



Jaheynta Hore ee Vermont ee Daryeelka Caafimaadka

Waxaa diyaariyay Shabakada Anshaxa Vermont

Vermont Advance Directive for Health Care

Prepared by the Vermont Ethics Network

SOMALI

FAAHFAAHINTA IYO TILMAAMAHA EXPLANATION & INSTRUCTIONS

- Waxaad xaq u leedahay inaad: / You have the right to:
 1. Magacowdo qof kale inuu kuu sameeyo go'aamada daryeelka caafimaadka adiga markii ama haddii aysan kuu suurto geli karin inaad nafsadaada sameysid.
Name someone else to make health care decisions for you when or if you are unable to make them yourself.
 2. Ka bixi tilmaamo ku saabsan noocyada daryeelka caafimaadka aad rabtid ama aadan rabin.
Give instructions about what types of health care you want or do not want.
- Waa muhiim in lala hadlo dadkaas adiga kuu dhow iyo bixiyayaashaada daryeelka caafimaadka wax ku saabsan yoolalkaaga, rabitaanada iyo doorbiditaanka oo daaweyn ah.
It is important to talk with those people closest to you and with your health care providers about your goals, wishes and preferences for treatment.
- Waxaad isticmaali kartaa foomkaan gabi ahaantiisaba ama waxaad isticmaali kartaa qeyb ka mid ah. Tusaale ahaan, haddii aad rabtid kaliya inaad dooratid wakiil Qeybta Koowaad, waxaad buuxin kartaa kaliya qeybtaas oo kadib aad Qeybta Shannaad si aad u gashid xaadirka marqaatiga ku fillan.
You may use this form in its entirety or you may use any part of it. For example, if you only want to choose an agent in Part One, you may fill out just that section and then go to Part Five to sign in the presence of appropriate witnesses.
- Waxaad xor u tahay inaad isticmaashid foom kale haddii ba si ku haboon looga marqaati kacayo. Foomam sharaxaado badan oo bixiyo iqtiaaro badan iyo warbixin la xiriiro doorbiditaanka daryeelka caafimaadka maskaxda waxaa laga heli karaa websaydka VEN ee www.vtethicsnetwork.org.
You are free to use another form so long as it is properly witnessed. More detailed forms providing greater options and information regarding mental health care preference can be found on the VEN website at www.vtethicsnetwork.org.

Qeybta KOOWAAD ee foomkaan wuxuu kuu ogolaanayaa inaad u magacowdid qofka sida "**wakiilkaaga**" si kuugu gaaro go'aamada daryeelka caafimaadka haddii aysan kuu suurto galey nin ama aadan rabin inaad gaartid go'amnadaada. Waxaad sidoo kale magacaabi kartaa wakiilo kale. Waa inaad doorataa qof aad aaminsantahay, oo ku faraxsanaanayo sameynta waxa laga yaabo inay ahaadaan go'aamo adag oo matalaadaada ah. Waa in lagu haggaa qiyamyadaada oo dooqyo sameyntaada **oo aad ogolaatid** inuu matalo wakiilkaaga. Waxaad buuxin kartaa foomka Jaheynta Hore adiga oo sheegayo doorbiditaankaaga caafimaadka *xittaa haddii aadan aqoonsan wakiil*. Bixiyayaasha caafimaadka waxay raacayaan jaheyntaada Jaheynta Hore iyada oo aan jirin wakiil inta awoodooda tahay, laakin lahaanshaha qof loogu talloagalay sida wakiilkaaga si go'aano kuugu gaaro ayaa ku caawinayo bixiyayaasha caafimaadka iyo kuwa ku daryeelo inay go'aamada ugu wanaagsan kuu gaaraan ee xaaladaha laga yaabo inaan lagu sharaxin Jaheyntaada Hore. Sida waafaqsan sharciga Vermont, qaraabada si toos ah go'aano uguma gaari karaan matalaadaada haddii aysan sidaan kuu suurto galey nin. Taasi waa sababta ay u wanaagsantahay inaad u magacowdid qof dooqaaga ah xili hore.

Part ONE of this form allows you to name a person as your "**agent**" to make health care decisions for you if you become unable or unwilling to make your own decisions. You may also name alternate agents. You should choose someone you trust, who will be comfortable making what might be hard decisions on your behalf. They should be guided by your values in making choices for you **and agree** to act as your agent. You may fill out the Advance Directive form stating your medical preferences *even if you do not identify an agent*. Medical providers will follow your directions in the Advance Directive without an agent to their best ability, but having a person designated as your agent to make decisions for you will help medical providers and those who care for you make the best decisions in situations that may not have been detailed in your Advance Directive. According to Vermont law, next-of-kin will not automatically make decisions on your behalf if you are unable to do so. That is why it is best to appoint someone of your choosing in advance.

Qeybta LABAAD foomkaan wuxuu kuu ogolaanayaa inaad sheegtid **Yoolalka iyo Rabitaanada Daaweynta**. Dooqyo ayaa lagu siiyay si aad ugu muujisid rabitaanadaada ku saabsan inaad haysatid, aadan haysan, ama joojinta daaweynta sida waafaqsan daruufaha qaar. Boos ayaa sidoo kale lagu siiyay inaad ku qortid rabitaanada dheeraadka ah ama gaarka ah sida ku saleysan qiyamyadaada, xaalada caafimaadka ama aaminaadaha.

Part TWO of this form lets you state **Treatment Goals & Wishes**. Choices are provided for you to express your wishes about having, not having, or stopping treatment under certain circumstances. Space is also provided for you to write out any additional or specific wishes based on your values, health condition or beliefs.

