

**Addendum to the plan:** This addendum was devised by Lori Harris-Brocious and participants of The Keystone Center. Those who attend Keystone Center discussed other areas that they felt needed to be addressed in the WRAP. The areas of housing, personal effects, vehicles and pets, were found to be the predominant problem areas when a person is hospitalized for an extended stay.

*The following is a list of possessions that I wish to be taken care of in my absence if I require an extended stay (2 months or more) in an inpatient facility.*

**Housing:**

Who has the authority to rescind, pay or call the leaser or mortgage holder?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

What is the name on the lease/ mortgage? \_\_\_\_\_

When is it due to expire and what is the date of payment?  
\_\_\_\_\_

Where and how is payment made & to whom?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Account number: \_\_\_\_\_

*I have special financing such as Section 8. The following is necessary information:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*insert page here\*\*\*\*\*

**Special instructions for care, storage or sale of personal goods:**

[Lined area for writing instructions]

\*\*\*\*\*insert page here\*\*\*\*\*

**Vehicle (s):**

In the event of an extended stay please contact my insurance company and agent. Authorize my insurance to be stopped with as little explanation as possible.

Name of insurance company: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Policy number: \_\_\_\_\_

- My vehicle is fully owned by me. Please store it with/ at:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

- My vehicle is NOT owned entirely by me. Please see that it is paid for at:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Account number: \_\_\_\_\_

\*\*\*\*\*continued\*\*\*\*\*

Store the vehicle with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Permission to sell my vehicle:

In the event of an extended stay I wish my vehicle to be sold.

Special instructions:

\*\*\*\*\* insert page here\*\*\*\*\*

**Animals:**

In the event of an extended stay please see that my animals are cared for by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Vets name: \_\_\_\_\_

Address: \_\_\_\_\_

My pet is on medication, instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My pet's daily schedule, treats, special social instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do **NOT** wish my animals to be sold or put in a shelter. \_\_\_\_\_  
(Initials)

I **GIVE** permission for the sale or placement of my animals in the local shelter. \_\_\_\_\_  
(Initials)