Advance Directive
including Power of Attorney for Health Care

Daim ntawv qhia Ua ntej
nrog Kev pom zoo tso lub Hwj chim txiav txim rau kev Saib xyuas kev Kho mob

Overview

Lub ntsiab dav

This legal document meets the requirements for Wisconsin, Minnesota and Iowa.* It lets you

- Name another person to make your health care decisions if you cannot make them for yourself.
- Write down your goals and preferences for future medical care in specific situations.

Daim ntawv raug kev cai lij choj ua tau raws li kev teev cia rau lub xeev Wisconsin, Minnesota thiab Iowa.*

Yuav kom koj rau

- Lub npe lwm tus neeg los mus txiav txim køj txog køj qhov kev saib xyuas kev kho mob yog tias køj tsis muaj peev xwm txiav txim siab tus kheej.
- Sau koj lub hom phiaj thiab qhov kev ntshaw rau kev saib xyuas kho mob rau yav tom ntej rau lub sij hawm tshwj xeeb.

The person you name is called your health care agent. You can also name alternate health care agents who can make decisions if the person you named first or second cannot or is not willing to make those decisions. This document gives your agent authority to make health care decisions on your behalf only after doctors have determined you are incapable of making health care decisions for yourself.

Tus neeg koj sau npe ntawv yuav hu hais tias tus sawv cev saib xyuas kev kho mob. Koj muaj feem rau npe ntau tus sawv cev saib xyuas kev kho mob los pab txiav txim yog tias tus køj rau npe thauj tus los sis tus thib ob ua tsis tau los sis tsis kam los mus muab kev txiav txim siab ntawv. Daim ntawv no yuav muab tvox cai rau koj tus neeg sawv cev los mus txiav txim kev saib xyuas kho mob sawv cev tam koj tsuas yog tom qab kws kho mob txiav txim tias koj tsis muaj peev xwm yuav txiav txim siab koj tus kheej rau kev saib xyuas kho mob.

*As of June 1, 2017
The name Honoring Choices Wisconsin is used under license from the Twin Cities Medical Foundation.

*Txij li thaum lub 6 hnli hnib tim 1, xyoo 2017  Lub npe Honoring Choices Wisconsin uas yog tau siv nyob rau haw daim ntawv tso cai los ntawm Twin Cities Medical Society Foundation.
This document **does not** give your agent authority to:

*Cov ntawv no yuav tsis tso cai rau koj tus neeg sawv cev mus ua:*

- Make financial or other business decisions.
  
  *Txiav txim txog nyiaj txiag los sis lwm yam kev txiav txim siab txog kev ua lag luam.*

- Make certain decisions about your mental health treatment.
  
  *Ua kev txiav txim siab kom tseeb txog koj li kev kho mob siab ntsus.*

Read this advance directive carefully before you complete and sign it. **You should discuss your goals, values, and this advance directive with your health care agent(s).** Unless you talk with your health care agent(s), they may not know your goals and be able to follow your instructions.

*Maj mam nyeem zoo zoo daim ntawv qhia ua ntej no ua ntej koj yuav ua tiav thiab kos npe rau. Koj yuav tsum sib tham txog koj lub hom phiaj, qhov kev tseem ceeb teev tseg thiab daim ntawv qhia ua ntej rau koj tus neeg sawv cev saib xyuas kev kho mob. Txawm tias koj sib tham nrog koj tus neeg sawv cev saib xyuas kev kho mob, tej zaum lawv yuav tsis paub txog koj lub hom phiaj thiab ua raws li koj qhov kev qhia.*

**Recommendation:** make an appointment with an advance care planning facilitator for help. If this advance directive does not meet your needs, ask your health organization or attorney about other options.

*Lus ntuas ceev faj:* muab kev sib teem rau kev pab nrog rau tus pab npaj cia ua ntej txog kev saib xyuas. Yog tias daim ntawv qhia ua ntej no tsis ua tau raws li koj kev xau tau, nug koj lub koom haum kev saib xyuas noj qab haus huv los sis tus kws lij choj rau lwm txoj hau kev.
To complete this advance directive
Ua kom tiav daim ntawv qhia ua ntej no

This advance directive is divided into four parts:

Daim ntawv qhia ua ntej no yuav faib ua plaub feem:

Part 1 – My health care agent

Part 2 – General authority of the health care agent

Part 3 – Statement of desires, care instructions or limits

Part 4 – Making the document legal

Follow the instructions in each of the four parts.

Ua raws li cov lus qhia rau hauv ib feem ntawm plaub.

After you complete your advance directive
Tom qab koj ua tiav koj daim ntawv qhia ua ntej

Take these steps:
Ua raws li qib:

- Talk to the person(s) you named as your agent(s) about your goals and preferences for future medical care, if you have not already. Make sure they feel able to do this important job for you in the future.

Tham nrog tus neeg ua koj rau npe ua koj tus neeg sawv cev hais txog lub hom phiaj thiab qhow kev ntshaw rau kev saib xyuas kho mob rau yav tom ntej, yog tias koj tsis tau npaj tau. Yuav tsum ntseeg tau tias lawv xav tias yuav ua tau qhow hauj lwm tseem ceeb no rau koj lawm yav tom ntej.
• Give your agent(s) a copy of this advance directive.

