

How to use I-CAN! to Create AHDC Forms



Follow these steps

- Be sure to print or save the PDF file with your password so you can re-enter if there are any disruptions

1. Select your language preference, video preference and then select the Module you want to complete.
2. The next screen will give you a description of the module. Click "Next" and then choose "I am new to I-CAN!".
3. At the end of the tutorial and disclaimer, enter your first and last name and click "Next". I-CAN! will create a unique password for you. Be sure to print or save the PDF file with your password so you can re-enter if there are any disruptions.
4. If you want to re-enter a module using a user you have created, select "I am returning to I-CAN! and I have my password" and then enter in your password. You will be taken back to the module with your responses already filled in.

What does I-CAN! do?

I-CAN! will fill out the forms for you by asking you simple questions and putting your answers on the court forms in the correct place. I-CAN! will print all of the forms that are necessary for your individual situation. I-CAN! will also print instructions to tell you what to do with your forms, and how the court process works.

Who can use the AHCD module?

Advanced Health Care Directive

Users:

- An adult who would like to designate an agent (or agents) to have power of attorney

An Advance Health Care Directive (AHCD) expresses your wishes for medical treatment in case you become incapacitated and are unable to make decisions for yourself, such as in the event of an accident or severe illness.

It also allows you to appoint a health care agent to make care and treatment decisions for you if you are unable to. It also lets you express your wishes regarding donation of organs and the designation of a primary physician.

How to go through the Advance Health Care Directive Module

Enter the following information

Scenario 1: You would like to have someone be your healthcare agent incase you become incapacitated

1. You want to fill out an Advance Health Care Directive (AHCD). You are over 18 years of age.
2. Your name is Jane Smith. Your address is 5555 Wee St., Weeville, CA, 12345. Your home phone is 222-444-8888 and your work phone is 333-666-9999.
3. The name of the person that will make health care decisions for you is John Smith. He lives at 5554 Wee St., Weeville, CA, 12345. His home phone number is 222-333-4444. This work phone number is 999-888-7777.
4. You would like Willa Brown to be your alternate health care agent. She lives at 9999 Wee St., Weeville, CA, 12345. Her home phone number is 456-123-7890. Her work phone is 321-654-9870.
5. You do not want to select another alternate health care agent.
6. You would like to nominate your agent to act as your conservator. There is no decision about your health care that you do not want your agent to be authorized to do. You want your agent to have health care decisions for you as soon as you become incapacitated. There is no decision about your post death care that you do not want your agent to be authorized to make. You wish to express your own health care wishes.
7. In the time of end-of-life decisions you want to not prolong your life in certain situations. You do not want to prolong life if you have an incurable and irreversible condition that will result in your death within a relatively short time, you become unconscious with an irreversible coma or a persistent vegetative stage. You authorize the provision of food and/or water through a tube. You do not want resuscitative interventions to be used on you if you suffer cardiac or respiratory arrest. You do agree for treatment to ease the pain. You do not wish add any other requests.
8. You wish to donate your any needed organs, tissues or parts.
9. You do not have a physician you wish to designate as your primary physician.
10. You know two people who can be present to witness the signing of your documents. The first witness is named Henry Doe. He lives at 9986 Trams Teg St., Weeville, CA 98765. The second witness is named Martha Dob and she lives at 8699 Trams Teg St., Weeville, Ca, 98765.
11. You are not a patient of a skilled nursing facility.

Variations to try: Try designating a physician as your primary physician. Try selecting a second health care agent.