Qeybta SADEXAAD ee foomkaan wuxuu kuu ogolaanayaa inaad muujisid rabitaanadaada ku saabsan **Xadeynada Daaweynta**. Daaweynadaan waxaa ku jiro CPR, mashiinda neefsashada, tuubooyinka quudinta, iyo qalajiyayaasha. Waxaa jiro boos laguugu talloagalay oo aad ku qortid rabitaano walboo dheeraad ah. **FIIRO GAAR AH:** Haddii AADAN rabin CPR, mashiinka neefsashada, tuubada quudinta, ama qalajiyayaal, fadlan kala hadalka midaan dhaqtarkaaga, oo buuxin karo **amarka DNR/ COLST** (Ha Soo Kicin/Amarka Dhaqtarka oo Daaweynta Waarinta Nolosh) si loo hubiyo inaad helin daaweynada aadan rabin, gaar ahaan xaaladaha degdega. Shaqaalaha Caafimaadka Gurmadka ayaa looga baahanyahay inay ku siiyaan daaweynada nolosh baddaadisa illaamaa ay ka saxiixeen amarka DNR/ COLST ee qeexayo xadeynta qaar ee daaweynta. Haddii aysan jirin amarka DNR/COLST kooxda caafimaadka gurmada waxay sameynayaan CPR maadaama laga yaabo inaysan waqti u helin Jaheynta Hore, qoyskaaga, wakiilka, ama dhaqtarka.

Part THREE of this form lets you express your wishes about **Limitations of Treatment**. These treatments include CPR, breathing machines, feeding tubes, and antibiotics. There is space for you to write any additional wishes.

NOTE: If you DO NOT want CPR, a breathing machine, a feeding tube, or antibiotics, please discuss this with your doctor, who can complete a **DNR/ COLST order** (Do Not Resuscitate/Clinician Order for Life Sustaining Treatment) to ensure that you do not receive treatments you do not want, especially in an emergency. Emergency Medical Personnel are required to provide you with life-saving treatment unless they have a signed DNR/COLST order specifying some limitation of treatment. If there is no DNR/COLST order the emergency medical team will perform CPR as they will not have time to consult an Advance Directive, your family, agent, or physician.

Qeybta AFARAAD ee foomkaan waxay kuu ogolaanaysaa inaad muujisid rabitaanadaada la xiriiro **deeqida xubinta/unugyada iyo doorbiditaanada tacsidaada, duugta iyo asturida** haraagaaga.

Part FOUR of this form allows you to express your wishes related to **organ/tissue donation & preferences for funeral, burial and disposition** of your remains.

Qeybta SHANNAAD waxaa loogu talloagalay saxiixyada. Waa inaad saxiixdaa oo aad taariiqeysaa foomka iyada oo ay xaadir yihiin labo qof marqaatiyaal ah. Dadka xiggo ma noqon karaan marqaati: wakiilkaaga iyo wakiilada kale; xaaskaaga ama lamaanahaaga; waaladiintaada; walaalahaaga; carruurta ama carruurta aad awowga u tahay.

Waa inaad siisaa koobiyada foomka dhameystiran ee wakiilkaaga iyo wakiilka (wakiilada) kale, ee dhaqtarkaaga, qoyskaaga iyo xarun walboo daryeelka caafimaadka meeshaas oo aad dagantahay ama ay u badantahay inaad ku heshid daryeelka. Fadlan ogow cida haysata koobiga Jaheyntaada Hore si markaas loo cusbooneysiyo haddii doorbiditaanadaada isbadeladaan.

Waxaa sidoo kale laguugu dhiirigelinayaa inaad ku soo dirtid koobiga Jaheyntaada Hore Diiwaanka Jaheynta Hore ee Vermont iyo Foomka Heshiiska Diiwaanka ee laga helayo dhammaadka dokumintiga.

Waxaad xaq u leedahay inaad ka laabatid dhammaan ama qeyb ka mid ah jaheynta Hore oo Daryeelka Caafimaadka ama badal foomkaan waqti walba. Haddii aad la laabatid, dhammaan koobiyada hore waa in la baabi'iyaa. Haddii aad sameysid isbadelo oo aad ku soo dirtid koobiga dokumintiga orijinaalka Vermont Diiwaanka Jaheynta Hore, hubi inaad u soo dir koobi cusub ama ogeysiin foomka badelka iyo warbixinta loogu baahanyahay in loogu cusbooneysiyo Jaheyntaada Hore halkaas.

Part FIVE is for signatures. You must sign and date the form in the presence of two adult witnesses. The following persons may not be witnesses: your agent and alternate agents; your spouse or partner; parents; siblings; children or grandchildren.

You should give copies of the completed form to your agent and alternate agent(s), to your physician, your family and to any health care facility where you reside or at which you are likely to receive care. Please note who has a copy of your Advance Directive so it may be updated if your preferences change.

You are also encouraged to send a copy of your Advance Directive to the Vermont Advance Directive Registry with the Registration Agreement Form found at the end of this document.

You have the right to revoke all or part of this Advance Directive for Health Care or replace this form at any time. If you do revoke it, all old copies should be destroyed. If you make changes and have sent a copy of your original document to the Vermont Advance Directive Registry, be sure to send them a new copy or a notification of change form with information needed to update your Advance Directive there.



STEP
2
**TAKING
STEPS
VERMONT**

A Comprehensive Guide to Medical Decision-Making

Includes advance directive form to
appoint a health care agent and
document treatment preferences

VERMONT
ETHICS
NETWORK
— Advancing —
Health Care Ethics

A publication by the Vermont Ethics Network

Waxaad rabi kartaa inaad aqrisid buug-yaraha *Taking Steps (Tallaabooyin Qaadista)* laguugu caawinayo inaad ka fakartid oo aad kala hadashid dooqyada kala duwan iyo xaaladaha wakiilkaaga (wakiiladaada) ama qaraabada.