_Muab ib daim luam tawm daim ntawv qhia ua ntej rau koj tus neeg sawv cev._

• Talk to the rest of your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your agent(s) is, and what your preferences are.

_Sib tham nrog hvm tus haw koj tsev neeg thia b Tus phooj ywg zoo ua tus yuav muaj feem cuam tshuam nrog yog tias koj muaj kev mob nyhav los sis raug mob. Yuav tsum ntseeg tau tias lawv paub tias koj tus neeg sawv cev yog leej twg, thia b am koj ntshaw yog daw tsi._

• Give a copy to your doctor and/or your health care facility. Make sure your preferences are understood.

_Muab ib daim ntawv luam tawm rau koj tus kus kho mob thiab/los sis chaw pab saib xyuas kev kho mob. Yuav tsum ntseeg tau tias koj qhov kev ntshaw tau nkag siab lawm._

• Keep a copy of this advance directive where it can be easily found.

_Khaws ib daim ntawv qhia ua ntej no rau ib thaj chaw twg uas kom nrhiav tau yooj yim._

• If you go to a hospital or nursing home, take a copy of this advance directive and ask that it be placed in your medical record.

_Yog tias koj mus tom tsev kho mob los sis tsev laus, nqa ib daim ntawv luam tawm daim ntawv qhia ua ntej thiab muab coj mus tso cia rau haw koj qhov kev kho mob sau cia._
Review and update this advance directive whenever any of the “Five D’s” occur:

Soj ntswam thiab hloov pauw daim ntawv qhia ua ntej no txhua sij hawm yoc tias ib qho twg ntawm “Tsib D” tshm sim tawm:

Decade – when you start each new decade of your life.

Tshaum twg koy pib dua txhua kawm xyoo ntawm koy lub neej.

Death (or Dispute) – when a loved one or a health care agent dies (or disagrees with your preferences).

Tsaug (los sis Sib Cav Nyom) – yoc tham twg ib tus neej koy hlub los sis tus neeg sawv cev saib xyuas kho mob tsag (los sis tsis pom zoo nrog koy quv kev ntwaw).

Divorce – when divorce (or annulment) happens. If your spouse or domestic partner is your agent, your advance directive is no longer valid. You must complete a new advance directive, even if you want your ex-spouse or ex-partner to remain your agent.

Sib nrauj – tham twg muaj kev tshm sim tawm kev sib nrauj (los sis hais tawm tias siv tsis tawm ntwaw). Yoc tias koy tus txij nkawm los sis tus hawm hawm tawg kev tus sawv cev, koy daim ntawv qhia ua ntej yuav siv tsis tawm ntxiv. Koy yuav tsam ua kom tiaw ib daim tshiab daim ntawv qhia ua ntej, txawm tias yoc koy xav tus kom koy tus qub txij nkawm los sis qub tus hawm los mus ua koy tus sawv cev.

Diagnosis – when you are diagnosed with a serious illness.

Kev tshawb xyuas kab mob – yoc tias koy raug tshawb xyuas tau tias koy muaj kev mob nyhaw.

Decline – when your health gets worse, especially when you are unable to live on your own.

Tsis kam – yoc tias thaum twg koy lub cev nruab nrog muaj mob nyhaw, tshawb xeeb sij hawm tham koy tsis muaj peev xwm nyob koy ib leeg.

If your goals and preferences change:

Yoc tias koy lub hom phiaj thiab quv kev ntwaw pauw:

- Talk to your agent(s), your family, your doctor, and everyone who has copies of this advance directive.

Tham nrog koy tus neeg sawv cev, koy tsev neeg, kws kho mob, tham txhua tus tau muaj daim luam tawm daim ntawv qhia ua ntej.

- Then, complete a new advance directive.

Tom qab ntaww, ua kom tiaw ib daim tshiab daim ntawv qhia ua ntej.
• Cut out the card below, fill it in, fold it and put it in your wallet.

Txaiv tawm daim npav hawq qab no, ntxiv nws rau, muab quav thiab tso rau hawq koj lub hnab nyiaj.

I HAVE AN ADVANCE DIRECTIVE

Name __________________________
Date of birth ____________________

I HAVE AN ADVANCE DIRECTIVE

Lub Npe __________________________
Lub Hnub Yug ______________________

My advance directive is filed at this health care facility
________________________________________
City/State
________________________________________
Phone
________________________________________
My health care agent is
Name __________________________
Phone __________________________

Kuv daim ntawv qhia ua ntej tau muaj khaws cia rau hauv chaw pab saib xyuas kev kho mob
________________________________________
Lub Npe/Lub Xeev ____________________
Lub Nroog/Lub Xeev ____________________
Xov tooj ____________________________

Kuv tus neeg sawv cev saib xyuas kho mob yog
________________________________________
Lub Npe ____________________________
Lub Hnub Yug _______________________

Need help?
Xav tau kev pab?

If you need help to complete this advance directive, contact 1 (888) 863-5502.

