Muslim Seniors Community

My Life & Legacy



My Planning Book

A SIMPLE PLACE TO BEGIN

This book is here to help.

Use it to gather the information your family may need if you are too sick to speak or cannot manage things by yourself.

You do not have to finish everything at once. Choose one page. Talk with someone you trust. Write what matters most to you.

Keep the completed book in a safe place. Tell one trusted person where it is.

This workbook is a planning guide. It is not a legal or medical form. Use the correct state *forms and ask qualified professionals when you need help.*

What is in this book

Getting started	Pages 4-11
Health choices and care settings	Pages 12-21
Faith and funeral wishes	Pages 22-23
Money and important papers	Pages 24-33
Finding help	Page 34
For my family	Pages 35-36
My progress and notes	Pages 37-39
State forms packet	Separate PDF

You do not need to finish the book in order. Choose the page that feels most useful today.

START HERE

You do not have to do this alone

Ask one person you trust to sit with you. This may be your son or daughter, another family member, a friend, an imam, a social worker, or an MSC volunteer.

Do a little at a time

- Choose one page.
- Talk about the question.
- Write a short answer.
- Stop when you feel tired.
- Come back another day.

Keep private information in one safe place

This book includes private information pages for important numbers and passwords. Complete those pages, keep the book locked away, and tell only a trusted person where it is.

The person helping me with this book is

KEEP IT SIMPLE

My five important steps

- ☐ Choose who will speak for me about my health.
- ☐ Tell that person what matters to me.
- ☐ Complete the correct forms for your state.
- ☐ Choose someone honest to help with money if I cannot.
- ☐ Tell my family where my important papers are.

The first thing I want to do is

The person who will help me is

ABOUT ME

My personal information

Full name	
Date of birth	
Home address	
Phone number	
Email address	
Primary doctor	Name: Phone:
Languages I prefer	
Other information my family may need	

WRITE THEIR NAMES

People I trust

Person to call first	Name: Phone:
Health decisions	Name: Phone:
Backup person	Name: Phone:
Money and bills	Name: Phone:
Doctor	Name: Phone:
Imam or faith helper	Name: Phone:

Another person I trust

PEOPLE WHO MAY NEED TO HELP

My important contacts

Lawyer	Name: Phone:
Accountant or tax helper	Name: Phone:
Bank contact	Name: Phone:
Insurance contact	Name: Phone:
Funeral home	Name: Phone:
Mosque or community contact	Name: Phone:

Another important contact

MY DOCUMENT CHECKLIST

Health documents to gather

Check each item when it is ready. Keep original documents in a safe place. Write where the original is kept.

Ready	Document	Where the original is kept
☐	**Health care directive or proxy for my state**	
☐	**Living Will**	
☐	**Medical order about CPR (if I have one)**	
☐	**Permission to share my medical information (HIPAA)**	
☐	**Current medicine, allergy, and health-condition list**	
☐	**Medicare, Medicaid, and health insurance cards**	
☐	**Long-term care insurance policy, if I have one**	
☐	**Organ or tissue donation choice, if I have one**	

States use different forms to name a health care decision-maker. Ask a doctor or lawyer which forms apply to you.

MY DOCUMENT CHECKLIST

Legal, identity, and property documents

Some documents will not apply to everyone. Check the ones that apply to you and write where each original is kept.

Ready	Document	Where the original is kept
☐	**Durable Power of Attorney for money and finances**	
☐	**Last Will and Testament**	
☐	**Trust documents, if I have a trust**	
☐	**Birth certificate**	
☐	**Marriage, divorce, or name-change papers**	
☐	**Passport, driver's license, or state ID**	
☐	**Social Security card**	
☐	**Citizenship, immigration, or military papers, if applicable**	
☐	**Home or property deed and mortgage papers**	
☐	**Car or other vehicle title and registration**	

MY DOCUMENT CHECKLIST

Money, insurance, and benefit documents

Gather the latest statement or write where your trusted person can find it. Keep account numbers and private information secure.

Ready	Document	Where the original is kept
☐	**Bank and credit-union statements**	
☐	**Retirement, pension, and investment statements**	
☐	**Social Security benefit letter or statement**	
☐	**Life insurance policies**	
☐	**Home, renters, car, and other insurance policies**	
☐	**Recent income-tax returns**	
☐	**Loan, mortgage, credit-card, and debt information**	
☐	**Beneficiary and payable-on-death choices**	
☐	**Safe-deposit box information, if I have one**	
☐	**Prepaid funeral, cemetery, or burial papers, if any**	

Who will speak for me

If you are too sick to speak, someone may need to talk with the doctors for you.

