

# Worksheet 1

## After you're gone: clarifying your vision

It's the day after your death. Describe what a safe and secure life will look like for your relative.

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List ten words to describe a typical day for your relative, in the best of all possible worlds.

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Use some key words to describe your worst nightmare for your relative after you're gone.

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What is the most important message you want to leave your relative with a disability? \_\_\_\_\_

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What do you want your survivors to help with after you've gone? \_\_\_\_\_

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When your executors/trustees meet, what do you want them to do first? \_\_\_\_\_

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What are the three priorities you want future caregivers to remember about your relative?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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What are the important arrangements you've made to ensure a good life for your relative? \_\_\_\_\_

\_\_\_\_\_

How do you want to be remembered by your relative? \_\_\_\_\_

\_\_\_\_\_

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# Worksheet 2

## A family portrait

Use this worksheet to develop a portrait of your relative as it will be an important record to pass on to your survivors.

### Health

List names of current doctors, specialists, and health practitioners: \_\_\_\_\_

\_\_\_\_\_

List current health concerns: \_\_\_\_\_

\_\_\_\_\_

List current health treatments: \_\_\_\_\_

\_\_\_\_\_

List current health precautions and alternatives: \_\_\_\_\_

\_\_\_\_\_

Briefly describe key features of medical history: \_\_\_\_\_

\_\_\_\_\_

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## Education and work

List current educational and/or work activity: \_\_\_\_\_

\_\_\_\_\_

What are their future dreams in this area? What other possibilities would they like to explore?

\_\_\_\_\_

What are some highlights from your relative's school experience? What did they like about it?

What didn't they like about it? \_\_\_\_\_

\_\_\_\_\_

Who are the people from the past that your relative had or still has a close connection with?

\_\_\_\_\_

What are some highlights of your relative's work experience? What did they like about it? What didn't they like about it? \_\_\_\_\_

\_\_\_\_\_

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## Housing

Describe current living arrangements: \_\_\_\_\_

\_\_\_\_\_

What are some future housing options/possibilities for your relative? \_\_\_\_\_

\_\_\_\_\_

Summarize previous living arrangements: \_\_\_\_\_

\_\_\_\_\_

What did your relative like about them, dislike about them? \_\_\_\_\_

\_\_\_\_\_

Who are the people who had a significant relationship with your relative in these previous living arrangements? \_\_\_\_\_

\_\_\_\_\_

## Leisure and recreation

List current social, recreational, cultural, artistic, and athletic activities: \_\_\_\_\_

\_\_\_\_\_

What are your relative's interests and preferred activities in these areas? \_\_\_\_\_

\_\_\_\_\_

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What are some future possibilities in the area of leisure and recreation? \_\_\_\_\_

\_\_\_\_\_

What does your relative most like to do? \_\_\_\_\_

\_\_\_\_\_

## Personal

How would you describe your family's beliefs and values? \_\_\_\_\_

\_\_\_\_\_

What customs and traditions are important in your family? \_\_\_\_\_

\_\_\_\_\_

Is spiritual and religious worship important for your relative? Is this an area that could be explored further? \_\_\_\_\_

\_\_\_\_\_

What are the significant events, markers or milestones in your relative's life? \_\_\_\_\_

\_\_\_\_\_

What brings comfort and peace to your relative? \_\_\_\_\_

\_\_\_\_\_

Who has been your relative's greatest source of emotional support? \_\_\_\_\_

\_\_\_\_\_

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What does your relative gain the most pleasure from? \_\_\_\_\_

\_\_\_\_\_

Who are the most significant people in their life? \_\_\_\_\_

\_\_\_\_\_

What are their favourite possessions? \_\_\_\_\_

\_\_\_\_\_

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# Worksheet 3

## A letter to the future

The last wishes of family members are honoured and respected in our society. A letter to the future is your opportunity to tell your survivors how you would like to be remembered, and how you would like your relative with a disability to be cared for.

