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Advance Directives for Health Care (Power of Attorney for Health Care and Living Will)

The Power of Attorney for Health Care Form (DHS Form F-00085) makes it possible for adults in Wisconsin to authorize other individuals (called health care agents) to make health care decisions on their behalf should they become incapacitated. The Living Will Form (DHS Form F-00060) makes it possible for adults in Wisconsin to state their preferences for life-sustaining procedures and feeding tubes in the event the person is in a terminal condition or persistent vegetative state.

Social Worker/Treatment Specialist Responsibilities:

The Power of Attorney and Living Will documents are available through the Social Worker or Health Services Unit (HSU) as requested. The Social Worker should review the documents for completion with the inmate to ensure all of the information is completed on the form. Two witnesses are required for Power of Attorney and Living Will. Witnesses cannot be a health care provider who is providing health care services at the time of the document being signed or an employee of the health care provider unless the employee is a chaplain or social worker. Once the forms are signed by the inmate and two witnesses, they should be returned to the HSU.

Resources/References

DHS F-00085 Power of Attorney for Health Care

DHS F-00060 Living Will

DAI 500.00.01 Advanced Directives for Health Care