kawg, kuv tus nus thiab kuv tsis muaj lus nug txog qhov uas seb wb yuav ua dab tsi. Wb tso siab tau.”

Cheryl K.
Longwood, Florida

“Kuv yuav tau hais tias kuv nyiam koj daim ntawv hais txog Tsib Qho Kev Xav Tau heev. Nws meej, nkag siab tau yooj yim, thiab tsis hais txog cov teeb meem ntawm kev kho mob, tiam sis txog cov teeb meem uas tseem ceeb—kev tu neeg. Kuv siv rau kuv tus kheej thiab rau kuv tus txiv.”

Susan W.
Flagstaff, Arizona

“Kuv tsis xav kom kuv cov me nyuam yuav tau txiav txim li qhov uas kuv tau txiav txim rau kuv niam. Kuv yeej tsis paub hais tias muaj ntau txoj kev xaiv ua luaj hais txog kev kho mob. Ua tsaug rau daim ntawv uas nws xav tob heev thiab muab kev txhawj xeeb. Kuv cia li teb thiab muab cia rau kuv cov me nyuam.”

Diana W.
Hanover, Illinois

Tsib Qho Kev Xav Tau yog tsim los ntawm Aging with Dignity, ib lub koom haum uas muaj lub hom phiaj los pab cov neeg npaj thiab txais cov kev pab kho mob uas lawv xav tau yog thaum lawv muaj mob hnyav heev. Kev tsim Tsib Qho Kev Xav Tau yog ua tau los ntawm ib qho nyiaj pab los ntawm The Robert Wood Johnson Foundation.

Five Wishes was created by Aging with Dignity, a nonprofit organization with a mission to help people plan and receive the care they want in case of a serious illness. Development of Five Wishes was made possible by a grant from The Robert Wood Johnson Foundation.

Aging with Dignity

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www.agingwithdignity.org
1-888-594-7437

Cov kev txhais ntawv rau Tsib Qho Xav Tau yog tau kev pab los ntawm

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United Health FoundationSM

Cov kev pab txhais ntawv yog los ntawm

Professional translation services provided by

Language Services Associates

Tsib Qho Kev Xav Tau yog ib lub twj cim ntawm Aging with Dignity. Tag nrho cov cai muaj tswv lawm. Cov lus nyob hauv daim ntawv no yog cov ntawv uas muaj tswv lawm los ntawm Aging with Dignity. Tsis pub muab cov ntawv no koj mus ua ntiv los sis xa tawm tsis hais zoo li cas, txawm yog raws hauv hluav taws xob (electronic) los sis ntawm tes, nrog rau kev muab luam, kaw, los sis muab cov lus qhia tso rau ib qho ehaw es yuav rov muab tau los siv, yam uas tsis tau kev tso cai los ntawm Aging with Dignity. Thaum uas cov lus hauv daim ntawv no nws muaj tswv lawm, koj yuav muab luam tau es muab ib daim qauv ntawm daim ntawv qhia txog Tsib Qho Kev Xav Tau uas koj twb teb meej ntawd rau koj tus kws kho mob, tus neeg muab kev pab kho mob, Tus Neeg Sawv Cev Rau Kev Kho Mob, cov neeg hauv tsev neeg, los sis lwm cov neeg uas koj hlub. Tag nrho lwm cov kev rov tsim dua los sis kev siv daim ntawv qhia txog Tsib Qho Kev Xav Tau yuav tsum tau kev tso cai los ntawm Aging with Dignity. Aging with Dignity xav ua tsaug rau Oregon Health Decisions rau qhov uas muab qhov kev xav tau ob, thiab Kate Callahan, Charles Sabatino, thiab Tere Saenz rau lawv txoj kev pab.

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