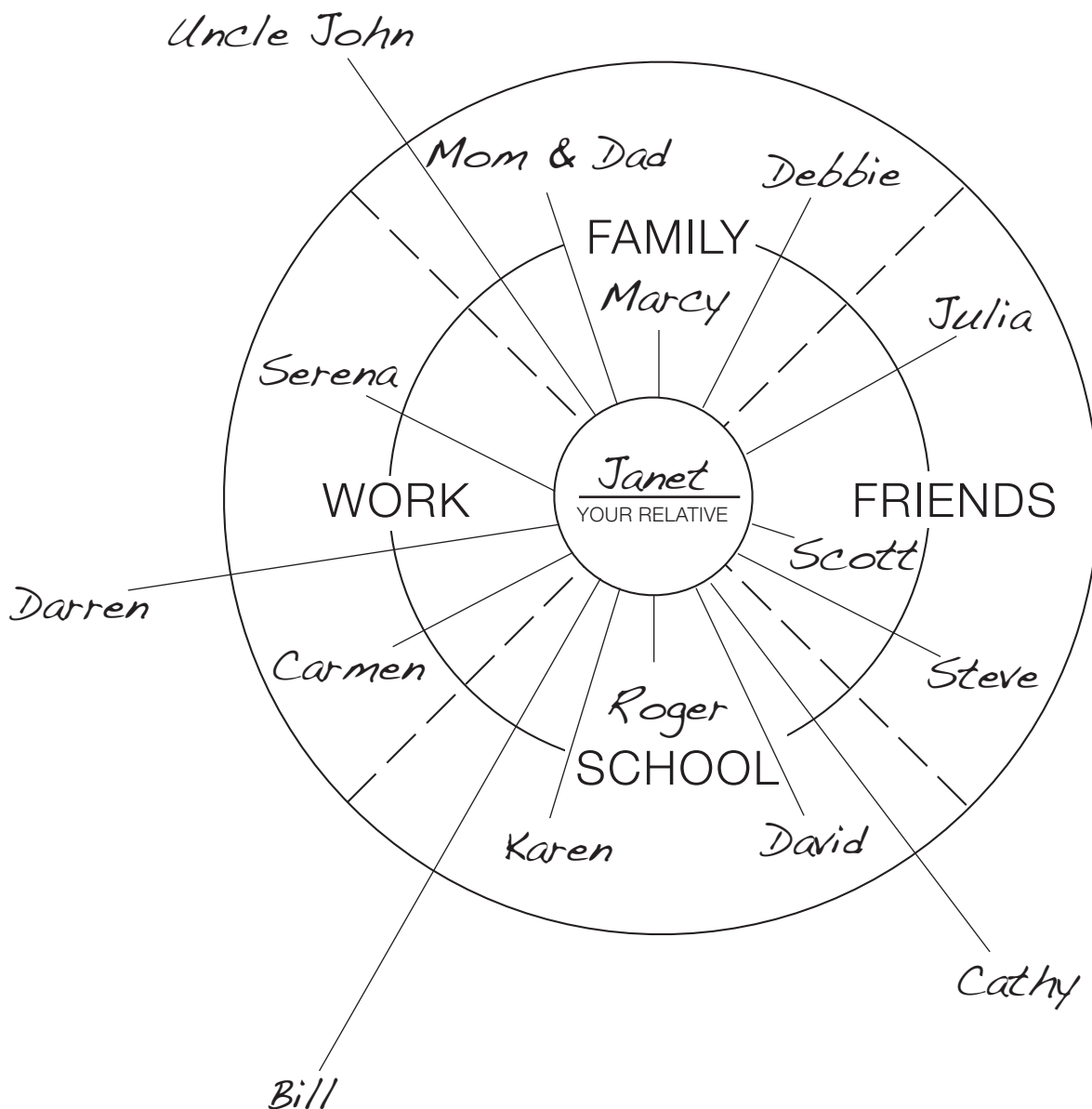
This is not an easy letter to write. Think of it as the letter you might write in the middle of the night when you can't sleep. Be frank about your hopes and fears. Tell those who will survive you what's most important to you.

Dear \_\_\_\_\_,

With love,

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# Sample web



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To download a copy of all worksheets, visit [www.plantoronto.ca](http://www.plantoronto.ca) and click on *Safe and Secure worksheets*.

