



IT'S YOUR CHOICE.

How would you choose to live and be cared for in the future?
Have you ever written down your wishes?

MY CARE, MY CHOICE, MY VOICE. Just follow these simple steps:

- CARE:** What are your wishes for future care if you became sick or hurt?
Do you have someone who will speak for you if you cannot?
- CHOICE:** Complete the **free** Rhode Island Durable Power of Attorney for Health Care form.
- VOICE:** Make sure everyone understands your wishes. Share them with your family, friends, and doctors.

Learn more at www.myccv.org



VNA of Care New England
A MEMBER OF CARE NEW ENGLAND