You may wish to read the booklet *Taking Steps* to help you think about and discuss different choices and situations with your agent(s) or loved ones.

Koobiyada *Taking Steps* waxaa laga iibsanaa karaa: Copies of *Taking Steps* can be purchased from:

Vermont Ethics Network

61 Elm Street

Montpelier, VT 05602.

Tel / Tel (802) 828-2909

Fakis / Fax (802) 828-2646

www.vtethicsnetwork.org

Wixii warbixin ah ee ku saabsan Diiwaanka Jaheynta Hore ee Vermont booqo: / For information about the Vermont Advance Directive Registry visit:

Websaydka VEN: www.vtethicsnetwork.org
VEN website

ama / or

Websaydka diiwaanka ee Waaxda Caafimaadka Vermont: / Registry website at the Vermont Department of Health:

www.healthvermont.gov/vadr



Jaheynta Hore ee Vermont ee Daryeelka Caafimaadka

Vermont Advance Directive for Health Care

MAGACAAGA

YOUR NAME

CIWAANKA

ADDRESS

MAGAALADA WEYN

CITY

TAARIIQDA DHALASHADA

DATE OF BIRTH

TAARIIQDA

DATE

GOBOLKA

STATE

ZIP

ZIP

QEYBTA KOOWAAD: WAKIILKAAGA DARYEELKA CAAFIMAADKA

PART ONE: YOUR HEALTH CARE AGENT

Wakiilkaaga **daryeelka caafimaadka** ayaa kuu gaari karo go'aamada caafimaadka marka aadan aboodin ama aadan rabin inaad go'aamo u gaartid nafsadaada. Waa inaad xulatid qof aad aaminsantahay, kaas oo fahmayo rabitaanadaada oo ogolaaday inuukuu matalo wakiil ahaan. Bixiyahaaga daryeelka caafimaadka ayaa laga yaabaa **INUUSAN** noqon wakiilkaaga illaamaa ay qaraabadaada yihiin. Wakiilkaaga ayaa laga yaabaa **INUUSAN** noqon milkiilaha, howlwadeenka, shaqaalaha ama qandaraaslaha xarunta daryeelka ee deegaanka, xarunta daryeeka caafimaadka ama xarunta asluubta meesha aad dagantahay waqtiga jaheyntaada hore la dhameystiray.

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.

Waxaanqofkaan u magacaabay inuu noqdo WAKIILKEYGA daryeelka caafimaadka:I appoint this person to be my health care **AGENT**:**MAGACA WAKIILKA**

AGENT NAME

IIMAYLKA

EMAIL

CIWAANKA

ADDRESS

TALEEFANKA GURIGA

HOME PHONE

TALEEFANKA SHAQADA

WORK PHONE

TALEEFANKA SHAQADA

WORK PHONE

(Haddii aad magacowdo **WAKIILLO ISLA SHAQEYO**, ku qor warqad gaar ah)(If you appoint **CO-AGENTS**, list them on a separate sheet of paper)**Haddii wakiilkaan aanan la heli karin, uusan rabin ama uusan aboodin inuu noqdo wakiilkayga, waxaan qofkaan u magacaabay WAKIILKEYGA KALE ahaan:**If this agent is unavailable, unwilling or unable to act as my agent, I appoint this person as my **ALTERNATE AGENT**:**MAGACA WAKIILKA KALE**

ALTERNATE AGENT NAME

IIMAYLKA

EMAIL

CIWAANKA

ADDRESS

TALEEFANKA GURIGA

HOME PHONE

TALEEFANKA SHAQADA

WORK PHONE

TALEEFANKA SHAQADA

WORK PHONE

Dadka kale ee lagala tashan karo go'aamada caafimaadka waxaa ka mid ah:

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

Bixiyaha daryeelka koowaad (Dhaqtarka, Kaaliyaha Dhaqtarka ama Kaalisada Dhaqtarka ah):

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

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

Kuwa aan lala tashanaynin waxaa ka midah:

Those who should NOT be consulted include:

MAGACA
NAMETAARIQDA DHALASHADA
DOBTAARIQDA
DATE

Waxaan rabaa in Jaheynteyda Hore la bilaabo: / I want my Advance Directive to start:

Marka aanan gaari karin go'aamadeyda
When I cannot make my own decisionsHadeer
NowMarkii ay midaan dhacdo:
When this happens:QEYBTA LABAAD: YOOLALKA DARYEELKA CAAFIMAADKA IYO RABITAANADA RUUXIGA AH
PART TWO: HEALTH CARE GOALS AND SPIRITUAL WISHES

Yoolalka daryeelkeyga caafimaadka guud waxaa ku jiro: / My overall health care goals include:

Waxaan rabaa in nololsheyda la
waariyo sida dheer ee suurtoogalka
ah oo qaabab walboo caafimaad ah
loo marayo.
I want to have my life sustained as long as
possible by any medical means.Waxaan rabaa daaweyn aan ku waariyo nolosheyda kaliya haddii:
I want treatment to sustain my life only if I will:ay ii suurtoogaleyso inaan la xiriiro saaxibadeyda iyo qoyska.
be able to communicate with friends and family.
ay ii suurtoogaleyso inaan daryeelo nafsadeyda.
be able to care for myself.
aan noolaanayo aniga oo xanuun daciifnimo ah noolaan.
live without incapacitating pain.
ka digtoonaanayo oo aan la soconayo agagaarkeyga.
be conscious and aware of my surroundings.kaliya aan rabo daaweyn si toos
ah ugu aadan raaxadeyda.
I only want treatment directed toward
my comfort.

