

Power of Attorney Questionnaire

❖ This form is **not** a Power of Attorney. It is a series of questions designed to help you prepare for a power of attorney. It can also help the person or people to whom you give POA.

A. Information about me

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

B. Information about my children

Child 1

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

Child 2

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

Child 3

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

Child 4

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

C. Information about the children's parent

(Fill this out if you do not have sole legal and physical custody of one or more of your children.)

Other parent:

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

I am married to this person. Yes No

I live with this person. Yes No

This person is a U.S. Citizen. Yes No

This person lives outside the U.S. Yes No

I share legal custody of one or more of my children with this person Yes No

(if Yes, which children? _____)

I share physical custody of one or more of my children with this person Yes No

(if Yes, which children? _____)

Is there a court order concerning custody of your children? Yes No

D. Information about Power of Attorney

Information about the person I want to give Power of Attorney for parental powers

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

Immigration status: _____

Age: _____

Information about an alternate person I want give Power of Attorney if the first person is incapacitated or cannot fulfill this role

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

Immigration status: _____

Age: _____

Contacts and other information the person will need

- Bank information:** name, address, and phone number of the branch where I bank, and account numbers:

- School information:** name, address, and phone number of the school(s) where the children are enrolled:

- Medical information:** name, address, and phone number(s) of the children's medical providers:

- Special information:** if a child has any disabilities or medical conditions that the person should know about, explain them here:

Durable Power of Attorney for Parental Powers

Parents and Children

I am / We are (parent name/s) _____.

I am / We are age 18 or older and live in Washington State. I am / we are parent/s of the following child/ren:

Child's name and Date of Birth

Child's name and Date of Birth

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Agent

I / We appoint (name/s) _____

as my / our Agent.

Powers

I / We give the Agent the following authority and power:

1. Residential Care (Custody)

I/We authorize our child/ren to remain in the residential care of the Agent. The address the child/ren will live at is _____

I/We do **not** authorize the children to reside with the Agent.

2. Health Care

HIPAA Release – I/We authorize my child/rens' healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA) to my Agent.

I/We give authority to the Agent to make the following health care decisions for the child/ren:

Authority to get and provide all necessary health care, including but not limited to evaluations and treatment, emergency and routine medical and dental care, early periodic screening, diagnosis and treatment examinations and immunizations as needed.

Authority to consent to emergent medical care as is necessary to prevent death or serious injury to the child.

Authority to consent to non-emergent medical treatments, including surgery.

Authority to consent to mental health care and substance abuse evaluations and treatment as needed and recommended.

Authority to manage prescribed and over-the-counter medications and to dispense and delegate dispensing.

Other: _____

I/We do **not** authorize health care consent.

3. Child Care, School, Activities

I/We authorize the Agent to make decisions on all other issues regarding the child, including but not limited to:

enrolling the child/ren in child care;

enrolling the child/ren in school and participating in educational decisions;

enrolling the child/ren in extracurricular activities, field trips, and camps and signing the necessary releases allowing them to attend;

making routine day-to-day decisions on behalf of the child, including religious practices, social life, personal care, haircuts, piercings, or tattoos;

I/We do **not** authorize the following: _____

4. Travel

I/We authorize the Agent to do the following travel with the children:

I/We authorize the Agent to take the child/ren out of Washington State for travel with the following restrictions: _____

I/We authorize the Agent to have the right to apply for and renew a passport for the following child/ren: _____

I/We authorize the Agent to take the following child/ren _____ across international borders, from the United States to _____ with the following restrictions (*example: for vacation or visits only*): _____

I/We do **not** authorize the following travel: _____

5. Property

I/We authorize the Agent to make decisions and receive information about the child/rens' property, benefits, and money, including but not limited to Social Security Administration, any state health or welfare benefits, or child care benefits.

