

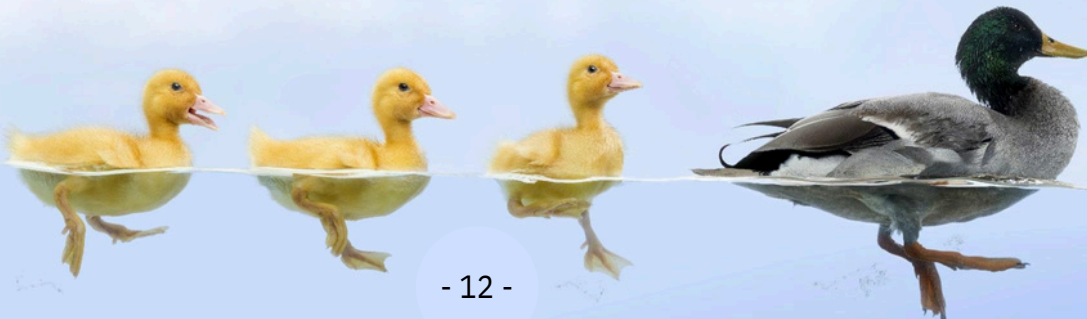
All About Me

The first section of this guide is designed to help you record important information about yourself. It also provides a place to jot down care instructions for your home and possessions.

My Personal Information

My Given Name: (as it appears on your birth certificate)	My Preferred/Married Name: (name you are known by, if different than birth name)
Place of birth:	Date of birth:
Citizenship Information:	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #:	Cell Phone #:
Business Phone #:	E-mail Address:
Street Address and City:	Province and Postal Code:
Location of ID Papers: (Birth Certificate, Passport, Citizenship papers, etc.)	Social Insurance #:
Any other important information:	

All About Me



My Health Care Information

My Doctors, other Care Providers and Health Information

Family Doctor:	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
My Health Insurance Company:	My Policy #:
Company Address and Phone #:	Additional Health Insurance Information:
Health Card #:	Location of Health Card/Medical Records:
Pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Organ Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a will:	Location of my will:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

My Substitute Decision Maker

One of the most important steps in getting your ducks in a row is determining who your Substitute Decision Maker (SDM) is for health care if you become mentally incapable of making health care decisions for yourself. In Ontario, every person automatically has someone who will have legal authority to act as his or her SDM if he/she becomes incapable. Your SDM will be the person who has the highest ranking on the **HIERARCHY of SDMs listed below**.

You may decide that you are satisfied having that highest ranking individual(s) act on your behalf should you become incapable, or you may choose someone else. This can be done through naming or appointing a **Power of Attorney for Personal Care** (www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf). Substitute Decision Makers and/or Powers of Attorney for Personal Care cannot engage in advance care planning, but can only give or refuse consent to treatment or make other health decisions when you are incapable.

Your Substitute Decision Maker should be someone you trust, someone you feel you can talk to about your wishes regarding your medical care, someone who will honour and follow those wishes. **Community Legal Education Ontario** (www.cleo.on.ca/en/publications/power) offers more information on SDM(s) and Power of Attorney for Personal Care in Ontario.

Substitute Decision Maker Hierarchy

The following is the Hierarchy of SDMs in the Health Care Consent Act, s.21:

1. Guardian of the Person with authority for Health Decisions
2. Attorney for personal care with authority for Health Decisions
3. Representative appointed by the Consent and Capacity Board
4. Spouse or partner
5. Child or Parent or Children's Aid Society (person with right of custody)
6. Parent with right of access
7. Brother or sister (if more than one, all)
8. Any other relative
9. Office of the Public Guardian and Trustee

I have discussed my wishes regarding my future health care and completed a Power of Attorney of Personal Care: Yes No

My Substitute Decision Maker is:

Location of My Power of Attorney for Personal Care:

My Banking Information

Name of Primary Financial Institution:	Address and Phone #:
Type of Account and Account #:	Type of Account and Account #:
Type of Account and Account #:	Type of Account and Account #:
Other Financial Institution:	Address and Phone #:
Type of Account:	Account #:
Type of Account:	Account #:
My statements are filed here:	I keep my cheque books/cards here:
Other information:	

My Financial and Credit Card Information

Name of my Financial Advisor:	Contact Information:
Name of my Accountant:	Contact Information:
Credit Card Type:	Credit Card #:
Credit Card Type:	Credit Card #:
Credit Card Type:	Credit Card #:
Credit Card Type:	Credit Card #:
Location of my safety deposit box:	Location of key/rental agreement:
Names and contact information of people I have designated to access my safety deposit box:	

My Savings Plans and Investments

Example: Mutual Funds, Registered Retirement Savings Plan (RRSPs),
Stocks, Bonds, GICS, etc.

