



Kubonana n'Uwuguserukira kuvy'amagara meza

Ikigo c'I Vermont kijejwe gufata ingingo zibereye kuvy'amagara y'abantu

Appointment of a Health Care Agent

KIRUNDI

Vermont Advance Directive for Health Care Decisions

IZINA RYAWWE

YOUR NAME

ITARIKI Y'AMAVUKO

DOB

ITARIKI

DATE

AHO UBA

ADDRESS

UMUJI

CITY

INTARA

STATE

ZIP

ZIP

Uwuguserukira **kuvy'amagara meza** arashobora kugufatira ingingo ijanye n'ivy'amagara yawe mu gihe utagomba canke utagishoboye kwifatira ingingo. Ni vyiza guhitamwo uwo wizeye, agutahura kandi yemera kuguserukira. Uwukuvura canke umuganga wawe **NTASHOBORA** kuba uwuguserukira kiretse muri incuti. Uwuguserukira **NTASHOBORA** kuba nyene ivuriro, umufundi waho, umukozi w'aho wivuriza, aho wivuriza canke ahagufasha kwivuzza nko mu kibano ubamwo mu gihe icandiko cawe c'ukwo wipfuzza kuvurwa caheze.

Your health care agent can make health care decisions for you when you are unable or unwilling to make decisions for yourself. You should pick someone that you trust, who understands your wishes and agrees to act as your agent. Your health care provider may **NOT** be your agent unless they are a relative. Your agent may **NOT** be the owner, operator, employee or contractor of a residential care facility, health care facility or correctional facility where you reside at the time your advance directive is completed.

Ndahisemwo **UNO MUNTU**: azonserukire muvy'amagara yanje.

I appoint this person to be my health care **AGENT**:

IZINA RY'UWUGUSERUKIRA

AGENT NAME

EMAIL

EMAIL

AHO ABA

ADDRESS

TEREFONE YO KU KAZI

HOME PHONE

TEREFONE ZO MUHIRA

WORK PHONE

TEREFONE NGENDANWA

CELL PHONE

(Nimba utoye **ABAGUSERUKIRA BABIRI**, usabwe kubashira ku mpapuro zitandukanye wuzuzza)

(If you appoint **CO-AGENTS**, list them on a separate sheet of paper)

Mu gihe uyu umwe anserukira afatirwe canke atakicipfuzza kubikora, Ndahisemwo uyu wundi ambere **UMUSUBIRIZI W'UWUNSERUKIRA**:

If this agent is unavailable, unwilling or unable to act as my agent, I appoint this person as my **ALTERNATE AGENT**:

IZINA RY'UWUSUBIRIRA UWUGUSERUKIRA

ALTERNATE AGENT NAME

EMAIL

EMAIL

AHO ABA

ADDRESS

TEREFONE YO KU KAZI

HOME PHONE

TEREFONE ZO MUHIRA

WORK PHONE

TEREFONE NGENDANWA

CELL PHONE

Abandi bashobora guhamagarwa ngo babazwe ivyerekeye amagara yanje ni:

Others who may be consulted about medical decisions on my behalf include:

Umuganga wanje (Dogiteri, Icegera ciwe canke umuforoma):

Primary care provider (Physician, PA or Nurse Practitioner):

IZINA

NAME

TEREFONE

PHONE

AHO ABA

ADDRESS

IZINA

NAME

TEREFONE

PHONE

AHO ABA

ADDRESS

Abatohamagarwa ngo babazwe ivy'amagara yanje ni:

Those who should NOT be consulted include:

IZINA
NAME

ITARIKI Y'AMAVUKO
DOB

ITARIKI
DATE

Akajambo muri rusangi kerekeye ivyankenerwa ku magara yanje:

General Comments About My Health Care Goals:

URWETE RW'IVYIPFUZO RUTEWEKO UMUKONO/ SIGNED DECLARATION OF WISHES

Utegerezwa gusigna runo rupapuro uri kumwe n'ivyabona BIBIRI bikuze. Bano bantu **ntibashobora** gusigna nk'ivyabona: Uwuguserukira, uwo mwubakanye, abavyeyi, abavukanyi, abana canke abuzukuru.

You must sign this in the presence of TWO adult witnesses. The following people may **not** sign as witnesses: your agent(s), spouse, parents, siblings, children or grandchildren.

Ndemeje ko runo rupapuro rurimwo ivyo nipfuzwa ku magara yanje kandi ndarushizeko umukono atawungobereye.

I declare that this document reflects my health care wishes and that I am signing this Advance Directive of my own free will.

