

What Your Spouse Should Know if *Something* Happens to You

SPECIAL NEEDS

Guardianship Information

If Yes Name of Court _____ Date _____

Location of Order or Copy _____

Name of Guardian _____ Phone _____

If No This Person is their own Guardian

If No Guardianship

If no guardianship, does this person have someone they rely on to help make decisions, or handle personal, business, and/or medical affairs? _____

Name _____ Phone _____

Relationship to Individual _____ FAX _____

Is this individual receiving services from DADS (TX Dept. of Aging and Disabilities)?

Name of Contact _____ Phone _____

Is There a Fiscal Management Services Agent?

Name of Agency _____

Customer Service # _____

Name of Contact _____ Phone _____