

Planning with HOPE

*Providing a loving embrace,
when it matters most.*



HOPE
HOSPICE



At Hope Hospice we know that our work is devoted to caring for people. That includes patients, families, and our community. As a non-profit hospice that has served Central Texas for over 37 years, we are dedicated to providing hospice services to all that need it, despite their ability to pay.

We strive to improve our services, so that we can remove any barriers that prevent people from seeking help. We want people to have the best quality of life possible, but also provide a continuum of care from the time you are diagnosed to the time we serve your family left behind.

We want you to focus on what matters most, and we will do the rest. Hospice is about living, not dying.

We provide care to all ages that are suffering from a life limiting illness. We also provide grief support to all people suffering a loss, whether they have been on hospice or in the community,

The staff and volunteers at Hope Hospice are here for you when it matters most!

Sincerely,

A handwritten signature in black ink that reads "Nickie Drummond RN BSN".

Nickie Drummond
Chief Executive Officer
Hope Hospice

Completed by _____ Completed date _____

Hospice Care



What is Hospice Care?

Hospice care is for people that are searching for a quality life when they are facing a life limiting illness, when the focus becomes palliative versus curative. This change of focus does not mean giving up, or giving in, but means choosing to have your symptoms controlled and living your life on your terms. Our team are experts in pain and symptoms management. We are there to focus on symptoms, so you and your loved ones can focus on life. We take a compassionate, patient centered approach to providing holistic care – physical, emotional and spiritual – for our patients and their families.

Hospice is about living and spending time with what or who matters most to you. Under Hope Hospice care you or your loved are involved in the plan for your care. You have a team of professionals helping guide you through these decisions. This is composed of a hospice physician, your primary physician, a team of registered nurses, Master's level social worker, spiritual care counselor, certified nurse's aides, and volunteers.

Hope Hospice helps you cover the cost of the visits from your team, wherever you call home. Hospice covers all related medications, supplies, medical equipment, and appropriate treatments to maximize your comfort.

Though you may feel you are not ready for hospice, usually the caregiver is seeking some solace and relief from the stress. Our staff can help alleviate these feelings by having a Registered Nurse a phone call away 24/7. We have a dedicated On-Call Team to answer and questions you may have or visit to assess changes when you need us.

Our Grief Center provides support to those left behind for 13 months. This support is as little or robust as is requested. We have mailings and letters, individual counseling, group counseling, support groups, children's therapy and camps.

Advanced Directives



I have appointed the following persons to act on my behalf if I become disabled:

Power of Attorney

Name

Contact #

1st _____

2nd _____

Medical Power of Attorney

Name

Contact #

1st _____

2nd _____

This page is for reference only and does not constitute a legal document or supersede any previously completed forms. Please call us at **830.625.7525** if you have any questions about advanced directives. Hope Hospice social workers are available to answer questions and assist with the completion of these forms.

Creating a will is one of the most important things you can do. The objective of a will is to tell the court who you want to administer the estate (executor) and where you want the estate to be distributed. In the absence of a will, the specific state or federal laws will dictate how your affairs are finalized. Do not allow that to happen, please take the time to prepare a will.

Location of my will _____



My Medical History

My Diagnoses _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Treatments I have received _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

My physicians are _____

Blood type _____

Body, organ, or tissue donor information _____

I have the following implanted medical devices _____

Instructions about 911



- Yes, I want resuscitation- call 911
- No, I do NOT want resuscitation- do NOT call 911

I have an Out of Hospital Do Not Resuscitate (DNR) Form* Yes No
*Blank OOHDNR located at back of book

Location of Out of Hospital DNR: _____

My Wishes

- Comfort care only
- Adequate pain medications to relieve my pain even if that means I will be drowsy or sleep more
- I do wish to die in my home I do NOT wish to die in my home

I want the following spiritual and/or cultural ritual(s) to be observed:

To occur before, at or after death: _____

Advanced planning or preparation required: _____

Advanced notification will need to be given to: _____



At Time of Death

- Decide who will do what tasks
- Contact those who will take on responsibilities
- Have someone writing down every decision made and every action taken

If death occurs at home and I am under hospice care, please call Hope Hospice at 830-625-7525. Do not call 911.

If death occurs at home and has not been anticipated or expected, please call my personal physician, _____(name) at _____(phone number), not 911.

If my death was not expected, the doctor may ask you to call the medical examiner or police.

Please follow my wishes regarding organ donation (see medical history)

At the time of my death, please notify my friends and family listed on page 5.

At the time of my death, please notify _____funeral home at _____(phone number).

My Remains

I would like my body to be

buried cremated

Disposition of my buried remains

embalming no embalming

plain pine box alternative container

coffin- wood coffin- metal coffin- fiberglass

I have designated the following garments for my burial_____

My designated garments are located _____ Please include the following items with my body (prayer beads, books of scripture, photographs, etc.)

