

## A STATEMENT

### REGARDING THE POSSIBILITY OF FUTURE NEGLECT OF SELF

I, \_\_\_\_\_ (name), in recognition of the unknown hazards and circumstances of the future, am freely stating the circumstances that should prompt a physical/ mental/ psychosocial assessment and offer of assistance with or without my consent. I am stating this in advance of the need, recognizing that at such a time I may not have the capacity or willingness to seek assistance for myself due to my own limitations. I will consider myself to be at risk of serious harm due to self-neglect if the following specified conditions occur (indicated by my initials):

\_\_\_\_\_ I refuse entry of family and/or longstanding friends into my home.

\_\_\_\_\_ I do not maintain a home that is free of serious fire hazards.

\_\_\_\_\_ I do not empty my home of rotting trash on a routine basis and it is considered a health hazard to enter.

\_\_\_\_\_ I refuse medical treatment and/or am non-compliant with medical recommendations in matters that are considered life threatening in the immediate future.

\_\_\_\_\_ I am unclean, wear soiled and stained clothes repeatedly, and am unkempt to the extent of offending others due to odor.

\_\_\_\_\_ I insist on staying in my home instead of entering a nursing home, as recommended by my physician and/or others who provide care to me.

\_\_\_\_\_ I do not follow the diet that has been recommended, sometimes skipping meals and eating junk food.

\_\_\_\_\_ My bills are stacked up and disorganized, and I do not want to talk about it.

\_\_\_\_\_ I do not go out like I used to, and no longer want to attend my usual outings.

\_\_\_\_\_ I have been cited for reckless driving, but continue to drive.

I am asking that this document be executed when \_\_\_\_\_ (number) of the checked conditions occur(s). I am requesting that Adult Protective Services be called to investigate these concerns if I do not cooperate with a plan for assessment and services.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)