Yoolalka Dheeraadka ah, Rabitaanada, Aaminaadaha aan rabo inaan muujiyo waxaa ku jiro:

Additional Goals, Wishes, or Beliefs I wish to express include:

Dadka oo isoo ogeysiinayo haddii aan qabo jiro nolosha halis ku ah:

People to notify if I have a life-threatening illness:

Haddii aan dhimanayo muhiim ayay ii tahay in la (hubiyoo dooqa): / If I am dying it is important for me to be (check choice):

Guriga
At homeGudaha isbitaalka
In the hospitalWax kale:
Other:Ma jiraan doorbiditaan
No preference

Rabitaanada Daryeelka Ruuxiga ah waxaa ku jiro: / My Spiritual Care Wishes include:

Diinteyda/Imaanka:

My Religion/Faith:

GOOBTA CAABUDKA
PLACE OF WORSHIPTALEEFANKA
PHONECIWAANKA
ADDRESS

Sheeyada xiggo ama muusiga ama aqrinada raaxo ayay ii tahay aniga:

The following items or music or readings would be a comfort to me:

MAGACA
NAMETAARIQDA DHALASHADA
DOBTAARIQDA
DATE

QEYBTA SADEXAAD: XADEYNADA DAAWEYNATA

PART THREE: LIMITATIONS OF TREATMENT

Adiga ayaa go'aansan karaa nooca daawaynta aad rabto ama aadan rabin haddii aad si xun u xanuusato ama aad dhimanaysid. Iyadoo la fiirin xaddidaadaha daawaynta la qeexay, waxaad xag u leedahay in la maareeyo xanuunkaaga iyo astamahaaga (lallabbo, daal, caqabada neefsashada). Ilaa xaddidaadaha daawaynta la sheegay mooyeen, kooxda caafimaadka waxa looga baahan yahay oo laga filaaya inay sameeyaan wax kasta oo macquul ah si ay u badbaadiyaan naftaada.

You can decide what kind of treatment you want or don't want if you become seriously ill or are dying. Regardless of the treatment limitations expressed, you have the right to have your pain and symptoms (nausea, fatigue, shortness of breath) managed. Unless treatment limitations are stated, the medical team is required and expected to do everything possible to save your life.

1. Haddii wadnaheyga joogsado (dooro mid):

If my heart stops (choose one):

WAXAAN rabaa in CPR la sameeyo si la isugu dayo in la kiciyo wadnaheyga.
I DO want CPR done to try to restart my heart.

MA RABO in la sameeyo CPR si la isugu dayo in la kiciyo wadnaheyga.
I DON'T want CPR done to try to restart my heart.

CPR waxaa loola jeedaa kiciyaha halbowlaha (wadnaha)-sambabka (sambabka), oo ay ku jiraan cadaadisayada xoogan ee xabadka, adeegsiga kiciyaha korontada ah, daawooyinka lagu taageerayo ama lagu soo celinayo shaqada wadnaha, iyo lagu badbqadinayo neefsiga (lagu qasbayo inay hawo gasho sambabada).

CPR means cardio (heart)-pulmonary (lung) resuscitation, including vigorous compressions of the chest, use of electrical stimulation, medications to support or restore heart function, and rescue breaths (forcing air into your lungs).

2. Ima suurto galeyso inaan iskeyga u neefsado (dooro mid):

If I am unable to breathe on my own (choose one):

WAXAAN rabaa mashiinka neefsashada iyada oo aan jirin xadeynta wax waqti ah.
I DO want a breathing machine without any time limit.

Waxaan rabaa inaan yeesho mashiinka neefsashada oo waqtiga gaaban si loo arko haddii aan badbaadayo ama ficnaanayo.
I want to have a breathing machine for a short time to see if I will survive or get better.

MA rabo mashiinka neefsashada oo muddo WALBA oo waqti ah.
I DO NOT want a breathing machine for ANY length of time.

"Mashiinka neefsashada" waxaa loola jeedaa aalada oo farsamo ahaan gelisaa hawo gudaha iyo banaanka sambabkaaga sida hawo siiye. / "Breathing machine" refers to a device that mechanically moves air into and out of your lungs such as a ventilator.

3. Haddii aysan ii suurto galeynin inaan liqo cunto ama biyo ku fillan si aan u noolaado (dooro mid):

If I am unable to swallow enough food or water to stay alive (choose one):

MA rabo quudinta tuubada iyada oo aan jirin wax xadeynada waqtiga ah.
I DO want a feeding tube without any time limits.

Waxaan rabaa inaan lahaado tuubada quudinta oo waqti gaaban si aan u arko haddii aan badbaadayo ama ficnaanayo. / I want to have a feeding tube for a short time to see if I will survive or get better.

MA rabo tuubada quudinta oo muddo walboo waqti ah.
I DO NOT want a feeding tube for any length of time.

FIIRO GAAR AH: Haddii laguugu daaweeyay gobol kale wakiilkaaga ayaa laga yaabaa inuusan si toos ah u yeelan awooda lagu diidayo ama looga laabanaya tuubada quudinta. Haddii aad rabtid inuu wakiilkaaga go'aansado tuubooyinka quudinta fadlan sax sanduuqa hoose. / *NOTE: If you are being treated in another state your agent may not automatically have the authority to withhold or withdraw a feeding tube. If you wish to have your agent decide about feeding tubes please check the box below.*

Waxaan u ansixiyay wakiilkeyga inuu go'aano ka gaaro tuubooyinka quudinta.
I authorize my agent to make decisions about feeding tubes.