Type of Investment:	Held By:
Additional Information:	
Type of Investment:	Held By:
Additional Information:	
Type of Investment:	Held By:
Additional Information:	
My Accountant:	Contact Information:

My Company Pension and Insurance

Pension and Life Insurance Information

My Pension Policy/Plan #:	<input type="checkbox"/> I am still working <input type="checkbox"/> I am retired
	Date of retirement:
My Spouse's Pension Policy/Plan #:	<input type="checkbox"/> My spouse is still working <input type="checkbox"/> My spouse is retired
	Date of retirement:
(Expected) Monthly Pension Amount:	Additional Information:
Life Insurance Company	Life Insurance Policy #:
Life Insurance Amount:	Company Phone # and Address:
My Beneficiary:	Location of important papers:
Other information regarding my insurance:	

My Government Pensions And Other Benefits

Seniors, Veterans, Persons with a disability and/or persons receiving Employment Insurance Benefits

<p style="text-align: center;">Do I receive OAS (Old Age Security Pension)? <input type="checkbox"/> Yes <input type="checkbox"/> No My monthly OAS benefits:</p>	<p style="text-align: center;">Do I receive GIS (Guaranteed Income Supplement)?: <input type="checkbox"/> Yes <input type="checkbox"/> No My monthly GIS benefits:</p>
<p style="text-align: center;">Do I receive Survivor's Allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No My monthly SA benefits:</p>	<p style="text-align: center;">Do I receive GAINS (Guaranteed Annual Income Supplement)? <input type="checkbox"/> Yes <input type="checkbox"/> No My monthly GAINS benefits:</p>
<p style="text-align: center;">Do I receive CPP (Canada Pension Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No My monthly CPP benefits:</p>	<p style="text-align: center;">Do I receive Disability Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No My monthly disability benefits:</p>
<p style="text-align: center;">Do I receive EI (Employment Insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No My EI benefits:</p>	<p style="text-align: center;">Do I receive War Veterans Allowance <input type="checkbox"/> Yes <input type="checkbox"/> No My benefits:</p>
<p style="text-align: center;">Other financial information regarding my pensions and other benefits: (please include other pensions and financial benefits not listed elsewhere in this document)</p>	

My Financial Commitments: What I Owe

Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Additional Notes:	

Things I Rent or Own: My Property

This section will allow you to record information about possessions that you rent or own and how to care for them. Property type may include: house, apartment, time-share, vacation/mobile home, condo, co-op, multi-family, commercial, land.

Type of Property:	Address:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Mortgage:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Mortgage or Rental Agreement:	Name/address of Property Manager (if renting):	Cost of Rent or Mortgage/Month:	Mortgage Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Important Info:
Type of Property:	Address:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Mortgage:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Mortgage or Rental Agreement:	Name/address of Property Manager (if renting):	Cost of Rent or Mortgage/Month:	Mortgage Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Important Info:
Type of Property:	Address:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Mortgage:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Mortgage or Rental Agreement:	Name/address of Property Manager (if renting):	Cost of Rent or Mortgage/Month:	Mortgage Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Important Info:
Home Insurance Information:	Policy #:	Contact Information:	Primary Beneficiary:
Other information regarding my property or home insurance:			

Things I Rent or Own: My Home Health Care Equipment

This section will allow you to record information about possessions that you rent or own and how to care for them when you no longer can. Home Health Care Equipment may include: mobility aids (wheelchair, scooter, etc.), lifts and elevators, automotive, assistive devices (respiratory, visual & communication aids).

Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	Payment Agreement: If you rent, include cost of rent per month, if you own, include purchase cost:	Location of Papers: (Rental Agreement, Receipts, Applications, etc.):
Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	Payment Agreement: If you rent, include cost of rent per month, if you own, include purchase cost:	Location of Papers: (Rental Agreement, Receipts, Applications, etc.):
Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	Payment Agreement: If you rent, include cost of rent per month, if you own, include purchase cost:	Location of Papers: (Rental Agreement, Receipts, Applications, etc.):
Other Information Regarding My Equipment (Include instructions for how equipment is cared for after your death):			

My Home: Important Contacts

There may be some important people who help to take care of your home who you would like others to know about. Consider the following: plumber, electrician, well/septic experts, landscaper, garbage removal, snow care, mechanic, cleaning staff, etc.

Are there things about your home that only you know and that others may need to know? For example, is there specific information about your furnace, hot water heater, turning the water on/off, or seasonal chores?

Position/Company:	Contact Information:
Notes:	
Position/Company:	Contact Information:
Notes:	
Position/Company:	Contact Information:
Notes:	

Things I Own: My Vehicles

Type of Vehicle (car, truck, boat, other):	Year/Make/Model:
<input type="checkbox"/> Own <input type="checkbox"/> Lease/Leasing Company Info:	To whom would I like to give this vehicle:
Type of Vehicle (car, truck, boat, other):	Year/Make/Model:
<input type="checkbox"/> Own <input type="checkbox"/> Lease/Leasing Company Info:	To whom would I like to give this vehicle:
Automobile Insurance Company:	Policy #/Amount:
Contact Information:	Primary Beneficiary:
Other Information Regarding My Vehicles (example: maintenance information):	

My Notes

Anything we missed? Jot it down here ie. important keys, safe, etc.

Important Passwords

There may be some important passwords that you want others to know about, such as passwords for your computer, cell phone, e-mail, social media accounts, or for the lock on your gym locker, for example. In order to ensure that your personal security is protected, we suggest that you do not include passwords to your bank accounts here.

Type: <small>Use blank space to insert 'other' type</small>	User Name:	Password:	Security Question/Answer:	Other Information:
Amazon:				
Apple ID:				
Cell phone:				
Desk top:				
Ebay:				
Email:				
Facebook:				
Google Acct:				
iCloud:				
Instagram:				
Lap top:				
LinkedIn:				
Pinterest:				
Skype:				
Spotify:				
Tablet/ipad:				
Twitter:				
Yahoo:				
Zoom:				
Online banking:				

**Have you marked down these passwords elsewhere?
If so, where are they located?:**