Yog tias koj xav tau kev pab los mus ua kom tiav daim ntawv qhia ua ntej, tiv toj rau 1 (888) 863-5502.
Advance Directive including Power of Attorney for Health Care

For:
Rau:

Name (Lub Npe) __________________________________________________________

Date of Birth (Lub Hnub Yug) ____________________________________________

Telephone (Cell) (Xov tooj (ntawm tes)) __________________ (Work) (Ua hauj lum) __________________

(Home) (Haw tsev) ________________________________________________

Address (Chaw nyob) ________________________________________________

City (Lub nroog) _____________________________________________________

State/ZIP (Lub Xeev/Tus leb pais sab nis) ______________________________

Copies of this document have been given to:
Luam tawm daim ntaw no ua tau muab mus rau:

Name (Lub Npe) _____________________________________________________

Name (Lub Npe) _____________________________________________________

Name (Lub Npe) _____________________________________________________

Name (Lub Npe) _____________________________________________________

Name (Lub Npe) _____________________________________________________

Health care professional/health care facility:
Tus kws tshwj xeeb saib xyuas kev kho mob/ chaw pab saib xyuas kev kho mob:

Name (Lub Npe) _____________________________________________________

Name (Lub Npe) _____________________________________________________

Name (Lub Npe) _____________________________________________________

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Notice to Person Making this Document
Ceeb toom mus rau Tus neeg Ua Daim ntawv no

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

Because your health care providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision.
This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, your health care providers, and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or the domestic partnership is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your doctor.

Tsis txhob kos npe rau daim ntawv no yog tias kjis nkag siab zoo. Peb xav qhia kom kjis muab daim ntawv xub thawg (Original) no khaws cia rau haww kjis cov ntaub ntawv tom kjis tus khws kho mob.
Part 1: My health care agent

Feem thib 1: Kuw tus sawv cev saib xyuas kev kho mob

If you can no longer make your own health care decisions, this advance directive names the person you authorize to make these choices for you. This person will be your health care agent. State law says he or she will make your health care choices for you only after doctors have determined you are incapable of making health care decisions. Your agent will make decisions about your medical care as you would if you were able. You and your health care agent(s) should have ongoing talks about your health and health care choices.

Yog tias koj tsis muaj peev xwm txiav txim siab koj tus kheej hais txog kev saib xyuas kev kho mob, daim ntawv qhia ua ntej no muaj lub npe tus neeg ua koj tso cai los mus muab kev xaiw rau koj. Tus neeg no yuav yog tus sawv cev saib xyuas kev kho mob. Kev cai lij choj haww lub lav tau hais tias nws yuav muab kev xaiw rau koj tau tsuas yog lub sij hawm thaum kws kho mob tau txiav txim siab tias koj tsis muaj peev xwm los mus txiav txim siab hais txog kev saib xyuas kho mob rau koj xwb. Koj tus neeg sawv cev yuav muab kev txiav txim siab hais txog kev kho mob raws li koj xav tau yog tias tseem ua tau. Koj thiab koj tus sawv cev saib xyuas kev kho mob yuav tsum sib tham ntxiv hais txog kev koj noj qab haus hw thiab txoj kev xaiw rau kev saib xyuas kev kho mob.

Choose someone who knows you well. It should be someone you trust and who respects your goals and values. This person should be able to make difficult decisions under stress. Often family members are good choices, but not always. Choose someone who will closely follow what you want and will be a good advocate for you. Discuss this document and your views with the person(s) you choose to be your health care agent(s).

Xaiv tus neeg ua nws paub koj zoo. Yuav tsum yog tus neeg ua koj ntseeg siab thiab fum koj lub hom phiaj thiab qhov kev tseem ceeb. Tus neeg no yuav tsum muaj peev xwm txiav txim siab ua nyuaj nyuaj heev rau lub sij hawm thaum nyuaj siab. Feem ntawv yeej yog neeg haww tsev neeg thiab yuav yog ib qho kev xaiw zoo, tab sis tsis txhais tau tias ts lai. Xaiv ib tus neeg tug uas yuav ua tas li raws li yam koj qhov kev xav tau thiab yuav yog ib qho zoo txhawb nqa pab rau koj. Sib tham daim ntawv no thiab koj qhov kev soj ntsuam nrog tus neeg ua koj xaiw los mus ua koj tus sawv cev saib xyuas kev kho mob.

A health care agent must be at least 18 years old. Your health care agent may not be one of your health care providers or an employee of your health care provider, unless he or she is a relative.

Ib tus sawv cev saib xyuas kev kho mob yuav tsum muaj hnbu nyug tsis tsawg tshaj 18 xyoo. Koj tus sawv cev saib xyuas kev kho mob tej zauv yuav tsis yog tib tug ua muab kev pab cuam kev saib xyuas, Tshwj tsis yog nws yog neeg txheeb ze.
The person I choose as my health care agent is:

_Tus neeg kuv xai v los ua kuv tus saw v c e v saib xy uas ke v kho mo b y o g:_

Name (Lub Npe) ________________________________________________________________

Date of Birth (Lub Hnub Yug) __________________________________________________

Telephone (Cell) (Xov tooj (ntawm tes)) ____________________ (Work) (Ua hauj lwm) ____________

(Home) (Hauv tsev) ___________________________________________________________

Address (Chaw nyob) _________________________________________________________

City (Lub nroog) ____________________________

State/ZIP (Lub Xeev/Tus leb pais sab nis) ________________

If that person is unable or unwilling to make decisions for me, then my next choice is:

_Yog tias tus neeg ntawv tsis muaj peev xwm los sis tsis kam los mus muab kev txiav txim siab rau kuv, kuv_ 

_txoj kev xai v ntxiv y o g:_

Second choice:

