Mattern House, Inc.

Legal Representative Form

Please answer the following questions regarding your status as a substitute decision maker:

☐ ***The individual does not have a legal guardian or legally appointed substitute decision maker appointed by the court.***

☐ ***The individual has a Limited Guardian.***
If checked, Please Complete:

Limited guardian's name: _____ ***Phone:*** _____

Address: _____

☐ ***The individual has a Guardian of Estate.***
If checked, please Complete:

Guardian of Estate's name: _____ ***Phone:*** _____

Address: _____

☐ ***Health Care Agent (A person designated by the person in an advance health care directive, such as a power of attorney, when the person was competent to make such decisions).***
If checked, please complete:

Heath Care Agent's name: _____ ***Phone:*** _____

Address: _____

☐ ***Health Care Representative (A person authorized to make health care decisions for an individual who has knowledge of the individual's preferences and values, usually a relative).***
If checked, please complete:

Heath Care Representative's name: _____

Phone: _____

Address: _____

IF YOU HAVE CERTIFIED THAT THE INDIVIDUAL HAS ANY TYPE OF LEGAL REPRESENTATIVE, PLEASE SUBMIT A COPY OF ALL LEGAL DOCUMENTS TO MATTERN HOUSE, INC.

Name of Person Completing Form: _____

Signature: _____ ***Date:*** _____