Crisis Plan Card

This card will help assist emergency responders, law enforcement, mental health personnel, and family members in times of crisis.

This card is a good way to let people know where your Crisis Plan or Advance Directive is and who they should call in case of emergency.

You can use this card to appoint a health care agent, too. The card is legally valid for naming a health care agent in the state of Virginia.

An Advance Directive gives you a place to put specific instructions about your care. You might want to fill out an Advance Directive, too. If you use both, make sure the information on both matches. Note: You can use this card just to put down emergency contact information – that is, just fill out panels 1 and 2.

Make sure you keep a copy of this card with you at all times.

For more information:

• About agent powers and forms, go to www.virginiaadvancedirectives.org.

• You can contact VOCAL toll-free at 877-862-5638, or visit their website at www.vocalvirginia.org.

• Contact your local Community Services Board.

This card was produced in collaboration by:
What are Advance Directives?

More and more, people who have mental health concerns are developing Crisis Plans for themselves, like Wellness Recovery Action Plans (WRAF®).

A separate tool that some people are developing is an Advance Directive. Virginia has adopted into law that people can have a health care directive that includes instructions for mental health care.

Advance Directives that have instructions for mental health care can be used to name an agent who will make decisions for you behalf if you cannot make decisions. Advance Directives can also be used to specify your treatment instructions and preferences.

Like Crisis Plans, Advance Directives are useful tools for people in crisis and can give important information to emergency responders or providers. And, Advance Directives have an added benefit – they are legal documents, so the information in them is binding on agents and providers.

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VIRGINIA ADVANCE HEALTH CARE DIRECTIVE

I, ____________________________________________, appoint __________________________________________ (ph.: ____________________) as my agent, and __________________________________________ (ph.: ____________________) as my successor agent, with authority to make decisions about my health care, including general, end-of-life, and mental health care and hospitalization, if I become incapable of making informed decisions about such care, and to remain my agent even if I object after I have become so incapacitated.

I grant my agent all powers set out in the VA Health Care Decisions Act except the following: __________________________________________

____________________________________________
Signed: ____________________ Date: __________
Witness: ____________________ Date: __________
Witness: ____________________ Date: __________

☐ If checked, I also have an Advance Directive form, which can be found at the location on panel 2.