4. Haddii aan qabo jiro dhimasho ah ama aad u jirannahay oo aanan ka soo bogsaneyn (dooro mid):

If I am terminally ill or so ill that I am unlikely to get better (choose one):

MA rabo qalajiyayaal ama daawooyin kale ee lagula dagaalamo caabuqa.
I DO want antibiotics or other medication to fight infection.

MA rabo qalajiyayaal ama daawooyin kale lagula dagaalamo caabuqa.
I DON'T want antibiotics or other medication to fight infection.

Haddii aad sheegtay INAADAN rabin CPR, mashiinka neefashada, tuubada quudinta, ama qalajiyayaasha sida waafaqsan daruufo kale, fadlan kala hadal midaan dhaqtarka oo dhameystiri karo foomka DNR/COLST si loo hubiyo inaad helin daaweynada aadan rabin, gaar ahaan xaalada degdega. Dalabka A DNR/COLST waxaa lagu sharfay banaanka goobta isbitaalka. If you have stated you DO NOT want CPR, a breathing machine, a feeding tube, or antibiotics under any circumstances, please discuss this with your doctor who can complete a DNR/COLST form to ensure you don't receive treatments you don't want, particularly in an emergency situation. A DNR/COLST order will be honored outside of the hospital setting.

Xadeynada Dheeraadka ah ee Daaweynta aan rabo inaan ku daro:

Additional Limitations of Treatment I wish to include:

MAGACA
NAMETAARIIQDA DHALASHADA
DOBTAARIIQDA
DATEQEYBTA AFARAAD: DEEQDA XUBINTA/UNUYADA IYO DUUGTA/ASTURIDA HARAAGA
PART FOUR: ORGAN/TISSUE DONATION & BURIAL/DISPOSITION OF REMAINS**Rabitaanadeyda ee deeqda xubinta iyo unugyada (sax dooqyadaada):** / My wishes for organ & tissue donation (check your choices):

Waxaan ogolaaday inaan ku deeqo xubnaha xiggo iyo unugyada:

I consent to donate the following organs & tissues:

Xubno walbo loo baahanyahay

Any needed organs

Unugyo walbo loo baahanyahay (maqarka, lafaha, indhaha)

Any needed tissue (skin, bone, cornea)

Ma rabo inaan deeqo xubnaha xiggo iyo unugyada:

I do not wish to donate the following organs and tissues:

Ma rabo inaan ku deeqo wax xubno ama unugyo ah

I do not want to donate any organs or tissues

Waxaan rabaa in wakiilkeyga daryeelka caafimaadka go'aansado

I want my health care agent to decide

Waxaan rabaa inaan ku deeqo jirkeyga barnaamijka (barnaamijyada) cilmi baarista ama waxbarashada. *(Fiiro gaar ah: waa inaad sameysaa diyaarinadaada gaarka ah oo iyo dugsiiga caafimaadka ama barnaamijka kale xili hore.)* / I wish to donate my body to research or educational program(s). *(Note: you will have to make your own arrangements with a medical school or other program in advance.)***Jaheynadeyda oo Duugta/Asturida Haraageyga kadib markii Dhinto (sax oo dhameystir):**

My Directions for Burial/Disposition of My Remains after I Die (check & complete):

Waxaan qabaa Baahi-Hore ee Qandaraaska Diyaarinada Duugta:

I have a Pre-Need Contract for Funeral Arrangements:

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

Waxaan rabaa in shaqsiyaadka xiggo ii go'aansadaan duugteyda ama asturida haraageyga (sax dooqyadaada):

I want the following individuals to decide about my burial or disposition of my remains (check your choices):

Wakiilka

Agent

Wakiilka Kale

Alternate Agent

Qoyska:

Family:

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

Wax kale:

Other:

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

Rabitaanada Gaarka ah (hubi dooqyadaada): / Specific Wishes (check your choices):

Waxaan rabaa Buruaarujin/Fiirin

I want a Wake/Viewing

Waxaan doorbidaa Duuq — Haddii ay suurtoogal ka tahay goobta xigto: (qabuuraha, ciwaanka, lambarka TALEEFANKA)

I prefer a Burial — If possible at the following location: (cemetery, address, phone number)

Waxaan doorbidaa Gubis — Oo dambasteyda la haynayo ama loo kala firdhiyay sida xigta:

I prefer Cremation — With my ashes kept or scattered as follows:

Waxaan rabaa Tacsida Duugta oo leh duug ama gubista la raacayo

I want a Funeral Ceremony with a burial or cremation to follow

Waxaan doorbidaa kaliya Tacsida Qabuuraha

I prefer only a Graveside Ceremony

Waxaan doorbidaa kaliya Tacsida Xuska ee ugu horeyso duugta iyo asturida

I prefer only a Memorial Ceremony with burial or cremation preceding

Sharaxaadaha Kale: (sida muusiga, aqrinta, Wadaad diimeedka)

Other Details: (such as music, readings, Officiant)

MAGACA
NAMETAARIQDA DHALASHADA
DOBTAARIQDA
DATE

QEYBTA SHANNAAD: RABITAANADA KU DHAWAAQIDA SAXIIXAN
PART FIVE: SIGNED DECLARATION OF WISHES

Waa inaad saxiixdaa midaan iyada oo LABO marqaati dadweyn xaadir yihiin. Dadka xiggo ayaa u **saxiixi karin** marqaati ahaan: wakiilkaaga (wakiiladaada), xaaska, waaladiinta, walaalaha, carruurta ama carruurta awowga u tahay.

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

Waxaan cadaynayaa in dokumintigaan uu muujinayo rabitaanada daryeelka caafimaadkeyga iyo inaan ku saxiixayo Jaheyntaan Hore ee rabitaankeyga xorta ah.