NASIGNE

SIGNED

ITARIKI

DATE

Ndemeza ko uwashyize asa n'uwatahuye ukwo aya mabwirizwa amezwe kandi ntashakye gukandamizwa canke kubihira iyindi ntumbero atipfuzwa mu gihe yamaze guterako umukono. (Musabwe gusignako n'ukugisohora mu mashini)

I affirm that the signer appeared to understand the nature of this advance directive and to be free from duress or undue influence at the time this was signed. (Please sign and print)

ICABONA 1 (IZINA)

ICABONA 1 (IZINA)

UMUKONO

SIGNATURE

ITARIKI

DATE

ICABONA 2 (IZINA)

ICABONA 1 (IZINA)

UMUKONO

SIGNATURE

ITARIKI

DATE

Mu gihe umuntu ateye umukono asanzwe yemerewe canke ari umurwayi mu **bitaro**, umwe muri aba bakurikira ategerezwa gusigna akemeza ko basiguye neza ukwo ayo mabwirizwa yo kuvurwa yifashe n'ikizokurikira kandi ko umurwayi asa n'uwabitahuye kandi adashakye gukandamizwa canke kubihira iyindi ntumbero atipfuzwa mu gihe yamaze guterako umukono: *uwagenwe gusigura ivyo ku bitaro, umuhuza, uwuhagarariye abarwayi bo mu mutwe, umuyoboke w'abapadiri, umunyamategeko wa Vermont, canke uwagenywe n'urukiko.*

If the person signing this document is being admitted to or is a current patient in a **hospital**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the patient appeared to understand and be free from duress or undue influence at the time of signing: *designated hospital explainer, ombudsman, mental health patient representative, recognized member of the clergy, Vermont attorney, or Probate Court designee.*

Mu gihe umuntu ateye umukono asanzwe yemerewe canke ari uwurwariye **muhira canke mu kibano**, umwe muri aba bakurikira ategerezwa gusigna akemeza ko basiguye neza ukwo ayo mabwirizwa yo kuvurwa yifashe n'ikizokurikira kandi ko umurwayi asa n'uwabitahuye kandi adashakye gukandamizwa canke kubihira iyindi ntumbero atipfuzwa mu gihe yamaze guterako umukono: *umuhuza, umuyoboke w'abapadiri, umunyamategeko wa Vermont, uwagenywe n'urukiko, uwagenwe gusigura ivyo ku bitaro, uwuhagarariye abarwayi bo mu mutwe, umuganga adakoreye iki kigo, canke kwigishwa bikwiye ivy'ubuforoma bw'ukuvurira muhira h'abarwayi/ ikigo gifashiriza mu mihana abacituye.*

If the person signing this document is being admitted to or is a resident in a **nursing home or residential care facility**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the resident appeared to understand and be free from duress or undue influence at the time of signing: *an ombudsman, recognized member of the clergy, Vermont attorney, Probate Court designee, designated hospital explainer, mental health patient representative, clinician not employed by the facility, or appropriately trained nursing home/residential care facility volunteer.*

Uwabisiguye nkuko vyavuzwe aha hejuru arashobora kandi kuba umwe muvyabona bibiri bisabwa.

The explainer as outlined above may also serve as one of the two required witnesses.

IZINA

NAME

IGARADE/ICO UJEJWE

TITLE/POSITION

TEREFONE

PHONE

AHO ABA

ADDRESS

UMUKONO

SIGNATURE

ITARIKI

DATE

Uyu arafise nawe urupapuro rumwe rw'amabwirizwa y'ukwo nkwiye kuvurwa (musabwe gusuzuma):

The following have a copy of my Advance Directive (please check):

Vermont Advance Directive Registry

Vermont Advance Directive Registry

Uwuguserukira muvyo kwivuza

Health care agent

Dogiteri/Ikigo kikuvura:

Doctor/Provider(s):

Ibitaro:

Hospital(s):

Uwo/Abo mu muryango:

Family Member(s):

ITARIKI VYANDIKIWEKO:

DATE REGISTERED:

Umusubirizi w'uwuguserukira muvyo kuvurwa

Alternate health care agent

Vermont Advance Directive Registry
Amategako yo kwiyandikisha & Uruhusha rwo guhindura fomulaire
(Impapuro A & B bivanye n'amategako agenga ico kigo c'i Vermont)

Vermont Advance Directive Registry
Registration Agreement & Authorization to Change Form
(Documents A & B per the Vermont Advance Directive Rule)

