



Easy Read



My Life My Wishes Form

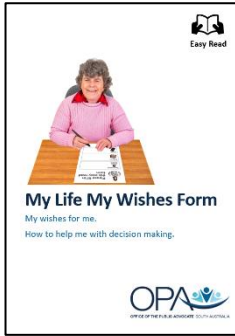
My wishes for me.

How to help me with decision making.



OFFICE OF THE PUBLIC ADVOCATE SOUTH AUSTRALIA

This is the My Life My Wishes Form.



This form will help to tell people:

- Your **wishes**.
Wishes are the things that you really want.
- How to help you with decision making.
- Information to get to know you.



It was made by the Office of the Public Advocate.

The Office of the Public Advocate are also known as OPA.

When you see we or us that means OPA.



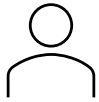
You can ask someone you trust to help you fill out this form.

Look at the User Guide for help on how to fill out this form.

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About you



Name



Date of Birth



Address

Suburb

Postcode

Part A: My decision-making profile



Part A is about your decision-making profile.



This is information to help people who support you understand what help you need to make decisions.

It is about you.

Help you need to make decisions

What is your disability?



What help do you need to make decisions about your life?

Your communication needs



What help do you need to talk to others?



Where and when is it easier for you to speak to others?



What languages do you speak? Do you need an interpreter?



Your culture and faith



Culture is the behaviours and beliefs that people follow together.

Faith is the trust in something outside of yourself, for example God.



What culture do you connect with?

How do you make decisions in your culture?



Who do you need to include?

Your values and beliefs



Values are what you think is important in your life.

Beliefs are the strong thoughts that something is true.



What is most important to you in your life?

Personal history









What do you want people who support you to know about what has happened in your life?




Your supporters






Who do you want to help you make decisions?

	Name	_____
	Organisation	_____
	Relationship	_____

	Name	_____
	Organisation	_____
	Relationship	_____

	Name	_____
	Organisation	_____
	Relationship	_____

	Name	_____
	Organisation	_____
	Relationship	_____



Name



Organisation



Relationship



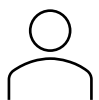
Name



Organisation



Relationship



Name



Organisation



Relationship



Name



Organisation



Relationship



Name



Organisation



Relationship

Part B: My life, my wishes



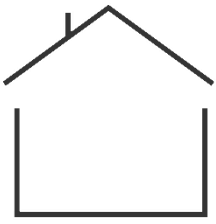
Part B is about your life and wishes.

There will be questions about:

- Where you live.
- The services you use.
- Your health.
- Access to the community.
- Other things in your life.

There will also be questions about how you wish these things could be.

Where you live – Your life now

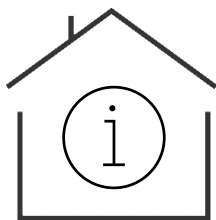


Answer these questions by thinking about where you live now.



What type of house do you live in?

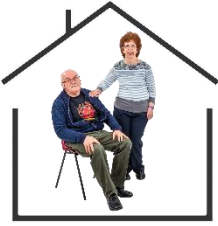
- Own my home.
- Live with family.
- Rental.
- Housing trust.
- Supported Independent Living.
- Specialist Disability Accommodation.
- Group home.
- Aged care.
- Other.



Other information about my home.



When did you move in?



What supports do you have at home?



How much support do you have?

For example, how many staff per person living in the home with disability.



Describe your home.



Who do you live with?



Do you have any worries or problems with your home?



Where have you lived in the past?



Does your guardianship order say that your Guardian needs to agree to where you live?



Yes



No



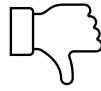
Not sure



Does your guardianship order say you cannot leave your house without your support staff for your safety?



Yes



No



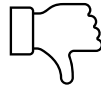
Not sure

Does your team use **Restrictive Practices** with you?

Restrictive Practices are things in place that stop someone with disability doing something.



Yes



No



Not sure

Where you live – Your wishes



Answer the next questions by thinking about how you wish you could live.



What do you think about where you live?



What do you like about where you live?



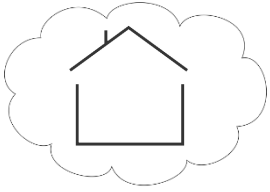
What do you **not** like about where you live?



Where do you want to live?



Who do you want to live with?



What should your home be like?



What home supports should you have?

Services – Your life now



Answer these questions by thinking the services and supports that you use.



What supports do you use?



What activities do you do?



What job do you have?



Do you have any problems or worries about your supports?

Services – Your wishes



Answer this question by thinking about the services and supports you want in your life.



What supports do you want?



What activities do you want to do?



What job do you want?

A large, empty rectangular box with a blue border, intended for writing an answer to the question above.

Health – Your life now



Answer the next questions by thinking about the support you have to look after your health.



What are your main **health conditions**?

Health conditions are things that affect how you live your life.
For example sickness or injury.



Who helps you with your health?

This might be:

- Taking you to appointments.
- Explaining things to you in a way you can understand.
- Helping you with your medication.
- Other health things.

Health – Your wishes



Answer the next questions by thinking about the support you want to look after your health.



What health care do you want in your life?



Dying wishes

Dying wishes are things that you want when you come to the end of your life.



Who do you want to be told when you die?



Where do you want to be when you pass away?

What do you want to happen when you come to the end of your life?



- I want to be comfortable and pain free at my home.
- I want doctors to do anything they can to keep me alive. This includes starting my heart again if it stops.



- I want a tube in my throat if I cannot breathe by myself.
- I want to go to a hospital room for very sick people.



- I want treatment that the doctor recommends.

This might be

- Medicine, food or drink through a needle.
- Tablets.
- Surgery.
- Blood cleaning.



Is there anything that you do **not** want to happen at the end of your life?

Access – Your life now



Answer the next questions by thinking about the **informal people** in your life.

Informal people are people who are not paid to be in your life, for example:

- Friends.
- Family.



Who do you see?



How often do you get to see these people?



Where do you usually see these people?



What support do you need to be able to see these people?



Do you have any problems or worries about seeing these people?

Access – Your wishes



Answer the next questions by thinking about the people that you do and do not want to see.



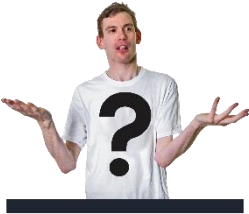
Who do you want to see?



Why do you want to see these people?



How often do you want to see these people?



Where do you want to see these people?



Who do you **not** want to see?



Why do you not want to see these people?

Other – Your life now



What is your money situation?



What is your legal situation?



Do you have any other problems or worries in your life?

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Other – Your wishes



Do you have any other wishes in your life?

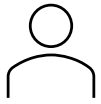
Agreement



The information in this form:

- Has come from you.
- Is true.

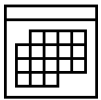
The person who this form is about:



Name



Signature

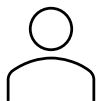


Date



The supporter agrees that the information in this form is true to the best of what they know at the time it was filled out.

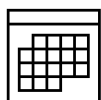
The person responsible or substitute decision maker:



Name

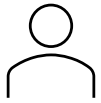


Signature



Date

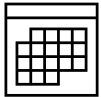
Other supporter:



Name



Signature

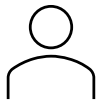


Date

Other people who helped you to fill out this form:



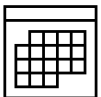
Relationship



Name



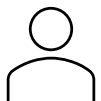
Signature



Date



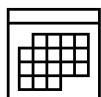
Relationship



Name



Signature



Date



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