_Kev xai v thib o b:_

Name (Lub Npe) ________________________________________________________________

Date of Birth (Lub Hnub Yug) __________________________________________________

Telephone (Cell) (Xov tooj (ntawm tes)) ____________________ (Work) (Ua hauj lwm) ____________

(Home) (Hauv tsev) ___________________________________________________________

Address (Chaw nyob) _________________________________________________________

City (Lub nroog) ____________________________

State/ZIP (Lub Xeev/Tus leb pais sab nis) ________________
If that person is unable or unwilling to make decisions for me, then my next choice is:

Yog tias tus neeg ntawv tsis muaj peev xwm los sis tsis kam los mus muab kev txiav txim siab rau kuv, kuv txoj kev xaiw ntxiv yog:

**Third choice:**

*Kev xaiw thib peb:

Name (Lub Npe) _______________________________________________________

Date of Birth (Lub Hnub Yug) _____________________________________________

Telephone (Cell) (Xov tooj (ntawm tes)) ________________ (Work) (Ua hauj lwum) _____________

(Home) (Hauv tsev) _____________________________________________

Address (Chaw nyob) _____________________________________________

City (Lub nroog) _____________________________________________

State/ZIP (Lub Xeev/Tus leb pais sab nis) ____________________________

☐ I do not have a health care agent. Instead, I want Part 3 of this document to guide my health care.

Tsis muaj tus sawv cev saib xyuas kev kho mob. Muab los pawv, kuv xav tau Feem 3 ntawm daim ntawv no los mus qhia txog kuv qhov saib xyuas kev kho mob
Part 2: General authority of the health care agent

Feem thib 2: Tus thawj coj tso cai ntawm tus sawv cev saib xyuas kev kho mob

To complete this part:
Los mus ua kom tiav feem no:

Draw a line through anything in the box below you do not want your health care agent to do. For example, it should look like this: Decide on

Kos ib kab mus rau qhov twg los tau hauw lub thawv hauw no uas koj xav tsis xauv tau tus sawv cev saib xyuas kev kho mob los mus ua. Piv txawv, nws yuav zoo li no: Txiav txim siab raws li

I want my health care agent to be able to:
Kuv xav tau kom tus sawv cev saib xyuas kev kho mob muaj peev xwm ua:

- Decide on tests, medicine, surgery and other medical care. If treatment has started, my agent can keep it going or stop it, based on my instructions or my best interests.

  Txiav txim siab sim, siu tshuaj, Plais thiab lum yam kev saib xyuas kho mob. Yog tias kev kho mob tau pib, kuv tus sawv cev muaj feem cia ua ntxiv mus los sis kom tsum, raws li kwv qhov kev qhia los sis kev tau txais paj ntsig zoo tshaj plaws rau kw.

- Interpret my instructions based on what he or she knows of my preferences and values.

  Txhais kwv qhov kev qhia raws li yam ua nws paub hais txog kwv qhov kev ntshaw thiab qhov kev tseem ceeb.

- Review and release my medical records and personal files as needed for my medical care.

  Soj ntsuam thiab ntnuav tawm kwv qhov kev kho mob sau cia thiab kwv cov xwm txheej ua xav tau los rau kev kho mob.

- Arrange for my medical care and treatment in Wisconsin or any other state.

  Sib teem rau kwv qhov kev kho mob thiab kho hauw nroog Wisconsin los sis lwm lub lav.

- Decide whether organs or tissues (anatomical gifts) can be donated after my death according to my preferences and values.

  Txiav txim seb puas kam pub dawb cov siab ntsws los sis nqaj mos (khoom plig rau koj lub cev nruab nrog) yuav pub tom qab kwv tuag lawm raws li kwv qhov kev ntshaw thiab qhov kev tseem ceeb.
Limits on mental health treatment in Wisconsin

Wxwv rau kev kho mob txog siab ntsws hauv xeev Wisconsin

Wisconsin law says my health care agent may not admit or commit me to an inpatient facility for mental health treatment. This means that in Wisconsin, my agent cannot admit me to:

Wisconsin txoj cai lij choj hais tias kuv tus sawv cev saib xyuas kev kho mob yuav tsis lees paub los sis cog
lus rau kuv xa mus rau thai chaw kho neeg mob sab hauv hais txog kev kho mob siab ntsws. Nov txhais tau
tias hauv xeev Wisconsin, kuv tus neeg sawv cev yuav tsis lees rau kuv xa mus:

- an institution for mental diseases
  ib lub tsev pab feem hauj lum hais txog kev kho kab mob puas hlwb
- an intermediate care facility for people with an intellectual disability, or
  chaw pab cuam qib ib nrab rau cov neeg ua xiam oob khab puas hlwb txog kev tawj ntse, los sis
- a state treatment facility for mental health.
  ib qhov chaw pab kev kho mob rau puas hlwb hauv lub lav.

My health care agent may not agree to any drastic mental health treatments for me. These treatments include experimental mental health research, brain surgery, or electroshock therapy.

Kuv tus sawv cev saib xyuas kev kho mob muaj feem tsis pom zoo rau kev kho mob loj (drastic) puas hlwb
rau kuv. Kev kho mob no yuav muaj nrog kev tshawb xyuas paub txog kev kho mob puas hlwb, phais hlwb
los sis kev kho siu fais fab chwv.

To complete the next three questions:

Ua kom tiav peb cov lus nug txuas ntxiv:

Initial or check the box beside the one statement in each section you agree with.