# Worksheet 4

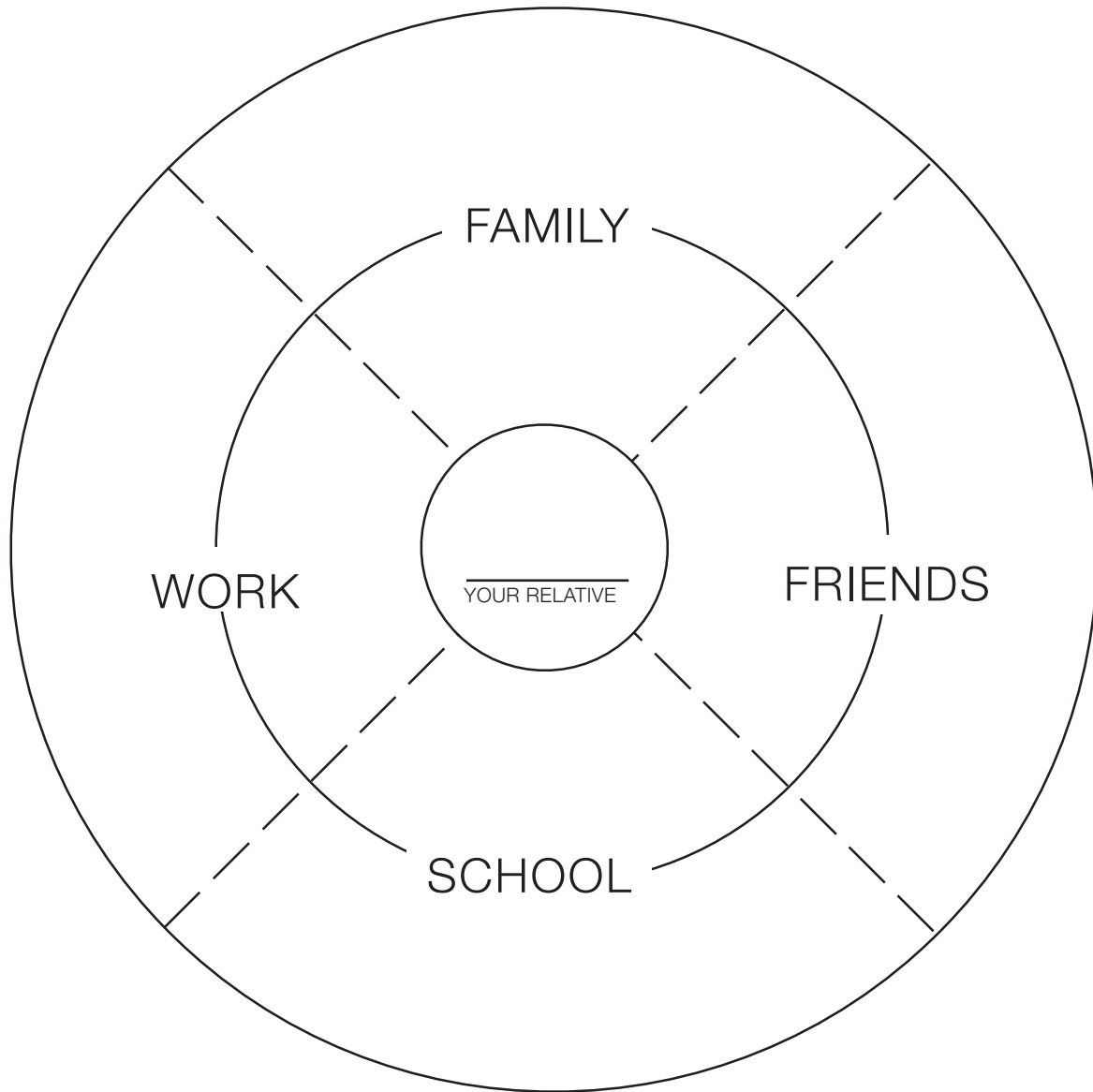
## The Web of Friendship

The sample web has already been filled out. To fill out your own web:

1. Write your relative's name in the centre circle.
2. The inner circle represents the area in their life that is filled with people they trust, feel comfortable with, and confide in. They can be friends or family. However, exclude anyone in a paid position. The people in this circle will have a reciprocal relationship with your relative, based on friendship and respect.
3. The remainder of the web represents the rest of the people who are involved in your relative's life. Write their names down, using the distance from the centre to represent how close their relationship is.
4. If you wish, the dotted lines can be used to indicate the different areas in your relative's life. For example, family in the top section, friends on the left, school and work in the other quadrants. This will help you to visually demonstrate the interrelationships in your relative's life.
5. When you have completed this picture, think about how you can strengthen the web, by joining up the people in your relative's life. In a different coloured pen, draw in all the potential connections.

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# Your family member's web



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# Worksheet 5

## Contribution

The following questions may help you identify the various ways your family member makes or could make a contribution.

We suggest you answer these questions and then share with your family member and others who know them well.

What contribution does your relative make to your family?

What are the three activities they love the most?

What are their passions?

What gives them the greatest joy and pleasure?

Who are their heroes?

What famous public personality (singer, actor, athlete) do they like?

What are their gifts of doing?

What are their gifts of being?

What would they like to learn?

What could they teach others?

What have you learned from them?

What positive attributes do others like about them?

What is the greatest accomplishment of their life so far?

What job or volunteer position would best suit their interests and personality?

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To download a copy of all worksheets, visit [www.plantoronto.ca](http://www.plantoronto.ca) and click on Safe and Secure worksheets.

# Worksheet 6

## Welcome mat

These are questions you can discuss with your relative. Have some fun and use a variety of props to facilitate your discussion: perhaps have your relative draw a few pictures or make a collage of cutouts from magazines.

What kind of home would you like to live in? \_\_\_\_\_

\_\_\_\_\_

Would you like to live by yourself or with other people? \_\_\_\_\_

\_\_\_\_\_

Who would you like to help you live in your own home? \_\_\_\_\_

\_\_\_\_\_

What would this person help you with? \_\_\_\_\_

\_\_\_\_\_

Where do you want to live? \_\_\_\_\_

\_\_\_\_\_

Why do you want to live there? \_\_\_\_\_

\_\_\_\_\_

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What do you want to live close to? (a park, church, recreation centre, bus route, shops, and so on.) \_\_\_\_\_

What is your favourite room? \_\_\_\_\_

Do you have a favourite chair? Would you like to have one? Which room would you place it in?

Where would you place your favourite things? \_\_\_\_\_

What kind of furniture will you need for your own place? \_\_\_\_\_

What furniture from your family home would you like to have in your own home? \_\_\_\_\_

Would you keep a pet? What kind? \_\_\_\_\_

Would you like a garden? \_\_\_\_\_

Do you like to cook? If so, would you like to have a big kitchen? \_\_\_\_\_

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Would you like to have a quiet room? \_\_\_\_\_

\_\_\_\_\_

Which room would you like to have music in? \_\_\_\_\_

\_\_\_\_\_

Do you like doing dishes? \_\_\_\_\_

\_\_\_\_\_

Do you like to clean the house? \_\_\_\_\_

\_\_\_\_\_

Do you like to mow the lawn? \_\_\_\_\_

\_\_\_\_\_

How would you decorate:

Your living room? \_\_\_\_\_

\_\_\_\_\_

Your bedroom? \_\_\_\_\_

\_\_\_\_\_

Your entrance? \_\_\_\_\_

\_\_\_\_\_

What colour would you paint the outside of your house? \_\_\_\_\_

\_\_\_\_\_

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How would you welcome visitors to your home? \_\_\_\_\_

\_\_\_\_\_

When you came home at the end of the day, what would be the first thing you would do?

\_\_\_\_\_

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# Worksheet 7

## When is a house a home?

Here are some simple guidelines and questions to help you evaluate the home-like quality of residential services.