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

SAXIIXAN
SIGNEDTAARIQDA
DATE

Waxaan cadeynayaa in saxiixaha u muuqday inuu fahamsanyahay nooca jaheyntaan hore iyo xor ka ahaanshaha cadaadis ama saameyn aan ku habooneyn waqtiga midaan la saxiixay. *(Fadlan saxiix oo daabac)*

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)*

MARQAATIGA 1 (QOR MAGACA)
WITNESS 1 (PRINT NAME)SAXIIXA
SIGNATURETAARIQDA
DATEMARQAATIGA 2 (QOR MAGACA)
WITNESS 2 (PRINT NAME)SAXIIXA
SIGNATURETAARIQDA
DATE

Haddii qofka saxiixayo dukumeentigaan la seexiyay ama uu yahay bukaan hadda ku jira **isbitaal**, mid ka mid ah kuwan soo socda waa inuu saxiixaa oo uu cadeeyaa inay sharaxeen nooca iyo saamaynta jaheynta hore oo bukaanka u muuqdo inuu fahmay oo ka xoroobay cadaadis. ama saamayn aan ku habooneyn wakhtiga saxiixida: *faahfaahiyaha isbitaalka loo qoondeeyey, wakiilka baaraha, wakiilka bukaanka caafimaadka dhimirka, xubinta la aqoonsan yahay ee wadaadka, qareenka Vermont, ama wakiilka Maxkamadda Probate.*

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.*

Haddii qofka saxiixayo dukumeentigaan la seexiyo ama uu degan yahay **guri xanaano ama xarun daryeel la dego**, mid ka mid ah kuwan soo socda waa inuu saxiixaa oo uu cadeeyaa inay sharaxeen nooca iyo saamaynta jaheynta hore oo deganuhu wuxuu u muuqday inuu fahmay oo ka xoroobay cadaadis ama saamayn aan ku habooneyn wakhtiga saxiixida: *wakiilka baaraha, xubin la aqoonsan yahay oo wadaadka, qareenka Vermont, wakiilka Maxkamadda Probate, faahfaahiyaha isbitaalka loo qoondeeyey, wakiilka bukaanka caafimaadka dhimirka, dhaqtarka aan u shaqayn xarunta, ama tabarucaha guriga daryeelka/xarunta daryeelka deegaanka tababaran.*

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.*

Faahfaahiyaha kor lagu sheegay ayaa sidoo kale u adeegi karo sida mid ka mid ah labada marqaatiyo ee loo baahanyahay. / The explainer as outlined above may also serve as one of the two required witnesses.

MAGACA
NAMEJAGADA/BOOSKA
TITLE/POSITIONCIWAANKA
ADDRESSTALEEFANKA
PHONESAXIIXA
SIGNATURETAARIQDA
DATE

MAGACA
NAME

TAARIIQDA DHALASHADA
DOB

TAARIIQDA
DATE

Kuwa xiggo waxay haystaan nuqulka Jaheynta Hore (fadlan sax):

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

Diiwaanka Jaheynta Hore ee Vermont
Vermont Advance Directive Registry

Taariiqda la diiwaangeliyay:
Date registered:

Wakiilka daryeelka caafimaadka
Health care agent

Wakiilka daryeelka caafimaadka kale
Alternate health care agent

Dhaqtarka/Bixiyaha (bixiyayaasha):
Doctor/Provider(s):

Isbitaalka (isbitaalada):
Hospital(s):

Xubinta (xubnaha) Qoyska: Fadlan qor:
Family Member(s): Please list:

MAGACA
NAME

CIWAANKA
ADDRESS

MAGACA
NAME

CIWAANKA
ADDRESS

MAGACA
NAME

CIWAANKA
ADDRESS

MAGACA
NAME

CIWAANKA
ADDRESS

MAGACA
NAME

CIWAANKA
ADDRESS

Wax kale:
Other:

MAGACA
NAME

CIWAANKA
ADDRESS

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MAGACA
NAME

CIWAANKA
ADDRESS

Diiwaanka Jaheynta Hore ee Vermont
Heshiiska Diiwaangelinta iyo Ansixinta lagu Badelayo Foomka
(Dokumintiyada A & B oo Sharcigiiba Jaheynta Hore ee Vermont)

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

Jaheynada / Directions

- Aqri Xeerka Diiwaangelinta ee bogga 3aad oo dhameystir qeybaha hoose ee quseeyo. Fadlan u qor ama u daabac si cad.
Read the Registration Policy on page 3 and complete the relevant sections below. Please type or print clearly.
 - Diiwaangeliyayaasha Waqtiga koowaad:** Dhameystir Warbixinta Diiwaangeliyaha Loo baahanyahay iyo Dokumintiga A.
First-time Registrants: Complete the Required Registrant Information & Document A.
 - Cusbooneysiinta Jaheynta Hore ee horeaan feelka ugu jirto:** Dhameystir Warbixinta Diiwaangeliyaha Loo baahanyahay iyo Dokumintiga B. / Updating an Advance Directive already on file: Complete the Required Registrant Information & Document B.
- Ku lifaaq nuqulka saxiixan oo laga marqaati kacay ee jaheyntaada hore.
Attach a signed and witnessed copy of your advance directive.
- Diiwaangelinada **waa inay** ku jiraan foomka Heshiiska Diiwaangelinta ama Ansixinta lagu Badelayo oo dhameystiran iyo saxiixan iyo koobiga dokumintiga jaheynta hore ee saxiixan iyo laga marqaati kacay.
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.
- Markii foomamka la dhameystiro oo la saxiixo, ku soo dir foomamka i-meel ahaan, boostada **ama** fakiska:
Once forms are completed and signed, send forms by email, mail or fax:

U dir iiamayl: VADRSubmissions@uslwr.com
E-mail to:

Ama u dir iiamayl: Vermont Advance Directive Registry (VADR)
Or Mail to: PO Box 2789
Westfield, NJ 07091-2789

Ama U dir Fakis: 908-654-1919
Or Fax to:

Wixii warbixin dheeraad ah booqo: <http://healthvermont.gov/vadr/> ama soo wac 1-888-548-9455
For additional information visit: <http://healthvermont.gov/vadr/> or call 1-888-548-9455

Warbixinta Diiwaangelinta loo baahanyahay / Required Registrant Information

Magaca: Hore _____ Dhexe _____ Dambe _____ Gadaal gelis _____
Name: First _____ Middle _____ Last _____ Suffix _____

Taariiqda Dhalashada: ____ / ____ / ____
Date of Birth:

Ciwaanka Dirista Koowaad: _____
Primary Mailing Address:

Magaalada/Magaalada weyn: _____ **Gobolka:** _____ **Furaha koodhka:** _____
Town/City: _____ State: _____ Zip code: _____

Lambarka Taleefanka: Koowaad (____) _____ - _____ **Wax kale:** (____) _____ - _____
Phone Number: Primary _____ Other: _____

Ma jeclaan laheyd in lagaala soo xiriiro i-meel ahaan? **Maya** **Haa**
Would you like to be contacted by e-mail? No Yes

Ciwaanka limaylka: _____
Email Address:

Ciwaanka Dirista Labaad (haddii ay quseeyso): _____
Secondary Mailing Address (if applicable):

Magaalada/Magaalada weyn: _____ **Gobolka:** _____ **Furaha koodhka:** _____
Town/City: _____ State: _____ Zip code: _____

Xiriirada Xaalada degdega / Emergency Contacts

Koowaad: Magaca: _____
Primary: Name: _____

Xiriirka ka dhaxeeyo Diiwaangeliyaha: _____ **Lambarka Taleefanka:** (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

Labaad: Magaca: _____
Secondary: Name: _____

Xiriirka ka dhaxeeyo Diiwaangeliyaha: _____ **Lambarka Taleefanka:** (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

Registry Use Only
Received: _____
Confirmed: _____

OGEYSIIS: Dhammaan waxyaabaha loo soo gudbiyo Diiwaanka waa in ay ku jiraan nuqulka jaheynta Hore oo saxiixan iyo laga marqaati kacagay. Tani waxay quseysaa labadaba soo gudbinada ugu horeyso iyo cusbooneysiinada dokumintiyada jiray.

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.

Dokumentiga A: Heshiiska Diiwaangelinta
Document A: Registration Agreement

Dhameystir qeybtaan **kaliya** haddii midaan ay tahay markaaga ugu horeysay ee aad iska diiwaangelineysid jaheyntaada hore. Complete this section **only** if this is your first time registering your advance directive.

Anigoo ah, _____ (**daabac magaca**) waxaan codsanayaan in jaheynteyda hore laga diiwaangeliyo Diiwaanka Jaheynta Hore ee Vermont, iyo ansixinta helitaankeeda sida uu ogolyahay sharciga Vermont. Saxiixidaan meesha hoose, waxaan qirayaa oo aan cadeynayaa in: macluumaadka la bixiyay ay tahay mid sax ah; Waan akhriyay, fahmay, oo ogolaaday shuruudaha Xeerka Diiwaanka Diiwaangelinta; Waan ka ilaalinayaa lambarkeyga aqoonsiga diiwaaniheyga iyo kaarka boorsada jeebka helitaan aan ansax aheyn; oo waxaan isla markiiba ku ogeysiinayaa Diiwaaniyaha qoraal ahaan isbadelada lagu sameeyo macluumaadkeyga diiwaanka ama jaheynta hore. Waxaan heshiiskan u fuliyay si iqtiyaari ah oo aan cidna ku khasbin, cadaadin, ama saamayn aan ku habooneyn oo ay dhinac walba ku yeelan. Waxaan fahamsanahay in qof kasta oo heli kara kaarka boorsada jeebkeygu uu u isticmaali karo si uu u galo dukumentiyadeyda iyo macluumaadka shakhsiga. Ansixinta ayaa soconeysa illaa aan ka laabto.

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.

Saxiia Diiwaaniyaha: _____ **Taariiqda:** _____
Signature of Registrant: _____ Date: _____

Dokumintiga B: Ogolaanshaha lagu Badelayo
Document B: Authorization to Change

Dhameystir **kaliya** haddii aad hadda diiwaangashantahay oo aad ku sameyneysid cusbooneysiin jaheynta hore ee horaan feelka diiwaanka ugu jirtay.

Complete **only** if you are currently registered and making updates to an advance directive already on file with the registry.

Sax sanduuqa hoose ee quseeyo gudbintaada.

Check the box below that applies to your submission.

Wax ka beddelida: Sax sanduuqaan si aad wax uga bedesho jaheynta hore ee jirtay. Taariikhda dokumentiga hore waa lagu haynayaa feelkaaga.

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

Beddelida: Sax sanduuqaan si aad u bedesho jaheynta hore ee jirtay. Taariikhda dokumentiga hore laguma haynayo feelkaaga.

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

Hakinta: Calaamadee sanduuqaan si aad si ku meel gaar ah u hawlgeliso dhammaan ama qayb ka mid ah jahayntaada hore muddo cayiman. / **Suspend:** Check this box to temporarily inactivate all or part of your advance directive for a defined period of time.