Cemetery where I own interment space_____

Plot/Drawer Number_____ Disposition of my cremated remains placed in an urn

scattered_____ (location) leave in container from crematory

other_____

Funeral/My Wishes



- no viewing
- private viewing
- public viewing
- visitation only
- private family service
- memorial service
- funeral with casket present

Minister/ Chaplain/ Rabbi/ Priest to perform service

Name _____ Phone Number _____

Eulogy to be given by _____

Church / location of services _____

Pallbearers

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Music _____

Readings/Scripture/Poetry _____

How I want to be remembered _____

Tombstone Engraving _____

Order copies of death certificate from the funeral director or health department

Checklist for Survivors



- decide on a time/place of funeral/memorial service
- name a suitable charity for memorial gifts
- submit an obituary with time and place of service
- notify friends/ family
- keep record of calls, visits, food, offers of help
- arrange hospitality for visiting relatives
- arrange childcare if needed
- coordinate food needed
- coordinate household chores
- notify insurance companies and social security
- notify executor and/ or lawyer
- send acknowledgment of remembrances
- check debts/payments due
- if deceased was living alone, protect valuables and take precautions against intruders
- provide for pets and houseplants
- cancel subscriptions, newspaper, email or internet accounts, credit cards, cable TV
- notify utilities, landlord, post office, yard or household help
- recycle medical devices (pacemaker, glasses, hearing aids, walking aids, commode, etc.)
- other



My Obituary

Other close relatives _____

Education

High School attended _____

University attended _____

Military record _____

Family history _____

Work/career professional history _____

Religious activities and affiliations _____

Civic/community accomplishments _____

Special awards/ accomplishments _____

Hobbies _____

Volunteer activities _____

Memorial gifts may be given to _____



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My Financial Information

Financial Assets and Loans	Account Numbers	Company and Contact Information
Bank Accounts		
Checking		
Savings		
Other		
Credit Union Account(s)		
Investment (stocks, bonds) Account(s)		
Trusts		
Retirement Account(s) such as 401k, 403(b), IRA or Annuity		
Pension		
Loans & Mortgages		
Residential		
Business		
Vacation Property		
Vehicles		
Personal		
Other		



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My Financial Information

Financial Assets and Loans	Account Numbers	Company and Contact Information
Partnerships		
Limited Liability Companies (LLC)		
Credit Cards		

Passwords	
ATM	
Computer	
Accounts	

Insurance	Policy Numbers	Company and Contact Information
Medical		
Life		
Auto		
Home		
Other		

My Personal Property



List important personal property you own and the names of the loved ones you would like to receive this property. Include belongings like furniture, jewelry, artwork, family heirlooms, photographs, etc. You may consider having these items appraised. This will not replace a valid will. Consult an attorney regarding laws in your state.

Property Description	Property Location	Photo (Y/N)	Name of Person Receive	Phone Number	Email Address



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My Executed Documents

Document	Date Signed	Location	Check if Applicable
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Account			
Organ Donation			
Child Adoption Papers			
Section 529 Education Plan			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Marriage License			
Divorce Decree or Settlement			
Birth Certificates			
Automobile Title Papers			
Citizenship Papers/Passports			
Burial agreements			
Retirement Plan Beneficiary Designation			
Insurance Beneficiary Designation			
Military Discharge Papers			
Employment/Independent Contractor Contract			
Domestic Partnership			
Personal Property Distribution List			
Other			

My important records can generally be found home filing cabinet home safe attorney's office
 safety deposit box accountant's office financial planner's office financial planner's office other _____

___ Start a filing system for quick and easy retrieval. For example, use colored manila folders.

___ Here are some possible file headings: bank correspondence, bills, business related, credit card statements, employer correspondence, estate documents, household, income tax related, investments, life insurance, other assets, personal documents, etc.

___ Create a calendar with important due dates.

___ Keep a log of actions taken, including the date and contact person if someone else was involved and pertinent notes. (If you don't create a list, you're likely to forget the dozens of contacts you'll make and the things you've done)

Work with Financial Advisor or Attorney

___ Gather significant documents including your loved one's will and trust if applicable.

___ If you have not previously worked with a tax preparation professional, inquire about which documents to keep and your pertinent tax issues for the current year.

___ Ask friends or a professional advisor for the name of a lawyer who does estate work if you do not have an attorney already. This individual will guide you during the probate process.

___ If you're the executor of the will, process and manage the estate settlement process with the guidance of your professional advisors.

Review Cash Flow and Liquidity

___ Be certain you have sufficient cash flow during this transition period. Prepare a statement listing where money will come from and where it needs to go in the coming months. Include a list of regular and periodic bills.

___ Inquire if investments may be available at face value without penalty after death (For example, certificates of deposit with a "death put" or a variable annuity with death benefit greater than its current market value). Contact your financial advisor, attorney or CPA.

Review Assets and Liabilities

___ Create a list of everything you own and your debts.

Collect Benefits

___ Locate birth certificate, social security card, marriage license, military discharge papers, financial account statements and company benefits brochure you may need to collect certain benefits. Keep these papers readily available in your organizational folders.