The name for this person varies by state.

Choose someone who

- ☐ Knows you well
- ☐ Will listen to you
- ☐ Will follow your wishes
- ☐ Can speak calmly with doctors and family
- ☐ Has agreed to help

I would like this person to speak for me

I chose this person because

What is important to me

There are no right or wrong answers. This page helps your family understand you.

The people who matter most to me are

A good day for me is

I want to be able to

When I am sick, these things bring me comfort

What I want my doctor to know

The care that helps me feel safe and comfortable is

If I become very sick, I want my family to remember

If possible, I would like to be cared for at

Talk before you sign

Take these answers to your doctor. Ask the doctor to explain choices slowly and in words you understand.

Questions I want to ask my doctor

KNOW THE PURPOSE

Choosing the right care setting

Hospital care, rehabilitation, palliative care, and hospice care serve different purposes. The right choice depends on what is happening, what improvement is realistically possible, and what matters most to you.

Hospital	For urgent tests, treatment, surgery, or close medical monitoring.
Rehabilitation	For therapy and nursing support when improvement in strength or daily function is possible.
Palliative care	For relief of pain, symptoms, and stress at any stage of a serious illness. It can be given along with treatment.
Hospice	For comfort and quality of life when an illness is advanced and treatment is no longer helping or no longer wanted.

Ask these questions in every setting

- ☐ What is the goal of this care?
- ☐ What improvement is realistically possible?
- ☐ What may be difficult, painful, or burdensome?
- ☐ What happens if I say yes? What happens if I say no?
- ☐ Will this help me live the way that matters to me?
- ☐ Who will help my family understand the next step?

What matters most to me when choosing care

QUESTIONS AND DECISIONS

If I go to the hospital

A hospital may be the right place for an emergency or for treatment that cannot be given safely at home. Before each major test or treatment, ask what it is expected to accomplish.

Ask the hospital team

- What problem are you treating right now?
- Is this likely to help me recover, or only keep my body alive longer?
- What are the benefits, risks, and likely side effects?
- Would I need intensive care, a breathing machine, CPR, a feeding tube, or surgery?
- Can my chosen decision-maker join the discussion?
- Can palliative care, a social worker, or a chaplain or imam speak with us?
- What help will I need when I leave the hospital?

Before I leave the hospital

- ☐ I understand which medicines changed and why.
- ☐ I know whom to call if I become worse.
- ☐ I know where I am going next and who arranged the care.
- ☐ My family has copies of the discharge instructions.

Treatments I would want discussed with my decision maker first

What I want my family to ask

If rehabilitation is offered

Rehabilitation may happen in a rehabilitation hospital, a skilled nursing facility, an outpatient clinic, or at home. The amount of therapy, nursing care, and medical supervision is different in each place.

Ask before choosing a program

- What specific improvement do you expect for me?
- How much therapy will I need to do each day?
- Am I medically and physically able to participate?
- How long is the expected stay?
- What will Medicare or my insurance cover, and what might I have to pay?
- What help will I still need when I return home?
- What happens if I do not improve or cannot continue therapy?

My decision should reflect my goal

- ☐ Getting stronger enough to return home
- ☐ Walking, transferring, dressing, eating, or bathing more safely
- ☐ Learning how to use equipment or manage a new disability
- ☐ Choosing comfort instead of exhausting treatment when recovery is unlikely

The improvement that would make rehabilitation worthwhile to me

What would feel like too much for me

Palliative care

Palliative care helps with pain, breathing problems, nausea, anxiety, sleep, spiritual concerns, and difficult medical decisions. You can receive it while continuing treatment for your illness.

Palliative care may help when

- ☐ Symptoms are hard to control.
- ☐ You are going to the hospital often.
- ☐ Doctors are offering choices that are hard to understand.
- ☐ You and your family disagree or feel overwhelmed.
- ☐ You want treatment, but you also want more comfort and support.

Questions to ask

- Can I receive palliative care now?
- Who will manage my pain and other symptoms?
- Can the team help us hold a family meeting?
- Can they include my faith, language, and cultural needs?

Symptoms or worries I need help with

The person I want included in the conversation

Hospice care

Hospice focuses on comfort, dignity, and quality of life when an illness is advanced. Hospice is a type of care, not only a building. It may be provided at home, in assisted living, in a nursing facility, or in another approved setting.