Pib ua los sis xaiw kos lub thawv nyob ib sab ntawm cov lus qhia hauv txhua seem koj pom zoo nrog.
In Wisconsin, if you do not mark any box in a section, or you choose “no,” only a court can make the decision and not your health care agent.

Hauv nroog Wisconsin, yog tias køj tsis kos ib lub thauw tug hauw ib seem, los sis køj xaív “tsis pom zoo” tsuas yog lub tsev hais plaub ntug xwb thiaj li txiax txim tau thiab yuav tsis yog køj tus sawu cev kev saib xyuas kхо moob.

1. Agent authority to make the decision to admit me to a nursing home or community-based residential facility for long-term care.

   Tus sawu cev kev tso cai los mus muab kev txiax txim siab los mus lees paub xa kuw rau hauw tsev laus los sis thaj chaw pab cuam chaw nyob hauv zej zog (community-based residential facility) rau kev saib xyuas sij hawm ntev.

   Note: Your health care agent has the authority to admit you to a nursing home or care facility (community-based residential facility) for a short-term stay. For example, you might need care to recover after surgery and you expect to go home.

   Lus Cim: Koj tus sawu cev saib xyuas kev kho mob muaj cai los mus lees paub xa køj mus rau ib lub tsev laus los sis thaj chaw pab kev saib xyuas (thaj chaw pab cuam chaw nyob hauv zej zog) rau ib lub sij haum luv nyob. Piv txawv, tej zaum køj yuav xav tau kev pab saib xyuas los mus pab tom qab tau phais thiab køj xav mus tom tsev.

If I need long-term care for any reason, then:

Yog tias kuw xav tau sij haum ntev saib xyuas rau qee cov xwm txheej tias vim li cas, ces:

- Yes, my agent can make the decision to admit me to a nursing home or community-based residential facility for a long-term stay.

  Yog lawm, kuw tus sawu cev muaj peev xum txiax txim siab los mus lees paub xa kuw mus rau ib lub tsev laus los sis thaj chaw pab cuam chaw nyob hauv zej zog rau kev saib xyuas sij hawm ntev.

- No, my agent cannot make the decision to admit me to a nursing home or community-based residential facility for a long-term stay.

  Tsis yog, kuw tus sawu cev tsis muaj peev xum txiax txim siab los mus lees paub xa kuw mus rau ib lub tsev laus los sis thaj chaw pab cuam chaw nyob hauv zej zog rau kev saib xyuas nyob sij hawm ntev.

In Wisconsin, choosing “no” or leaving this section blank means I cannot be admitted to a Wisconsin long-term care facility without a court order.

Hauv xeev Wisconsin, kev xaiq “Tsis yog” los sis tso seem no tsis sau dab tsi txhais tau tias kuw yuav tsis nraug lees paub mus rau Wisconsin thaj chaw pab cuam sij hawm ntev ua tsis tau txais kev txiax txim los ntaum tsev hais plaub ntug.
2. Agent authority to make the decision to refuse or have removed a feeding tube and/or IV fluids.

*Tus sawv cev kev tso cai los mus muab kev txiav txim siab los mus tsis kam los sis tshem tawm tus thoj pub zaub mov thiab/los sis IV txiv hmab txiv ntoo.*

- **Yes, my agent can make the decision** to refuse or stop tube feedings and/or IV fluids.

  *Yog, kuv tus sawv cev muaj peev xwm txiav txim siab* tsis kam los sis tsum tus thoj pub zaub mov thiab/los sis cov dej IV.

- **No, my agent cannot make the decision** to refuse or stop tube feedings and/or IV fluids.

  *Tsis yog, kuv tus sawv cev tsis muaj peev xwm txiav txim siab* tsis kam los sis tsum tus thoj pub zaub mov thiab/los sis cov dej IV.

In Wisconsin, choosing “no” or leaving this section blank means feeding tubes and IV fluids cannot be refused or stopped without a court order.

*Haw xeev Wisconsin, kev xaiv “Tsis yog” los sis tso seem no tsis sau dab tsi txhais tau tias tus thoj pub zaub mov thiab cov dej IV tsis muaj peev xwm tsis kam los sis tsum ua yog txiav txim los ntawm tsev hais plaub.*

3. Agent authority to make health care decisions during pregnancy.

*Tus sawv cev kev tso cai los mus muab kev txiav txim siab txog kev saib xyuas kho mob thauv muaj me nyuam.*

- **Yes, my agent can** make health care decisions for me if I am pregnant.

  *Yog, kuv tus sawv cev muaj peev xwm* txiav txim siab txog kev saib xyuas kho mob yog kuv muaj me nyuam.

- **No, my agent cannot** make health care decisions if I am pregnant.

  *Tsis yog, kuv tus sawv cev tsis muaj peev xwm* txiav txim siab txog kev saib xyuas kho mob yog kuv muaj me nyuam.

- **This does not apply to me.**

  *Qhov no siv tsis tau rau kuv.*

In Wisconsin, choosing “no” or leaving this section blank means health care decisions cannot be made for me while I am pregnant without a court order.

