

LifeSPAN
Lifetime Secure Personal Assistance Network
Affiliate of PLAN™, Vancouver BC
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Bellevue WA 98005
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life.span@verizon.net
www.lifespan-wa.org

DATE: _____ (due within two weeks of application)

NAME: _____

EXPECTATIONS OF LifeSPAN

The following are my/our instructions for LifeSPAN's involvement in
_____ 's life.

I/we wish LifeSPAN to (please check):

1. Ensure there are three to four people who are active in my/our relative's network.
2. Have a minimum of # _____ network meetings per year.
3. Have personal contact with my/our relative # _____ times per year.
4. Provide a supportive voice as determined by family members and/or the network.
5. Act as an advisor to the Trust. *

Narrative:

The following brief narrative (not to exceed front and back of this page) is a personal statement describing specific wishes for the future of LifeSPAN's role in
_____ 's life. (Consider specific areas, such as housing, medical, etc. An example might be: ensure a LifeSPAN representative attends medical appointments). **We suggest that you complete the Family History before completing this form.**

* As of June 2002, the LifeSPAN Board is determining the extent to which it can serve as an "advisor" to Trusts.