For the Medicare hospice benefit, a doctor must generally certify that the person is expected to live about six months or less if the illness follows its usual course. A person may live longer and may continue to qualify after review.

Before choosing hospice, ask

- Which treatments and medicines will continue?
- Which treatments will stop because the focus is now comfort?
- Who do we call at night or on weekends?
- What medicines, equipment, nursing visits, and caregiver support are included?
- What happens during a pain or breathing crisis?
- Is respite care available for my caregiver?
- How will the team respect my Muslim faith, modesty, food, prayer, and burial needs?

Important to understand

Hospice does not usually provide a caregiver in the home all day and night. Ask exactly what the hospice team provides and what family or paid caregivers will still need to do. Medicare and insurance rules can change, so confirm current coverage with the hospice and your health plan.

Comfort and quality of life mean this to me

The care I would want to continue

The care I may not want if it only adds burden

Health care forms

Health care decision-maker	This form names the person who can speak with doctors for you.
Living will	This form tells doctors about some treatments you may or may not want if you are very sick.

What to do

- ☐ Ask for the current forms for your state.
- ☐ Ask someone to explain every part.
- ☐ Do not sign until you understand.
- ☐ Follow the witness rules written on the form.
- ☐ Give copies to your chosen person and your doctor.

This workbook is not a legal form. These documents are often called advance directives.

TALK WITH YOUR DOCTOR

CPR and DNR

CPR is an emergency treatment used when a person’s heart or breathing stops.

The name and rules for medical orders about CPR vary by state. Ask your doctor which form emergency workers will follow.

A DNR is not for everyone

Your doctor can explain whether it makes sense for your health. Do not make this decision only from this booklet.

- Ask: What would CPR likely do for me?
- Ask: Would CPR help me recover?
- Ask: What form is used in my state?
- Ask: Where should the form be kept?

What my doctor explained

My decision or next question

WHAT MATTERS TO ME

My faith wishes

Tell your family what gives you peace. If you have religious questions, speak with an imam or scholar you trust.

When I am very sick, I would like

Qur’an, du’a, prayer, modesty, food, or other wishes

The imam or faith helper I want called

Questions I want to ask

My funeral and burial wishes

- ☐ I have told my family what I want.
- ☐ I know which mosque or imam to call.
- ☐ I know which funeral home to call.
- ☐ I have thought about where I want to be buried.
- ☐ I have chosen who should lead the arrangements.

Mosque or imam

Funeral home or cemetery

My other wishes

CHOOSE CAREFULLY

Who can help with my money

You may choose someone to pay bills or manage money if you cannot do it yourself.

This legal paper is often called a power of attorney.

Choose someone who is

- ☐ Honest
- ☐ Careful
- ☐ Good with bills and papers
- ☐ Willing to explain what they do
- ☐ Someone you trust completely

Speak with a lawyer in your state before signing. This paper can give another person a lot of power.

The person I may ask

Questions I want to ask a lawyer

MAKE THEM EASY TO FIND

Where are my important papers

Health forms	Kept here:
Will	Kept here:
Power of attorney	Kept here:
Bank papers	Kept here:
Insurance	Kept here:
Home or property papers	Kept here:
Funeral plan	Kept here:
Password list	Kept here:

My trusted person knows where these papers are.

The trusted person is

KEEP THEM SAFE

My phone and passwords

Many people write passwords in a small notebook or on paper. That is okay if the list is kept in a safe place.

- Keep the password pages in a locked drawer, safe, or other private place.
- Tell only one trusted person where the pages are.
- Do not leave passwords on sticky notes where visitors can see them.
- Never give a password to someone who calls or texts you unexpectedly.
- You may remove the next page and store it separately from this book.

The trusted person who knows where my password page is

KEEP THIS PAGE PRIVATE

My password organizer

Write clearly. Update the page when a password changes. Keep it somewhere safe and do not send a photograph of it by text or email.

Account or website	Username	Password	Notes

My phone passcode is written and stored separately here

MAKE ACCESS EASIER

My devices and online accounts

Do not write passwords on this page. Write where your trusted person can find the information.

Phone	Passcode information is kept here:
Computer or tablet	Passcode information is kept here:
Email account	Address: Password information is kept here:
Wi-Fi	Network name: Password information is kept here:
Cloud photos or files	Service: Access information is kept here:
Social media	Accounts: Access information is kept here:

PRIVATE INFORMATION

My identity and health numbers

Complete only the items that apply to you. Keep this page locked away. Do not photograph, text, or email it.