Kukurangira aho serivisi zihereye / Directions

- Soma amategako agenga kwiyandikisha ku rupapuro rwa 3 hama wuzuze muni aho bijanye. Musabwe kwandika canke gusohozza ibibona. / Read the Registration Policy on page 3 and complete the relevant sections below. Please type or print clearly.
 - Abiyandikishije ubwambere:** Uzuza ibisabwa vyose kwuzuzwa & Igipapuro A.
First-time Registrants: Complete the Required Registrant Information & Document A.
 - Ukwandika ivyahindutse muvyo wari warujuje mu mabwirizwa y'ukwo usaba kwivuzwa:** Uzuza ibisabwa vyose kwuzuzwa & Igipapuro B. / *Updating an Advance Directive already on file: Complete the Required Registrant Information & Document B.*
- Shirako copi isinywe kandi ifise icabona y'amabwirizwa y'ukwo wipfuzwa kuvurwa.
Attach a signed and witnessed copy of your advance directive.
- Ukwiyandikisha **gutegerezwakubamwo** amategako canke uruhusha rwo kwiyandikisha canke rwo guhindura ivyo wujuje rusinywe kandi rwujujwe hose hamwe na copi isinywe y'amabwirizwa y'ukwo usaba kuvurwa.
Registrations must include a completed and signed Registration Agreement or Authorization to Change form and a copy of the signed and witnessed advance directive document.
- Mu gihe ifishe zujujwe kandi zinasinywe, zirungike kuri email, kugasandugu ka posita **canke** fax:
Once forms are completed and signed, send forms by email, mail or fax:

E-mail ni kuri: VADRSubmissions@uslwr.com
E-mail to:

Canke ku gasandugu: Vermont Advance Directive Registry (VADR)
Or Mail to: PO Box 2789
Westfield, NJ 07091-2789

Canke Fax kuri: 908-654-1919
Or Fax to:

Mushaka kumenya vyinshi raba kuri: <http://healthvermont.gov/vadr/> canke uhamagare 1-888-548-9455
For additional information visit: <http://healthvermont.gov/vadr/> or call 1-888-548-9455

Amakuru akenewe ku wiyandikisha / Required Registrant Information

Izina: Amatazirano _____ Izina ryo hagati _____ Izina _____ Ingereka _____
Name: First _____ Middle _____ Last _____ Suffix _____

Itariki y'amavuko: ____ / ____ / ____
Date of Birth:

Aho gushira ubutumwa hambere: _____
Primary Mailing Address:

Igisagara/Umuji: _____ **Intara:** _____ **Code ya Zip:** _____
Town/City: _____ State: _____ Zip code: _____

Nimero za terefone: Iyukunze gukoresha (____) _____ - _____ **Ayandi:** (____) _____ - _____
Phone Number: Primary _____ Other: _____

Wipfuzwa ko tukwakura kuri e-mail? **Oya** **Ego**
Would you like to be contacted by e-mail? No Yes

Email yanyu: _____
Email Address:

Aho twokwandikira ha kabiri (nimba hahari): _____
Secondary Mailing Address (if applicable):

Igisagara/Umuji: _____ **Intara:** _____ **Code ya Zip:** _____
Town/City: _____ State: _____ Zip code: _____

Nimero z'uwo twohamagara ugize ikibazo / Emergency Contacts

Iyukunze gukoresha: Izina: _____
Primary: Name: _____

Ico mupfana n'uwiyandikishije: _____ **Nimero za terefone:** (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

Iya kabiri: Izina: _____
Secondary: Name: _____

Ico mupfana n'uwiyandikishije: _____ **Nimero za terefone:** (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

MENYA NEZA: Ibitanzwe vyose mu kwiyaandikisha bitegerezwa kuba birimwo copi isinywe kandi irimwo icabona c'amabwirizwa y'ukwo wipfuzwa kuvurwa. Ibi bikora yaba kuwiyandikishije ubwa mbere canke uwuhindura.

NOTICE: All submissions to the Registry must include a signed and witnessed copy of the registrant's Advance Directive. This applies to both first-time submissions and updates to existing documents.

Urupapuro A: Amategeko ngenderwako yo kwiyaandikisha
Document A: Registration Agreement

Uzuza runo ruhande **mu gihe honyene** ari ubwambere wiyandikishije.
Complete this section **only** if this is your first time registering your advance directive.

