

The Haven Plan: Advance Care Planning Guide

A compassionate tool for preserving your voice and protecting your wishes.



Introduction

Planning for the future isn't just about finances or assets, it's also about your voice, your values, and the kind of care you want to receive if you're unable to speak for yourself.

At Dynasty Haven, we believe in empowering individuals and families to make those decisions before a crisis arises, with clarity and compassion.

The Haven Plan: Advanced Care Planning Guide is designed to help you:

- Understand key documents like a Living Will, Healthcare Power of Attorney, and DNR
- Choose someone you trust to make healthcare decisions on your behalf.
- Communicate your wishes clearly with your loved ones and care providers.
- Keep all critical information in one place for easy access.

This guide is not only a resource, it's a reflection of your values and a way to ensure peace of mind for yourself and those you love. Whether you are navigating a new diagnosis, entering elder care, or simply being proactive, this guide is a powerful step toward dignity and preparedness.

Let this be the beginning of conversations that matter.

This guide is not a legal document, but a tool to help you reflect, communicate, and act with confidence. Use it alongside professional legal and medical support to ensure your decisions are properly documented and recognized.

*This guide is for informational and planning purposes only. It does not constitute legal, medical, or financial advice. Dynasty Haven recommends that you consult with a licensed attorney, healthcare provider, or qualified professional to complete official advance directive forms that comply with your state's laws.

Section 1:

Understanding

Advance Care Planning

The Value of Planning Ahead

Life is full of unexpected turns. In your final days, will your loved ones know what to do? Advance care planning is a gift of clarity and peace. It allows you to think deeply about your care preferences, and ensures that your loved ones don't have to guess or carry that burden alone.

What is Advance Care Planning?

Advance care planning is the process of deciding what kind of medical care you would want if you were seriously ill or unable to speak for yourself. It includes:

- Reflecting on your values and goals
- Talking with loved ones and your care team
- Completing legal forms to document your choices

Who Should Have a Plan?

Everyone over the age of 18 should have an advance care plan. You don't have to be elderly or sick, accidents, surgeries, and emergencies can happen at any time.

Why It Matters

Advance care planning:

- Reduces unwanted treatments
- Helps ensure your wishes are respected
- Lessens stress and conflict among loved ones
- Improves quality of end-of-life care

Section 2:

Getting Started

Where Do I Begin?

Advance care planning has three steps:

1. Reflect on what matters most to you
2. Talk with people you trust
3. Write your wishes down

Your care plan can change over time. What matter is starting the conversation.

Discussing Your Plan?

Choose a calm time to talk with family and friends. Share your fears, hopes, and values. Be honest and invite their support.

Example:

“I’ve been think about the kind of care I’d want if I couldn’t speak for myself. I’d love to share some of my thoughts with you.”

Reflecting on Your Plan

Use these prompts to guide your thinking:

- Who do i trust to speak on my behalf if I can’t?
- Would I want life-prolonging treatments or comfort-focused care?
- What physical, emotional, or spiritual supports are important to me

Section 3:

Formalizing Your

Wishes

Medical Power of Attorney

This legal form allows you to appoint someone (called a healthcare proxy or agent) to make medical decisions for you if you are unable.

Choose someone who:

- Understands your values
- Can stay calm in emergencies
- Will advocate on your behalf

Name of Proxy:

Phone:

Relationship:

Backup Proxy (optional):

Other Directives

You may also consider:

- DNR (Do No Resuscitate)
- DNI (Do Not Intubate)
- Organ and Tissue Donation Forms
- MOLST / POLST forms for advanced illness

Living Will

A Living Will describes the treatments you would or wouldn't want in a serious medical situation.

Example Decisions:

- CPR (resuscitation): Yes / No
- Feed Tubes: Yes / No
- Pain Medication: Yes / No
- Ventilator Use: Yes / No
- Comfort-Only Care: Yes / No

Dynasty Haven can help you review and complete this document with sensitivity and clarity.

Section 4:

Communication &

Storage

Sharing Your Wishes

Once your documents are complete:

- Give copies to your proxy, physician, and family
- Keep digital copies on your phone
- Inform your care providers where the originals are stored,

Storing and Updating

- Review your plan yearly or after major life change
- Re-sign and redistribute updated copies as needed
- Store in a clearly marked, accessible location

Important Things to Remember

- Sign and date all forms
- Use witnesses or notary as required
- Communicate often
- Make sure your decision-makers can locate and use your documents when needed
- Review annually

Need a Notary?

Dynasty Haven proudly offers on-site and mobile notary services through Official & On-Point Boss Lady Notary Services. Whether you're finalizing your Living Will or Medical Power of Attorney, we're here to help you make it official, conveniently and with care

To schedule mobile or in-office notary services contact us at:
notary.IN@gmail.com | (812) 269-7950

Section 5:

Frequently Asked Questions

Do I need a lawyer?

Not always. Some documents just need a notary or two witnesses depending on your state.

Where should I keep my documents?

Keep them in a safe, accessible place. Share copies with your proxy and providers.

Do these documents expire?

No, but they should be reviewed regularly.

Is a healthcare proxy the same as Power of Attorney?

