

Values History Form

Virginia Public Guardian & Conservator Program

PURPOSE OF THIS FORM

Although individuals served by the Virginia Public Guardian & Conservator Program are legally *incapacitated* at the time of appointment, there are varying degrees of incapacity. For example, some individuals need a great amount of assistance while others may need very little assistance. No two individuals are exactly the same. Because of this, and to the extent possible, Public Guardians *must* encourage the individuals served to participate in decisions, to act on his/her own behalf, and to develop or regain the capacity to manage his/her own personal affairs to the extent feasible (Public Guardian Regulation 22VAC5-30-30, Virginia Administrative Code). This Values History Form is based on Person-Centered Practices and serves as documentation as to what an individual considers important to live a good life and what the individual may or may not desire in certain circumstances.

INSTRUCTIONS

- ✓ **Effective Date:** This form is required for every Public Guardian and Conservator appointment dated on or after January 1, 2013.
- ✓ **What if an Individual is unable to respond to the entire form?** If an individual is unable to respond to all areas of the Values History Form, then an attempt should still be made to include responses for any areas that they *can* respond to (for example, an individual may be nonverbal but still able to "communicate" desires through gestures or facial expressions, etc.).
- ✓ **What if an individual is unable to respond at all?** If an individual is unable to respond to any area of the Values History form, then *second-hand information*, if available, may be obtained from another source if appropriate. For example, secondary information may be obtained from family members, friends, support coordinators and service providers. Secondary information may also include documents such as past social assessments, plans for supports, etc.
- ✓ **Waivers:** Generally, the Values History Form should be completed, to the extent possible, for each individual served by the program on or after January 1, 2013. If information cannot be obtained from the individual or a reliable secondary source, then the "Waiver" box should be checked and the reason(s) stated.
- ✓ **Conservator Only:** If you serve only as an individual's Conservator (and not as the individual's Guardian), then you may skip sections 1 through 6 (Please complete only sections 7 and 8).

VALUES HISTORY

NAME: _____ DATE(s): _____

COMPLETED BY: _____

BASED UPON INFORMATION FROM: _____

Waiver – I am unable to complete any portion of the values history form because:

Program Director's Signature: _____ Date: _____

COMMUNICATION TIP

If the individual does not understand a question as written, it is ok to simplify the language (re-state it in your own words) so that the individual understands what you are asking him/her.

SECTION - 1 - YOUR LIVING ENVIRONMENT

(A). Do you like living with others or by yourself?

(B). Do you like where you are living now? Why?

SECTION - 2 - YOUR HEALTH

(A). How is your current health?

(B). Do you have any pain? Does it affect your ability to do the activities/things you enjoy?

(C). Do you trust doctors in general?

(D). Do you like your current doctors?

(E). How do you like your caregivers including, nurses, therapists, social workers, etc.?

SECTION - 3 - YOUR THOUGHTS CONCERNING INDEPENDENCE AND CONTROL

(A). How important is independence and self-sufficiency in your life?

(B). If you became really sick and unable to think clearly, is it ok to get you some help?

(C). Are there some things you would like us to know ahead of time to make sure your wishes are respected (even if it puts your health and safety at risk)?

SECTION - 4 - YOUR PERSONAL RELATIONSHIPS

(A). Who are the most important people in your life? Why?

(B). What role do other family members and friends have in your life?

(C). Are there individuals that you want involved in your life? Are there other individuals that you want involved in your life if you are diagnosed with a terminal illness?

(Names, Phone Numbers, and Addresses)

SECTION – 5 – YOUR RELIGIOUS BACKGROUND, CULTURE AND BELIEFS

(A). What religion, if any, do you prefer?

(B). How do your religious beliefs affect your attitude toward serious or terminal illness?

(C). Do you have membership in a particular faith community location, church, temple or synagogue?

(D). How does your faith community, culture, church, temple or synagogue view the role of prayer or religious sacraments in any illness?

(E). Apart from religion, are there any other cultural and/or personal beliefs that are important to you?

SECTION – 6 – YOUR OVERALL ATTITUDE TOWARD LIFE, ILLNESS AND DEATH

(A). What activities do you enjoy?

(B). What is a "good day" like for you?

(C). Are you satisfied with what you have achieved in life?

(D). What makes you laugh/cry?

(E). What do you fear most? What frightens or upsets you?

(F). Do you have goals for the future? _____ If yes, list the goals:

END OF LIFE DISCUSSION TIP

This topic may affect individuals differently. For example, some individuals may not wish to discuss the topic at all while others may become frightened or uncomfortable communicating their feelings about death/dying. Do not force this discussion on the individual. If the individual clearly does not wish to listen to end of life-type questions, then please move on to the next section.

▼ *Note: This is the same question asked in Section 4; it is included here again as a transition tool.*

(G). Are there individuals that you want involved in your life if you are diagnosed with a terminal illness? (Names, Phone Numbers, and Addresses)

(H). How do you feel about death and dying?

(I). What will be important to you if you are dying (e.g., physical comfort, no pain, family/friends present, etc.)?

(J). Where would you prefer to die (e.g., home hospice, hospital, etc.)?

(K). How do you feel about the use of life sustaining measures in the face of terminal illness?

(L). Have you made or do you have funeral arrangements already in place? If so, with whom?

SECTION - 7 - YOUR ATTITUDE CONCERNING FINANCES

(A). What do you like to spend money on?