### Whose house is it?

Are the individuals who live in the house the ones to determine its structure and tone or is the house geared to suit the staff hired to provide service?

Use your home and your own life as yardsticks for comparison. Do not accept, “well, it’s better than where they were.” Instead, ask yourself, “Is it as good as I have now?” and “Is it as good as I would want for myself?”

### Look around

Are there locks where they are not needed; that is, on the refrigerator, on the clothes closets, and so on?

Are there no locks where they are needed; that is, on bathroom doors, bedroom doors, filing cabinets, medicine cabinets, and so on?

Do people have the same amount and variety of possessions and personal articles as other people their age?

### What does it feel like?

Are the rooms comfortable? How about the couch? The chairs? Could you relax here? Does the place feel like a home?

### Take a moment to listen

Can you go somewhere for a little peace and quiet? Are there conversations among the people who live here?

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## Smell

Do you get a scent of home made dinner on the stove or dessert in the oven, or do you smell institutional cleaners and odors?

## Taste

Would you enjoy the food that is served or would you merely tolerate it?

## Ask

What are the rules? Are they excessive or overly restrictive? Do they make sense to you? Who makes the rules?

## Infer

Do the people who live here experience a home with some added support, programming, and needed supervision? Or do they experience an institutional program with a few home-like qualities?

## Analyze

What compromises have been made in the name of budget limitations, programming practices, staff needs, and so on? In what ways do these compromises detract from a home-like atmosphere?

## Ask yourself

If an opening came up tomorrow, would I ask to move in?

# Worksheet 8

## Supported decision-making

Use this worksheet to organize key decision-making information, issues, and resources that affect the choices and safety of your relative.

### A. Checklist

#### MEDICAL DECISION-MAKING

- |     |    |   |
|-----|----|---|
| YES | NO | I have discussed issues of medical consent with my relative's doctor.   |
| YES | NO | The doctor accepts consent from my relative for medical treatment.      |
| YES | NO | The doctor accepts my consent for medical care on my relative's behalf. |

#### FINANCIAL DECISION-MAKING

- |     |    |                                      |
|-----|----|--------------------------------------|
| YES | NO | I have set up an income trust.       |
| YES | NO | I have set up a discretionary trust. |
| YES | NO | My relative has a RDSP.              |
| YES | NO | My relative has a bank account.      |

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YES NO Withdrawals from that bank account are protected by:

- joint signature for withdrawals
- my family member is well-known to bank employees
- funds in the account are kept to a minimum
- don't need to be protected.

## PERSONAL CARE DECISION-MAKING

YES NO My family member has an advocate(s).

YES NO The services my relative receives are monitored by a separate and independent agency.

YES NO Housing supports are kept separate from other services.

YES NO Staff understand and support the importance of family involvement.

YES NO Staff understand and welcome the involvement of spouses, friends, and members of the Personal Network.

YES NO Service and program staff recognize the importance of offering and respecting my family member's choices.

YES NO Family and friends provide support by reviewing services and programs on a regular basis. **NOTE** This is different from the service plans developed by service providers.

YES NO Members of the Personal Network are familiar with the personal care issues.

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## B. Information

### GENERAL

Who does my relative trust? \_\_\_\_\_

Who would I trust to assist my relative with decision-making? \_\_\_\_\_

Who understands my relative's communication style? \_\_\_\_\_

### MEDICAL DECISIONS

Who is my relative's doctor? \_\_\_\_\_

What assistance would they need to make medical decisions? \_\_\_\_\_

\_\_\_\_\_

Who would my relative accept to assist with medical decision-making? \_\_\_\_\_

\_\_\_\_\_

What aspect of their medical care do I think my relative might understand? \_\_\_\_\_

\_\_\_\_\_

What formal arrangements do I need to make to ensure medical care is easily available to my relative? \_\_\_\_\_

\_\_\_\_\_

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## FINANCIAL DECISIONS

My relative's trustees are: \_\_\_\_\_

\_\_\_\_\_

My financial advisors are: \_\_\_\_\_

\_\_\_\_\_

My relative has the following bank accounts: \_\_\_\_\_

\_\_\_\_\_

Signing authority includes: \_\_\_\_\_

Who would be willing to assist my relative in making financial decisions? \_\_\_\_\_

\_\_\_\_\_

I have asked the following individual to monitor the trust I have set up for my relative: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL CARE DECISIONS

My relative's advocate is: \_\_\_\_\_

The independent agency that monitors services is: \_\_\_\_\_

\_\_\_\_\_

Who would be willing to assist my relative in making lifestyle and personal care decisions?