Not exactly. A Medical Power of Attorney covers healthcare decisions. You can also assign a financial POA separately.

Section 6:

How Dynasty Haven

Supports Your Plan

At Dynasty Haven, we understand that planning for future care isn't just about documents, it's about being seen, heard, and supported at every step. We're here to help you navigate your care preferences with clarity and compassion, whether you're just beginning or updating an existing plan.

Here's how we can support you:

- **Advance Care Planning Consultations**

We'll talk you through your options, answer questions, and help you think through your values and goals.

- **Notarization Services**

Through Official and On-Point Boss Lady Notary Services, we offer on-site or mobile notarization of Living Wills, Powers of Attorney, and more.

- **Wellness and Case Management**

Our team can assess your overall needs, physical, emotional, and social, to make sure your care aligns with your life

- **Family Facilitation**

We provide a calm, neutral space to help loved ones understand your plan and reduce conflict or confusion.

- **Dementia-Friendly Support**

For individuals navigating cognitive decline, we offer guidance for tailoring care plans to maintain dignity and comfort.

At Dynasty Haven, planning ahead isn't just paperwork, it's peace of mind. Let us support you in creating a plan that reflects your life, your voice, and your values.

About Dynasty Haven

Founded in Bloomington, Indiana, Dynasty Haven is a locally owned home care agency dedicated to delivering dignity, compassion, and connection in every season of life. We offer:

- Personal & companion care
- dementia-friendly support
- Advance care planning
- Case management & wellness check-ins
- Bereavement and family support

Contact Information



Our Phone
(812) 369-4076



Our Website
www.dhcaregivingsservices.com



Our Location
**820 W. 17th St., Suite 7
Bloomington, IN 47404**



Our Email
dynastyhaven22@gmail.com



*Providing Loving Care to
Your Place of Refuge*

Glossary

Of Terms

Advance Directive: A legal document outlining your care preferences

Living Will: Instructions for treatment if you can't speak for yourself

Healthcare Proxy: Someone you trust to make medical decisions for you

DNR/DNI: Orders that limit resuscitation or intubation

MOLST/POLST: Physician ordered forms used in advanced illness

INDIANA
**ADVANCE CARE
DIRECTIVE**



INDIANA HEALTH CARE REPRESENTATIVE:

A Health Care Representative is a person chosen by you to make healthcare decisions, including end-of-life decisions, if you are unable to make your own. It is a good idea to talk with this person about your preferences ahead of time. A doctor will determine if you are unable to make your own decisions.

My name (also known as “Declarant”):

Full Legal Name

Date of Birth (MM/DD/YYYY)

My Health Care Representative can make decisions for me if I cannot make and share my own health care decisions. My Health Care Representative must follow my wishes and values. My values include my ideas about dignity and quality of life. If my Health Care Representative does not know my wishes, my Health Care Representative must act in good faith and make decisions in my best interests. These decisions include but are not limited to:

- Agreeing to medical treatment
- Refusing medical treatment
- Stopping medical treatment
- Arranging comfort care

I want the following person to be my Health Care Representative (HCR):

HCR Name

HCR Phone Number

If my primary HCR named above is not able or available to act for me, I want the following person to be my backup Health Care Representative:

Backup HCR Name

Backup HCR Phone Number

OPTIONAL STATEMENT OF PREFERENCES:

I would like to provide some additional guidance for my Health Care Representative on my end-of-life preferences. (Please select only one option below).

- The **quality of my life** is more important than the length of my life. If I am unable to make my own decisions and my attending physician believes that I will not recover, I do not want treatments to prolong my life or delay my death. Instead, I would want treatment or care to make me comfortable and to relieve me of pain.
- **Staying alive** is more important to me, no matter how sick I am or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible, in accordance with reasonable medical standards.
- I choose to NOT complete this section at this time.

Declarant Name: _____

REQUIRED SIGNATURES:

By signing this form, I cancel and revoke every health care power of attorney I signed in the past.

Signature (Declarant)

Date

Printed Name (Declarant)

This form must be either signed by 2 adult witnesses (below left) or notarized (below right) to be legally valid.

SIGNATURE OF 2 ADULT WITNESSES

Each of the undersigned Witnesses confirms that he or she has received satisfactory proof of the identity of the Declarant and is satisfied that the Declarant is of sound mind and has the capacity to sign the above Advance Directive. **At least one of the undersigned Witnesses is not a spouse or other relative of the Declarant.**

Signature of Adult Witness 1

Printed Name of Adult Witness 1

Date

Signature of Adult Witness 2

Printed Name of Adult Witness 2

Date

Initial here if the Witnesses participated by phone.

NOTARIZATION

STATE OF INDIANA)
COUNTY OF _____) SS:
)

Before me, a Notary Public, personally appeared _____ [*name of signing Declarant*], who acknowledged the execution of the foregoing Advance Directive as his or her voluntary act, and who, having been duly sworn, stated that any representations therein are true.

Witness my hand and Notarial Seal on this _____ day of _____, 20____.

Signature of Notary Public

Notary's Printed Name (*if not on seal*)

Commission Number (*if not on seal*)

Commission Expires (*if not on seal*)

Notary's County of Residence