___ File benefits claim through the nearest social security office or go online at www.ssa.gov and print out Publication No. 05-10084, Social Security Survivor Benefits, for more information.

___ Contact your life insurance agent to start collecting benefits. You may have various payment options. Be certain you understand your choices before selecting the payout method. Check the following sources for other life insurance: loved one's employer or former employers; insurance through a mortgage company, credit cards or certain other loans; and professional association or unions.

___ Contact the Department of Veteran's Affairs, if applicable, at the local V A office or go online at www.va.gov. You will need your loved one's Defense Department Form 214. Check your loved one's IRA or pension. Consult your CPA, financial planner or attorney before making any choices.

___ Contact the Human Resources department of your loved one's employer if they were employed at the time of death. Staff can assist you with unpaid salary, vacation pay, sick pay, medical-care flex or reimbursement account, bonuses and commissions, life insurance, pension benefits, access to qualified retirement accounts, stock options, and any other benefits due. Consult your CPA, financial planner or attorney before making any choices.

___ Contact the financial aid office if you have a child in college. Your son/ daughter may be eligible for special assistance or increased financial aid.

___ If recently deceased was your spouse:

___ Make sure you have your own medical insurance coverage. If you and your family were covered under your deceased spouse's policy at work, inquire about continuing under the group plan through COBRA coverage. You will have to pay any premiums. Notify Medicare if your spouse was covered.

___ Inform your auto, homeowner' s, liability, long-term care and other appropriate insurance carriers. Premiums may be reduced or you may be eligible for a refund of a portion of the premium payment.

___ Locate the will and identify the executor

___ Consider hiring an attorney or CPA knowledgeable in estate law.

___ Consult with a CPA or attorney to determine if filing a federal or state estate tax return is necessary.

Myths about Hospice



Myth: Hospice is a place

Fact: Hospice care usually takes place in the comfort of your home, but can be provided in any environment in which you live, including nursing homes, assisted living facilities, and residential care facilities.

Myth: Hospice means that the patient will soon die

Fact: Receiving hospice care does not mean giving up hope or that death is imminent. The earlier an individual receives hospice care, the more opportunity there is to stabilize your medical condition and address other needs. Some patients actually improve and may be discharged from hospice care.

Myth: Families have to pay for hospice care

Fact: Hospice care is a Medicare and Medicaid benefit. Most private insurers also cover hospice care as well. And, through its charity care policies, Hope Hospice is committed to caring for all patients, regardless of an individual's ability to pay.

Myth: Patients have to give up their own doctor

Fact: Patients may keep their own physician who will work closely with our medical staff to plan and carry out care.

Myth: Hospice is only for cancer patients

Fact: A large number of hospice patients have non-cancer illnesses such as congestive heart failure, dementia, chronic lung disease, or other conditions.

Myth: Patients only receive hospice care for a limited amount of time

Fact: The Medicare and Medicaid benefit and most private insurance pays for hospice care as long as the patient continues to meet the criteria for hospice care. Patients may come on and off hospice care, and re-enroll in hospice care, as needed.

Myth: Hospice provides 24-hour care

Fact: The hospice team (which includes physicians, nurses, social workers, home health aides, chaplains, LPC, bereavement counselors, and volunteers) visits patients intermittently, and are on call 24 hours a day /7 days a week for support and care.

Myth: All hospice programs are the same

Fact: All licensed hospice programs must provide certain services, but the range of support services and programs may differ. Hope Hospice is the oldest community-supported non-profit in the area and we provide patient care and community programs for those unable to pay.

Myth: Hospice care is just for the patient

Fact: Hospice care focuses on comfort, dignity, and emotional support. The quality of life for the patient, family members and others, who are caregivers, is the highest priority.

Contact our Hospice Program

Please call at 830-625-7525 if you have any questions about hospice care or if you wish to begin care for someone you know

One Day at a Time

There are two days in the week upon which I never worry - two carefree days kept sacredly free from fear and apprehension.

One of these days is yesterday. Yesterday, with all its cares and frets and all its pains and aches, all its faults, its mistakes and blunders, has passed forever beyond my recall.

And the other day that I do not worry about is tomorrow. Tomorrow, with all its possible adversities, its burdens, its perils, its large promise and poor performance, its failures and mistakes, is as far beyond my mastery as its dead sister, yesterday.

Tomorrow is God's day; it will be mine.

There is left for myself, then, but one day in the week - today. Any man can fight battles of today. Any woman can carry the burdens of just one day; any man can resist the temptations of today. It is only when we willfully add the burdens of those two awful eternities, yesterday and tomorrow - such burdens as only the mighty God can sustain, that we break down. It isn't the experiences of today that drive men mad . It is the remorse of what happened yesterday, and fear of what tomorrow might bring.

These are God's days. Leave them to Him .

Author Unknown



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Bulverde, TX 78163
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Fax: 830-606-1388

New Braunfels

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Braunfels, TX 78130
Main: 830-625-7525
Fax: 830-606-1388

www.hopehospice.net