\_\_\_\_\_

# Worksheet 9

## Will planning

This worksheet is intended to:

- assist you in compiling information to take to your lawyer when you wish to make your Will
- assist in making you aware of decisions you will need to make and to help you make them.

After completing the worksheet you will be ready to contact a lawyer of your choice to make the Will. This worksheet does not give any legal advice. To draft a Will, you need to see a qualified lawyer.

### A. Personal and Family Particulars

Date \_\_\_\_\_

**1** Full Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Marital Status (including plans to marry) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

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Do you have a marriage contract? \_\_\_\_\_

Have you or your spouse been married or lived in a common law relationship before? \_\_\_\_\_

**2** Marriage or Common Law Relationship \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

**3** Children (Please list all children of either spouse. Please note with a \* any child of a former marriage of either spouse and with \*\* any child with a disability. Please include children you have adopted and children of any previous marriages or common law relationships.)

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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#### 4 Other Dependents

Is there someone who is dependent upon you for financial support for whom you wish to provide, such as an elderly parent? \_\_\_\_\_

If yes, please complete the following:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

#### 5 Other Responsibilities

Are you now serving as the legal guardian for an adult who has a disability or lacks capacity?  
\_\_\_\_\_

If yes, full name, address and relationship to you:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship to you \_\_\_\_\_

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## B. Will Particulars

### 1 Appointment of Guardian(s) for Infant Children

Do you have a child under the age of 18?

It is important to note that you CANNOT appoint a guardian for your child with a disability who is older than 18.

Who will be their guardian(s) should you die before they reach age 18?

Name	Address	Relationship to you	Occupation

Who will be their alternate guardian(s) before they reach age 18?

Name	Address	Relationship to you	Occupation

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## 2 Distribution of Your Estate

(a) Do you wish to leave your estate to your spouse if he/she survives you? \_\_\_\_\_

(b) Do you wish to share your estate between your spouse and your children? \_\_\_\_\_

If so, how? \_\_\_\_\_

(c) If your spouse dies before you, do you wish to leave your estate to your children? \_\_\_\_\_

If so, in equal shares? \_\_\_\_\_

If in unequal shares, what proportion or amount is each child to get? \_\_\_\_\_

\_\_\_\_\_

(d) At what age do you wish your children to receive their share? \_\_\_\_\_

(e) If any child fails to survive to that age, do you wish his or her children to receive the share?

\_\_\_\_\_

(f) If one of your children dies before you do, who do you wish to receive his or her share of your estate? \_\_\_\_\_

(g) If your spouse and children all die before you do, who do you want to receive your estate? \_\_\_\_\_

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### 3 Discretionary Trust for Someone on the Ontario Disability Support Program

(a) Do you have a relative who is in receipt—or likely in the future to be in receipt—of Ontario Disability Support Program benefits assistance?  Yes  No

(b) Do you wish to set up a trust for this relative?  Yes  No

(c) Do you wish it to be a discretionary trust?  Yes  No

(d) Who do you wish to be trustees of this trust?

Name	Address	Relationship to you	Occupation

**NOTE** You may have any number of co-trustees. You should discuss with your lawyer whether you want each trustee to be a co-trustee or an alternate trustee. You should also discuss with your lawyer the ability of your named trustees to appoint additional or successor trustees.

(e) Who do you wish to be alternate trustees if any of the ones you have named are unable to serve?

Name	Address	Relationship to you	Occupation

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(f) Residual Beneficiary

When you set up a trust you must specify what happens to the assets left in the trust when the person whom the trust was set up for dies.