Social Security number	
Medicare number	
Medicaid number	
Health insurance	Company: Member number:
Prescription plan	Company: Member number:
Driver's license or state ID	Number: State:
Passport	Number: Expires:

The trusted person who knows where this page is

PRIVATE INFORMATION

My bank and money information

List the information your trusted person may need in an emergency. Keep this page locked away. Do not photograph, text, or email it.

Bank or credit union	Name: Account number:
Second account	Name: Account number:
Credit card	Company: Last four digits or account number:
Retirement account	Company: Account number:
Life insurance	Company: Policy number:
Safe deposit box	Bank and location: Box number:

The trusted person allowed to use this information

My bills and regular payments

Home payment or rent	Company or person: Due date:
Electric, water, or gas	Company: Account information is kept here:
Phone and internet	Company: Account information is kept here:
Insurance payments	Company: Account information is kept here:
Donations or memberships	Organization: Payment information is kept here:
Subscriptions	Service: Payment information is kept here:

Another regular payment

MAKE YOUR WISHES CLEAR

My will and my things

A will says who should receive your belongings after you die. A lawyer can help make sure it follows your state's law.

- ☐ I have a will.
- ☐ I need to make a will.
- ☐ I need to update my will.
- ☐ I have checked who receives my life insurance or retirement money.
- ☐ I have made a plan for anyone or any pet who depends on me.

My will is kept here

The lawyer or person helping me

What I still need to do

A SIMPLE WAY TO BEGIN

Talk with my family

You can say:

“I am doing this because I want you to know what I want. I do not want you to guess later. Please sit with me and help me make a simple plan.”

The people I want to talk with

The most important thing I want them to know

What we still need to discuss

Finding help

Health forms	Ask your doctor, hospital, or state health department.
State health law	Check your state's official health agency or legislature website.
Power of attorney	Ask a lawyer licensed in your state. Find help through your state bar.
Help for older adults	Eldercare Locator: 1-800-677-1116
Free or low-cost legal help	Legal Services Corporation lsc.gov/find-legal-aid

Ask the helper to check the date

Forms and rules can change. Ask your helper to make sure each form and website is current before you sign anything.

The form or help I need first

Resources reviewed September 2026.

First steps for my family

This page gives my family a calm place to begin. They can ask a professional for help when they are unsure.

- ☐ Call the person I named to speak for me.
- ☐ Follow my faith, funeral, and burial wishes.
- ☐ Call my imam, mosque, funeral home, doctor, or hospice when needed.
- ☐ Care for any person or pet who depends on me.
- ☐ Find my health, legal, insurance, and money papers.
- ☐ Secure my home, phone, computer, and private information.
- ☐ Notify the people and organizations that need to know.

The first person my family should call is

The most important thing I want my family to remember is

KEEP THIS EASY TO FIND

My one-page summary

My name	
Call first	
Health decision-maker	
Backup person	
Doctor	
Imam or faith helper	
Lawyer	
Health forms	Kept here:
Will	Kept here:
Private information	Kept here:
Funeral wishes	Kept here:

This page only tells people where to look. It is not a legal form or medical order.

CHECK MY PROGRESS

What I have finished

- ☐ I chose someone to speak for my health.
- ☐ I told that person what I want.
- ☐ I completed the correct health forms for my state.
- ☐ I spoke with my doctor about CPR and medical orders.
- ☐ I chose someone honest to help with money.
- ☐ I reviewed my will.
- ☐ I wrote my faith, funeral, and burial wishes.
- ☐ I told someone where my papers are.

I will look at this book again on

The person who will help me review it

Notes

About this book

This book was made to help Muslim seniors and their families have simple, important conversations.

It gives general information. It does not give medical, legal, financial, or religious advice. Use the correct forms for your state and ask qualified professionals when you need help.

Protect private pages

Some pages may contain Social Security, insurance, bank, account, passcode, or password information. Keep the completed book locked away. Tell one trusted person where it is. Do not photograph, text, or email the private pages.

For the person helping

- Read one question at a time.
- Use the senior's preferred language.
- Do not rush or pressure them.
- Write their words, not your own choices.
- Stop if they become tired or upset.
- Help them find current state forms and professional advice.

Learn more: **ourmsc.org**