*Nyob haw xeev Wisconsin, c kev xaiv “Tsis yog” los sis tso sem no tsis sau dab tsi txhais tau tias kev txiav txim siab kev saib xyuas kho mob yuav tsis muaj peev xwm ua tau rau kuv sij hawm thauv kuv muaj me nyuam uas tsis yog txiav txim los ntawm tsev hais plaub ntug.*
Part 3: Statement of desires, care instructions or limits

Feem thib 3: Hais qhia tawm ntawm kev xav tau, muaj siab saib rau cov kev qhia los sis cov kev txwv

Part 3 allows you to make your preferences clear. Your health care agent and your doctors will refer to this section as they care for you. If you did not name a health care agent or if your health care agent cannot be reached, you can direct your care with the choices you make below. You should talk with your health care agent about the kind of care you want, even if you don’t make choices in this section.

Feem thib 3 tso cai koj los mus ua koj qhov kev ntshaw kom pom tseeb. Koj tus sawv cev saib xyuas kev kho mob thiab koe tus kws kho mob yuav ua raws li seem no raws li lawv muaj siab saib rau koj. Yog tias koj tsis rau npe tus sawv cev saib xyuas kev kho moob los sis koj tus sawv cev saib xyuas kev kho moob tsis muaj peev xwm tiv toj tau koj, koj muaj feem ncaj qha koj qhov kev saib xyuas mus rau cov kev xaiv koj ua hawv no. Koj yuav tsum tham nrog koj tus sawv cev saib xyuas kev kho mob hais txog cov kev saib xyuas koj xaiv tau, txawm tias koj tsis tau ua cov kev xaiv rau hawv seem no.

You are not required to complete this part of the document.

Koj tsis cas pees yuav ua kom tiaj feem no ntawm cov ntaub ntawv.

To complete this part:

Los mus ua kom tiaj feem no:

Initial or check the box beside the one statement you agree with.

Pib ua los sis xaiuvs kos lub thawv nyob ib sab ntawm cov lus qhia hauv txhua seem koj pom zoo nrog.

You may add other specific care instructions on page 14.

Koj muaj feem ntxiv lwm hom kev piav qhia kev saib xyuas tshuj xeeb nyob rau nploog ntawv thib 14.
1. Treatments that may prolong life if I am in this situation.

*Kev kho mob ntawv muaj feem rub kom txoj sia ntev ntxiv mus yog tias kw nyob rau qhov teeb meem no.*

If I am sick or injured and my doctors believe there is little chance I will recover the ability to know who I am, who my family and friends are, or where I am, this is my choice:

Yog tias kw kuaj mob los sis raug mob thiab kw tus kws kho mob ntseeg tias nws yeej muaj kev cia siab me ntsis tias kw yuav rov nco tau tias kw yog leej twg, kw tsev neeg thiab cov phooj ywg yog leej twg, los sis kw nyob qhov twg, nov yog kw txoj kev xaiw:

I want to refuse or stop all treatments. Some examples are a machine that breathes for me (respirator/ventilator), feeding tubes, blood products, antibiotics, or fluids given to me through an IV, treatments for chronic medical conditions, or other medications.

*Kuv xav tsis pom zoo los sis tsum txhua qhov kev kho mob.* Muaj qee cov piv txuv ua yog ib lub tshuab pab kev ua pa rau kw (khoom pab ua pa npog ntsej muag/khoom pab tshuab pa tawm), tus thoj pub zaub mov, cov ntshav, tshuaj tua kab mob, los sis pub rau kw los ntawm ib txoj IV, kev kho mob rau cov kab mob ua mob los ntev, los sis lwm yam kev kho mob.

I want to receive all treatments to keep me alive, unless my doctor determines the treatments would harm me more than help me.

*Kuv xav tau txais txhua cov kev kho mob los ua kom kuv muaj txoj sia nyob,* tsis tshuj tias kw tus kws kho mob txiav txim tias kev kho mob yuav ua rau kw raug mob tshaj qhov pab kw.

With either choice, I understand I will be kept clean and comfortable. I will continue to receive pain and comfort medicines, and food and fluids by mouth if I can swallow safely.

*Nrog rau ib qho twg ntawm txoj kev xaiw, kw nkag siab kw yuav tau khaws cia kom hwiu thiab xis nyob.*
*Kuw yuav txuas ntxiv mus txais cov tshuaj ua mob thiab xis nyob, thiab zaub mov thiab txiv hmab txiv ntoo los ntawm qhov ncauj yog tias kw kuaj peev xwm nqos yam tsis muaj teeb meem.*
2. Cardiopulmonary Resuscitation (CPR).

_Ua kom lub plawv/ntsus rov qab ua hauj lwm dua (CRP)._ 

Based on my current health, this is my choice about CPR if my heart or breathing stops.

_Raws li kuv cov kev noj qab nyob zoo tam sim no, ntawm no nws yog kuv txoj kev xaiw hais txog CPR yog tias kuv lub plawv los sis kev ua pa tau nres._

☐ I want CPR attempted **unless** my doctor determines:

_Kuv xav tau kev sib zog siv kev pab CPR tshuj tsis yog kuv tus kws kho mob txiav txim:_

- I have a medical condition and no reasonable chance of survival with CPR,

_Kuv muaj ib tug kab mob nkeeg thiab yeej tsis muaj feem xyuam yuav ciaj rau CPR,_

OR

_LOS SIS_

- CPR would harm me more than help me.

_CPR muaj feem ua kom kuv nraug mob tshaj qhov pab kuv._

☐ I do not want CPR. Let me die a natural death.