Who do you want to receive the assets left in the trust when the person for whom the trust was set up for dies? \_\_\_\_\_

Does this cause a conflict of interest? \_\_\_\_\_

You should make sure you discuss a potential conflict of interest with your lawyer.

(g) Trustee Powers

Do you wish your trustee to be able, if it becomes necessary or desirable, to buy, sell, rent, lease, or mortgage a residence for your relative with a disability? \_\_\_\_\_

If so, make sure you discuss your wishes with your lawyer. They will need to ensure they give the powers you want to your trustees.

Do you wish to give your trustees unrestricted investment powers to allow them to make any investment they think is appropriate? \_\_\_\_\_

Or

Do you wish them to be restricted in what they can invest? \_\_\_\_\_

It is important to discuss with your lawyer the powers you wish to give to your trustees.

Do you want to leave a particular asset to a particular person? This includes clothing, jewelry, art, etc. If so, describe below. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Do you want to give a cash gift to anyone? If so, describe below.

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Do you want to give cash or another gift to charity? If so, describe below.

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**You must be aware that some assets can pass outside of your Will.**

Have you filed a description of beneficiary with the Plan Issuers for your:

- a) RRSP                     Yes     No
- b) RRIF                     Yes     No
- c) Pension Plan         Yes     No
- d) Life Insurance Policy  Yes     No

If so, these items will pass outside of your Will.

Do you own any other assets, for example property, bank accounts, etc. jointly with another person?    Yes    No

**If so, these items will pass outside of your Will.**

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**4 Additional Support for your relative**

Do you wish PLAN to provide support for your relative when you are no longer able to do so?  
If so, contact PLAN to discuss incorporating appropriate clauses into your Will that will enable PLAN to assist your relative.

**5 Other Comments or Instructions**

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This is for additional information, which your lawyer might need to consider.

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## C. Asset and Debt Summary

(please indicate if these assets or debts are not in Ontario)

	Hers	His	Both
a) Cash and Term Deposits	\$ _____	\$ _____	\$ _____

### b) Life Insurance

Insurance Co	Owner of Policy	Designated Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### c) RRSPs

RRSP Institution	Owner of RRSP	Designated Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

	Her name	His name	Joint Names
d) Stocks and Bonds	\$ _____	\$ _____	\$ _____
e) Pension Plans & Annuities	\$ _____	\$ _____	\$ _____

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f) Describe any interests you may have in any proprietorships, partnerships or private companies. \_\_\_\_\_

g) Real Estate

	No.1	No.2
Address	_____	_____
Registered Owner(s)	_____	_____
Joint Tenants?	_____	_____
Estimated Value	\$ _____	\$ _____
Mortgage Balance (estimated)	\$ _____	\$ _____
Mortgage Life Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate equity	\$ _____	\$ _____

h) Personal Effects

Approximate value of household goods, furniture, jewelry, boats & automobiles: \$ \_\_\_\_\_

Are any of these articles owned jointly with someone else?  Yes  No

i) Miscellaneous

A) Interest in any existing estate or trusts: \_\_\_\_\_

B) Other substantial assets: \_\_\_\_\_

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C) Do you have any real or personal property outside of Ontario? If so, please specify.

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#### D. Summary of Debts (other than mortgages previously noted)

Creditor	Life Insurance	Amount
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

#### Estimated Net Value of Estate

	Her name	His name	Joint Names
Total Assets	_____	_____	_____
Less Total Debts	_____	_____	_____
Less Estimated Tax	_____	_____	_____
Liability	_____	_____	_____
Total Net Value of Estate	\$ _____	\$ _____	\$ _____

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# Worksheet 10

## Your summary checklist

I have completed all the following documents:

- A family portrait of my relative.
- My letter to the future, clarifying my wishes.
- A list of my relative's documents: birth certificate, social insurance card, health care card, etc.
- An up-to-date Will that reflects my current wishes.
- A description of the purpose of the discretionary trust.
- An up-to-date list of my major assets and where they are kept (insurance policies, bank accounts, stocks, mutual funds, and so on).

**and**

- I have stored all these documents in a safe place.
- My executor knows where these documents are kept.