

# COVID-19 Disability Form

I am a person with a disability. Please read this before you help me.

My name: \_\_\_\_\_ I like to be called: \_\_\_\_\_



I communicate by: (check all that apply)  Talking  Writing or typing

Pictures  Sign Language  Pointing to words  Using a device

Please describe: \_\_\_\_\_

If you do not understand me, please call:

1. \_\_\_\_\_ At \_\_\_\_\_

2. \_\_\_\_\_ At \_\_\_\_\_

My doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

My typical reaction to a medical exam:  Cooperate

Afraid  Resist  Try to stop what you are doing

I do not like it when doctors or nurses (please describe):

\_\_\_\_\_

I like it when doctors or nurses (please describe):

\_\_\_\_\_

Medical Problems I go to the doctor for (e.g. diabetes, seizures, smoking, heart problems):

\_\_\_\_\_



My current medications: \_\_\_\_\_

I am allergic to: \_\_\_\_\_



I might get upset from (e.g. being touched, noises, lighting, smells):

\_\_\_\_\_

If I get upset the best way to help me: \_\_\_\_\_

\_\_\_\_\_

If I am in pain, I show it by: \_\_\_\_\_



## Why Should I Fill Out This Form?



We are worried that a lot of people will get the Coronavirus at the same time. Your hospital may have too many people to help. They may say you cannot have any visitors. Talk to your team. Think about what support you need if you must stay in the hospital.

**Tell the hospital, “I have a disability. If I have to stay in the hospital”:**

**I can stay on my own in the hospital.**

**I can stay on my own with phone support from \_\_\_\_\_**  
**at \_\_\_\_\_** (I need this person to support me by phone when getting medical updates or making decisions)

**I cannot stay in the hospital alone.** I need help with advocating, communicating, understanding or self-care. (Cares Act Section. 3715. Allows direct care workers who provide Medicaid waiver services and other trained caregivers to assist people with disabilities in the hospital.)



**To Protect Your Rights in Vermont call 1-800-834-7890. Leave a message. Say your name and the hospital you are at. Disability Rights Vermont will call you as soon as possible.**

## Do you have an advance directive, or a living will? Bring a copy to the hospital

**If you do not have an advance directive or living will, think about what you want.**

1. If you can't breathe on your own, do you want a machine to help breathe for you?
  - Do you want it at all?
  - Do you want to try to see if it could help?
  - Do you want to use it for as long as you need it?
2. If your heart stops, do you want your doctor to try to restart it with pushing on your chest, medications, and electric shocks?
3. If you can't eat or drink like you normally do, do you want food and water to be given to you through a tube to your stomach or in a vein?



**Giving Consent:**  I am my own Guardian

**I have a:**  Substitute Decision Maker  Supported Decision-Making Team  Guardian