_Kuv tsis xav tau CPR. Cia kuv tuag yam li tej kev plog tua_

If you do not want emergency personnel to give you CPR, you will need to talk to your doctor about other documents you need.

_Yog tias koj tsis xav tau kev pab sih hawm phom moj ua yog siv CPR pab koj, koj yuav tsum tau tham nrog koj tus kws kho mob hais txog lwm cov ntaub ntawv koj xav tau._
Specific care instructions to meet my goals and preferences in certain situations:

Cov kev qhia saib xyuas tshwj xeeb los ua kom tau raws li kaj lub hom phiaj thiab kev ntshaw rau hauv lub caij nyooj ua paub tseeb:

Comfort preferences: These things are important to me for comfort (for example, favorite music, warm blankets, best positioning in bed).

Kev ntshaw ua xis nyob: Cov no yog qhov tseem ceeb rau kwv kom xis nyob (piv txwv, cov nkajj ua kwv nyiam, daim pam sov, pw saum lub txaj rau qhov chaw zoo).
Including others when making decisions about my care: (If there is time, try to include these people in my care decisions.)

*Nrog rau lwm hom thaum muab kev txiav txim siab txog kwov kev saib xyuas:* (Yog tias txog sij hawm, thov kom muaj cov neeg no nrog rau kev txiav txim siab kwov kev saib xyuas.)

If I am near death and cannot communicate, I want to give my friends and family these personal messages:

*Yog tias kwv twb yuav tuag thiab tham tsis taus lawm, kwv xaviais ib cov lus rau kwv cov phooj ywg thiab tsev neeg:*

If I am near death, things I would want: (For example, favorite music, rituals, dim lighting, a visit from the hospital chaplain or someone from my faith community.)

*Yog tias kwv twb yuav tuag lawm, yam ua kwv xav tau:* (Piv txuwv, cov nkauj ua kw nyiam, tej kab ke, lub teeb qauj leg, ib qho kev tuaj saib ntawm tus xib fwb tsev kho mob los sis ieb tus twg tuaj ntawm kwv txoj kev ntseeg hawv zej zog.)
To complete this part:
Los mus ua kom tiav feem no:
Initial or check the box beside the statement you agree with.

Pib ua los sis xaiv kos lub thawv nyob ib sab ntawm cov lus qhia ua koj pom zoo nrog.

After my death, these are some of my preferences:
Tom qab kuv tuag, cov no yog kuv qee cov kev ntshaw:

1. Donation of my organs or tissue (anatomical gifts)
   Muab pub dawb kuv cov siab ntsws los sis nqaij mos (khoom plig rau lub cev nruab nrog)
   Examples of organs are kidney, liver, heart, and lungs. Examples of tissue are eyes, skin, bones, and heart valves.

   Piv txwv ntawm cov siab ntsws yog raum, siab, plawv, thiab ntsws. Piv txwv ntawm cov nqaij mos yog qho muag, tawv nqaij, pob txa, thiab qhov qhib – kaw ntawm lub plawv.

   |   A. I do not wish to donate any part of my body. |
   | Kuv tsis kam pub dawb txhua qho ntawm kuv tus kheej. |

   |   B. After I die, I wish to donate any parts of my body that may help others.* |
   | Tom qab kuv tuag, kuv xav pub dawb txhua qho ntawm kuv tus kheej uas muaj feem pab tau lum tus.* |

   |   C. After I die, I wish to donate only these organs and tissue:* |
   | Tom qab kuv tuag, kuv xav pub dawb tsuas yog cov siab ntsws thiab nqaij mos:* |

*If you checked B or C, register in your state at www.DonateLife.net to make your preferences legal.

2. Autopsy preference

*Ntshaw kom kuaj lub cev thaum tuag lawm*

*Initial or check one box OR both B and C.*

*Pib ua los sis xaiw kos ib lub thawv LOS SIS ob B thiab C.*

- A. I do not wish to have an autopsy.

  *Kuv tsis xav kom muaj kev kuaj lub cev thaum tuag lawm.*

- B. I would accept an autopsy if it can help my relatives and/or loved ones understand the cause of my death or if the findings may help them make their own health care choices.

  *Kuv yuav pom zoo kuaj lub cev thaum tuag lawm yog tias yuav pab rau kuv cov txheeb ze thiab/los sis tus kuv hlub nkag siab qhov kab mob ua kuv tuag los sis qhov kev nrhiav pom muaj feem pab lawv los txiav txim siab xaiw rau lawv tus kheej qhov kev saib xyuas kho mob.*

- C. I would accept an autopsy if it can help advance medical knowledge or medical education.

  *Kuv yuav pom zoo kuaj lub cev thaum tuag lawm yog tias nws yuav pab cov kev paub kev kho mob qib siab los sis kev kawm txog kev kho mob.*
Part 4: Making the document legal

Feem thib 4: Ua kom daim ntawv raug kev cai lij choj

**In Wisconsin:** This document must be signed and dated in the presence of two witnesses who meet the qualifications explained below. A notary public cannot be used instead of the two witnesses.

**Nyob hawb lub xeex Wisconsin:** Daim ntawv no yuav tsum tau kos npe thiab rau hnub tim uas muaj ob tus neeg ua pov thawj tus muaj kev txawj ntse raws li piav qhia hawb no. Ib tug kws lij choj tsoom fiwv yuav siv tsis tau los saww cev ob tug pov thawj.

