



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
STEVEN L. MILLWARD – MANAGER
CERTIFIED FAMILY HOME PROGRAM
1720 Westgate Dr., Ste. B
Boise, ID 83704
PHONE (208) 334-0706
FAX (208) 239-6250
www.cfh.dhw.idaho.gov

CERTIFIED FAMILY HOME ADVANCED DIRECTIVES SIGNATURE PAGE
www.cfh.dhw.idaho.gov

Every resident must be advised of his or her right to sign a Living Will and Durable Power of Attorney for Health Care. If the resident chooses to sign the Advanced Directives document, the home must have a copy of the form in the resident's file for use in case of an emergency.

I, the Certified Family Home Provider, have informed _____ of their right to have a Living Will and Durable Power of Attorney for Health Care on file.

Provider's Signature

Date

OR:

This resident, _____, is not capable of understanding the Advanced Directives forms or does not wish to complete the form at this time.

Provider's Signature

Date