Jewe, _____ (**izina**) ndasavye ko amabwirizwa yo kuvurwa kwanje yandikwa mu kigo kibijewe c'i Vermont, kandi nkaba nemeye ko birabwa nkukwo amategeko y'i Vermont abirekura. Mu gusigna aha hepfo, ndemeye kandi ndemeje ko: ivyo nujuje arivyo; nabisomye, nabitahuye, kandi ndemezanya n'amategeko yo kwiyaandikisha; nzobika neza inimeru yo kwiyaandikisha hamwe n'ikarata ndayibike ahanyegeje; kandi nzohita nandikira ababijewe mu gihe amakuru ahinduka muvuyo nari niyaandikishije canke mu mabwirizwa y'ukwo novurwa. Ndashize mu ngiro bino nemeye mbishaka, atagahato canke kugoberwa, canke kwoshwa nabi n'uruhande urwarirwo rwose. Ndatahura ko uwariwe wese afise uburenganzira kw'ikarata yanje ashobora kuyikoresha kumvo z'ukuronka amakuru anyerekeye canke impapuro mba narashizeko. Runo ruhusha ruguma rukora gushika igihe ndabihinduriye.

I, _____ (**print name**) request that my advance directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

Umukono w'uwiyaandikishije: _____ **Itariki:** _____
Signature of Registrant: _____ Date: _____

Urupapuro B: Uruhusa rwo guhindura
Document B: Authorization to Change

Uzuza **mu gihe honyene** wamazwe kwiyaandikisha ariko ukeneye guhindura amakuru akwerekeye wujuje ariko yahindutse.
Complete **only** if you are currently registered and making updates to an advance directive already on file with the registry.

Fyonda ako ko muni kerekeye ivyo wuzuza.
Check the box below that applies to your submission.

Hindura: Fyonda hano kugira uhindure amabwirizwa y'ukwo usaba kuvurwa. Urukurikirane ry'ivyo wagiye urashiramwo biguma muri dosiye yawe.

Amend: Check this box to amend your existing advance directive. Prior document history will be retained in your file.

Subiriza: Fyonda hano kugira usubirize amabwirizwa y'ukwo wasaba kuvurwa. Urukurikirane ry'ivyo wagiye urashiramwo ntibizoguma muri dosiye yawe.

Replace: Check this box to replace your existing advance directive. Prior document history will not be retained in your file.

Hagarika: Fyonda hano kugira ngo uhagarike ivy'imfatakibanza Advance directive yose canke igice cayo mu gihe runaka.
Suspend: Check this box to temporarily inactivate all or part of your advance directive for a defined period of time.

Itariki bitanguye: _____ **Itariki bihererako:** _____
Begin Date: _____ End Date: _____

Gukuraho: Fyonda hano mu gufuta ivyo wari warashizemwo. (Uku n'ugufuta vy'imfatakibanza)
Revoke: Check this box to delete your advance directive from the registry. (This is a permanent removal from the Registry)

Jewe, _____ (**izina**) ndemeje ko ino ifishe yerekana neza ivyo nahinduye, kandi izo mpinduka ni ukuri. Kandi, Ndatanze uruhusha ko ivyahindutse vyoshirwa mu mabwirizwa yanje y'ukwo nipfuzwa kuvurwa. Umukono

I, _____ (**print name**) certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Advance Directive Registry.

Umukono w'uwiyaandikishije: _____ **Itariki:** _____
Signature of Registrant: _____ Date: _____

Amategeko yo kwiandikisha/ Registration Policy

Urupapuro rwa Advance directive: ni urupapuro rwemewe n'amategeko rurimwo ukwo umuntu yipfuzwa kuvurwa hamwe n'ivyo yipfuzwa ageze ku mpfiro akenshi aba atakibasha canke atoshobora gufata ingingo nkizo iyo ico gihe kigeze. Ikigo c'i Vermont co kwiandikisha ni umuhora ufasha abantu kwiandikisha bagashiramwo mu mutekano ntangere copi y'ukwo basaba kwivuza mu bihe bitoroshe. Uwo muhora ubika amakuru bashizemwo urashobora gusuzumwa n'abajewe ivy'amagara meza, abatanga serivisi mugusanga abarwayi mu mihana, abajewe ivyo guhamba, hamwe n'aboza ibiziga. Kumenya vyinshi, raba: <http://healthvermont.gov/vadr/>.

An advance directive is a legal document that conveys a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make those decisions. The Vermont Advance Directive Registry is a database that allows people to electronically store a copy of their advance directive document in a secure database. That database may be accessed when needed by authorized health care providers, health care facilities, residential care facilities, funeral directors, and crematory operators. For more information, visit: <http://healthvermont.gov/vadr/>.