**In Minnesota or Iowa:** This document must be signed and dated either in the presence of two witnesses who meet the qualifications explained below OR in the presence of a notary public.

**Nyob hawb xeex Minnesota los sis xeex Iowa:** Daim ntawv no yuav tsum tau kos npe thiab rau hnub tim tus tug los tau ntawm ob tug neeg pov thawj tus muaj kev txawj ntse raws li piav qhia hawb no LOS SIS tus saww cev ntawm kws lij choj tsoom fiwv.

**My signature and date**

*Kuw tus tes ntawv kos npe thiab hnub tim*

I am of sound mind. I agree with everything written in this document.

*Kuw yeej feeb meej pem. Kuv txaus siab rau txhua yam tau sau hawb daim ntawv no.*

I have completed this document of my free will.

*Kuw tau ua tiav daim ntawv no yam kev txaus siab.*

My signature (Kuw tus tes ntawv kos npe) ___________________________ Date (Hnub tim) __________________

If I cannot sign my name, I ask (print name) ___________________________ to sign for me.

Yog kuv tsis muaj peev xwm kos npe, Kuw nug (Lub npe ua yog sau) ___________________________

los kos npe rau kuv.

Signature of the person I asked to sign for me ___________________________

Tes ntawv kos npe tus neeg ua kuv pom zoo kos npe rau kuv ___________________________
Statement of witnesses
Daim ntawv hais txog cov pov thawj

A. By signing this document as a witness, I certify I am:

Los ntawm kev kos npe daim ntawv no uas yog ib tug pov thawj, kuv lees paub tias kuv:

- At least 18 years old.
  Muaj hnub nyoog tsawg kawg 18 xyoo.
- Not related by blood, marriage, domestic partnership, or adoption to the person signing this document.
  Tsis cuam tshuam rau cov ntshav, kev sib yuav, tus khub hauv teb chaws, los sis lees los mus rau tus neeg kos npe rau daim ntawv no.
- Not a health care agent appointed by the person signing this document.
  Yuav tsis yog ib tus sawv cev saib xyuas kev kho mob raug teev los ntawm tus kos npe daim ntawv no.
- Not directly financially responsible for this person’s health care.
  Tus neeg muab kev saib xyuas kho mob yuav tsis muaj feem tuav tswij cov nyiaj txiag.
- Not a health care provider directly serving the person at this time.
  Yuav tsis yog koom haum muab kev pav saib xyuas kho mob los mus pav neaj qha rau rau neeb rub sih hawm no.
- Not an employee of a health care provider directly serving the person at this time.
  In Wisconsin, social workers and chaplains may serve as witnesses even if employed by the health care provider.
  Yuav tsis yog tus neeg ua hauj lwm ntawm koom haum muab kev pav saib xyuas kho mob los mus pav neaj qha rau rau neeb rub sih hawm no.
  Nyob hauv xeev Wisconsin, tus neeg ua hauj lwm pav neeg zej zog thiab cov xib fwb muaj feem pav raus li yog ua pov thawj txawm tias lawv yog neeg ua hauj lwm hauv koom haum muab kev pav saib xyuas kho mob.
- Not aware that I am entitled to or have a claim against the person’s estate.
  Tsis paub tias kuv muaj txoj cai los mus los sis muaj kev thov rov qab ua tsis raug raus li cov khoom vaj tsev ntawm tus neeg ntawv muaj.

B. I know this to be the person identified in the document. I believe this person to be of sound mind and at least 18 years old. I personally witnessed this person sign this document, and I believe that this person did so voluntarily.

Kuv paub zoo tias no yuav yog tus neeg tau hais tseg rau haw cov ntaub ntawv. Kuv ntseeq tau tias tus neeg no muaj lub siab zoo thiab hnub nyoog tsis tsawg tshaj 18 xyoo. Kuv tus kheej yuav ua pov thawj rau tus neeg no kos rau daim ntawv, thiab kuv ntseeq tau tais tus neeg no tau ua raus li yam txaus siab hlo.
Witness Number One:

_Tus pov thawj Naj npawb Ib:_

Signature (Kos npe) ____________________ Date (Hnub tim) ____________________

Print name (Lub npe ua yog sau) ___________________________________________

Address (Chaw nyob) ______________________________________________________

City (Lub nroog) __________________________________________________________

State/ZIP (Lub xeev/Tus leb país sab nis) ___________________________________

Witness Number Two:

_Tus pov thawj Naj npawb ob:_

Signature (Kos npe) ____________________ Date (Hnub tim) ____________________

Print name (Lub npe ua yog sau) ___________________________________________

Address (Chaw nyob) ______________________________________________________

City (Lub nroog) __________________________________________________________

State/ZIP (Lub xeev/Tus leb país sab nis) ___________________________________
**Instructions for notarization (Minnesota or Iowa only)**

Residents of Iowa and Minnesota may have the document signed and stamped by a notary public authorized in their state instead of two witnesses.

**Notary Public:**

In the state of Minnesota/Iowa (circle one), County of _______________________________.

In my presence on ____________________ (date), ______________________________ (name) acknowledged his or her signature on this document or authorized the person signing this document to sign on his or her behalf. I am not named as a health care agent or alternate health care agent in this document.

__________________________________________  Notary stamp (required):

Signature of notary

__________________________________________

Title (and rank)

My commission expires (date): ________________