Taariikhda Bilowga: _____ **Taariikhda Dhammaadka:** _____
Begin Date: _____ End Date: _____

Ka noqoshada: Sax sanduuqaan si aad uga tirtid jaheyntaada hore diiwaanka. (Tani waa ka saarid joogta ah ee Diiwaanka).
Revoke: Check this box to delete your advance directive from the registry. (This is a permanent removal from the Registry)

Anigoo ah, _____ (**qor magaca**) waxaan cadeynayaa in foomkaan si sax u matalayo isbadelada aan sameeyay, iyo isbadeladaan waa sax. Intaa waxaa dheer, waxaan oggolaaday isbeddellada inay ka muuqdaan Diiwaanka Jaheynta Hore.

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.

Saxiia Diiwaaniyaha: _____ **Taariiqda:** _____
Signature of Registrant: _____ Date: _____

Xeerka Diiwaangelinta / Registration Policy

Jaheynta hore waa dukumenti sharci ah oo gudbiya rabitaanka qofka ee ku saabsan daaweynta daryeelkooda caafimaadka iyo dooqyada sakaraadka haddii ay noqdaan kuwa itaal daran ama haddii kale aan u suurto-galeynin inay gaaraan go'aamadaas. Diiwaanka Jaheynta Hore ee Vermont waa goob xog oo u ogolaato dadka inay koronta ahaan u keydiyaan koobiga dokumintigooda jaheynta hore ee ku jirto goobta xogta illaalsan. Goobtaas xogta waxaa lageli karaa markii ay u baahdaan bixiyayaasha daryeelka caafimaadka loo ansixiyay, xarumaha daryeelka caafimaadka, xarumaha daryeelka deegaanka, agaasimayaasha duugta, iyo hawl-wadeenada meed gubida. Wixii macluumaad dheeraad ah, booqo: <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. Si loo diiwaan geliyo jaheynta hore, diiwaangeliyaha waa inuu dhameystiraa oo ku soo diraa foomka Heshiiska Diiwaanka oo ay la jiraan koobiga dokumintiga jaheynta hore ee:

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. Marka la helo Heshiiska Diiwaangelinta iyo lifaaqyada, Diiwaanka ayaa ka sawirayo jaheynta hore oo ku keydinayo goobta xogta oo ay la jiraan warbixinta aqoonsaneyso diiwaanayaha ee Heshiiska Diiwaangelinta. Diiwaanka ayaa u soo dirayo warqad xaqiijinta diiwaanayaha oo ay la jiraan lambarka diiwaanka, tilmaamaha lagu isticmaalayo lambarka diiwaanka ee lagu galayo dokumintiyada websaydka Diiwaanka, kaarka boorsada jeebka, iyo istiikaro lagu lifaaqayo shatiga darawalnimada ama kaarka caymiska. Diiwaangelintu ma shaqeyneyso illaa laga helayo warqadda xaqiijinta iyo qoraalada diiwaangelinta uu sameeyay diiwaangeliyaha.

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. Diiwaangeliyayaasha waa inuu la wadaago lambarka diiwaangelinta kaarka boorsada jeebka qof walba ee aheyd inuu galo jaheynadooda hore: tusaale ahaan, wakiilka diiwaangeliyaha, xubnaha qoyska, ama dhakhtarka. Qof kasta ayaa geli karo jaheynta hore ee qofka isaga oo adeegsanayo lambarka diiwaangelinta. Intaa waxaa dheer, marka lambarka diiwaangelinta aan si diyaar ah loo heli karin, bixiyaha daryeel caafimaad loo ansixiyay ayaa u raadin kara Diiwaanka jaheynta hore ee qofka gaarka ah iyada oo la adeegsanayo macluumaadka aqoonsanayo shaqsiga diiwaanayaha.

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. Diiwaanayaha ayaa masuul ka ah hubinta in:

The registrant is responsible for ensuring that:

- a. Jaheynta hore waxaa malaha lagu fulliyaa sida waafaqsan sharciyada gobolka Vermont.

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

- b. Nuqulka jaheynta hore ee loo diray Diiwaanka, haddii koobiga asalka ah, uu saxanyahay iyo la aqrin karaa.

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

- c. Nuqulka dardaaranka hormariska ah ee loo diray Diiwaanka, haddii koobiga asalka ah, waa sax waana la akhriyi karaa.

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

- d. Diiwaanka waxaa lasoo ogeysiinayaa sida ugu dhaqsiiha badan ee suurto-galka ah oo isbadelo walba ee ku aadan jaheynta hore ama macluumaadka diiwaangelinta iyadoo la dhameystirayo oo la gudbinayo Ansixinta loogu Badelayo foomka isbadelada ku lifaaqan, ama la doorbidayo, koobiga la cusbooneysiyyay ee jaheynta hore ee Diiwaanka.

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. Diiwaangelinta hore sidoo kale sida isbeddelada ku xigga iyo cusbooneysiinta macluumaadka diiwaangelinta ama dukumentiyada jaheynta hore waa bilaash.

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

6. Heshiiska Diiwaangelinta waa inuu shaqeyneysaa illaa Diiwaanka ka helo macluumaad lagu kalsoonaan karo oo uu diiwaanayaha uu dhinto, ama diiwaanayaha ayaa ku codsado qoraal ahaan in Heshiiska Diiwaanka la joojiyo. Markii Heshiiska la joojiyo, Diiwaangelinta waxay ka saareysaa jaheynta hore goobta xogta Diiwaanayaha, iyo feelka markale ma geli karaan bixiyayaasha.

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. Kaliya diiwaangeliyaha ayaa bedeli kara xeerarka Heshiiska Diiwaangelinta.

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