1. Mu kwandikisha Advance directive, uwiandika ategerezwa kwuzuzwa n'ukurungika amategeko yo kwiandikisha yasigne hamwe na copi y'urupapuro rwa "advance directive" kuri:

To register an advance directive, the registrant must complete and send the Registration Agreement form along with a copy of the advance directive document to:

The Vermont Advance Directive Registry
PO Box 2789
Westfield, New Jersey 07091-2789

2. Amategeko yo kwiandikisha asigne amaze gutangwa, Abayakira baraheza bakinjiza mu nyabwonko "advance directive" hamwe n'amakuru yandi yose watanganye. Abajewe kuvyakira bazoheza bakurungikire ikete ryemeza ko wiyandikishije harimwo n'inimero yo kwiandikisha, ibijanye n'ukwo ukoresha inimero yo kwiandikisha kugira uje mu bipapuro watanze ku muhora, ikarata yawe hamwe n'agapapuro umadika ku ruhusha rwo gutwara umuduga canke ikarata ya asiransi. Kwiandikisha ntibiba birakorwa kugeza igihe habonetse ikete ibikwemeza n'ibikoresho vyo kwiandikisha vyakozwe n'abiyandikishije.

Upon receipt of the Registration Agreement and attachments, the Registry will scan the advance directive and store it in the database along with registrant identifying information from the Registration Agreement. The Registry will send a confirmation letter to the registrant along with a registration number, instructions for using the registration number to access documents at the Registry website, a wallet card, and stickers to affix to a driver's license or insurance card. The registration is not effective until receipt of the confirmation letter and registration materials is made by registrant.

3. Abiyandikishije basabwe gutanga inimero zo kwiandikisha ziri kw'ikarata ku muntu wese ashobora kuraba "advance directive" yabo: akarorero, ni nk'uwuguserukira, uwo mu muryango, canke dogiteri wawe. Umuntu wese arashobora kuraba "avance directive" yawe akoresheje inimero zo kwiandikisha. Kandi, mu gihe inimero zo kwiandikisha zidasomeka, umuyobozi w'ivy'amagara meza abifitiye uburenganzira arashobora kurondera mu bubiko "advance directive" y'umuntu ashaka akoresheje umwidondoro y'uwiandikishije.

Registrants should share the registration number from the wallet card with anyone that should have access to their advance directives: for example, the registrant's agent, family members, or physician. Anyone may access a person's advance directive using the registration number. Additionally, when the registration number is not readily available, an authorized health care provider can search the Registry for a specific person's advance directive using a registrant's personal identifying information.

4. Uwiandikishije niwe ategerezwa gukurikirana ko:

The registrant is responsible for ensuring that:

- a. "Advance directive" yiwe ikurikijwe neza nkukwo amategeko y'i Vermont abisaba.

The advance directive is properly executed in accordance with the laws of the state of Vermont.

- b. Copi ya "advance directive" yarungitswe neza, nimba fotokopi ya orijinare ariyo kandi isomeka neza.

The copy of the advance directive sent to the Registry, if a photocopy of the original, is correct and readable.

- c. Amakuru yo ku "mategeko yo kwiandikisha" hamwe na "advance directive" ariyo kandi ari ku gihe.

The information in both the Registration Agreement and advance directive documents is accurate and up to date.

- d. Igisata kivyakira kiramenyeshwa vuba bwango ikintu cose cahindutse kuri "advance directive" canke ku makuru yo kwiandikisha mu kwuzuzwa n'ugusaba uruhusha rwo guhindura ifishe hamwe n'impinduka zongeweho, canke bikaba na vyiza, harimwo na kopi ya "advance directive".

The Registry is notified as soon as possible of any changes to the advance directive or registration information by completing and submitting an Authorization to Change form with the changes appended, or preferably, with an updated copy of the advance directive to the Registry.

5. Kwiandikisha ubwa mbere hamwe n'uguhindura no gushiramwo amakuru yahindutse canke urupapuro rwa "advance directive" ni kwa gusa.

Initial registration as well as subsequent changes and updates to the registration information or the advance directive documents are free of charge.

6. Amategeko yo kwiandikisha aguma ari ayo nyene akora gushika igihe igisata kijejwe kuvyakira bita "Regitry" kironse ayandi makuru yizewe ko uwiandikishije yitavye Imana, canke yanditse urwete ko ayo mategeko ayahagaritse. Mu gihe ayo mategeko ayahagaritse, abasanzwe babika ayo makuru baraheza bagakuraho "advance directive" yiwe mu bubiko bw'inyabwonko, kandi urwo rupapuro ntirubira kubonwa.

The Registration Agreement shall remain in effect until the Registry receives reliable information that the registrant is deceased, or the registrant requests in writing that the Registration Agreement be terminated. When the Agreement is terminated, the Registry will remove registrant's advance directive from the Registry database, and the file will no longer be accessible to providers.

7. Abajewe kuvyakira n'ububiko nibo bonyene bashobora guhindura amategeko ngenderwako yo kwiandikisha.

Only the Registry can change the terms of the Registration Agreement.