

Definition of Vulnerable Adult

1. Age 18 or older, *and*
2. Has a mental, developmental or physical impairment, *and*
3. Is unable to:
 1. Communicate or make responsible decisions to manage person's own care or resources, or
 2. Carry out or arrange for essential activities of daily living, or
 3. Protect oneself from abuse

What is Adult Protective and Community Services (APS)?

APS receives and investigates reports of abuse to vulnerable adults

APS provides short-term services to protect the health, safety and welfare of vulnerable adults who have been abused, neglected, or financially exploited

APS Goals

Safety:

Remedy the abuse, neglect, and/or exploitation of a vulnerable adult

Stabilize:

the situation through counseling and/or support services

Respect:

the individual's right to self-determination

How to File A Report

Call: Department of Human Services
Adult Protective and Community Services (APS)

APS Reporting Line:

808-832-5115

Fax: 808-832-5391

Monday-Friday 7:45-4:30 pm

Leave a message after hours

Police Involvement

Per HRS 346-229, Right of Entry: APS may request the assistance of a police officer for a warrantless entry to ascertain the vulnerable adult's welfare

✓ APS will report to police or the Department of the Attorney General, and Medicaid Fraud Control Unit, when APS suspects that a crime has been committed



Investigation Process

- ✓ Assigned to a social worker, nurse, assistant, and auditor (for financial cases)
- ✓ Unannounced visits; will attempt to go more than once. Speak to the victim and perpetrator separately
- ✓ Ensure safety, stability, right to self-determination
- ✓ Order for immediate protection (OIP)
- ✓ Legal Guardianship (for vulnerable adult who lacks capacity)

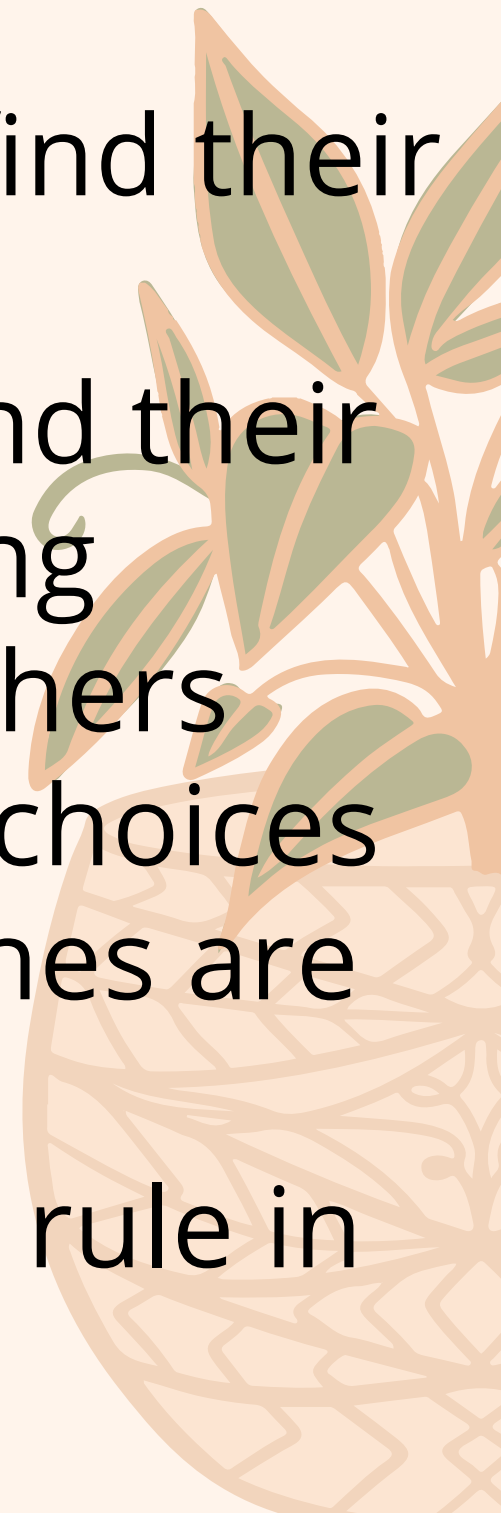
If the unexpected happened, who would speak for you?



Would they know what you would want, or not want?

The importance of - Advance Care Planning -

- No one knows when they may become "Very ill"
- Helps companions to find their voice
- Helps prepare them and their family for what's coming
- Ease the burden for others having to make tough choices
- Helps assure their wishes are followed
- There is no next-of-kin rule in Hawaii



Individuals May Use the Advance Health Care Directive Form to Provide Individual Instructions and/or to Designate a DPOA-HC

- #1: "Individual instruction" means an individual's direction concerning a health-care decision for the individual. (e.g., wishes if incapacitated regarding life-prolonging treatment, tube feeding, comfort care, etc.)
- Individual Instruction may be written or oral
- #2 Designating a Health Care Agent

Hierarchy of Legally-Authorized Decision-Makers

- Only when patients LACK CAPACITY

**Court appointed guardian
(In court document)**



**Health Care Agent
(In DPOA-HC Under UHCDA)**




**“Surrogate” under UHCDA Patient-
Designated or “Appointed”—selected by
consensus of “interested persons”
(Declaration of Surrogate)**

What is POLST?

- Provider
- Orders for
- Life
- Sustaining
- Treatment

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

 **FIRST follow these orders. THEN contact the patient's provider. This Provider Order Form is based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.**

Patient's Last Name: _____
 First/Middle Name: _____
 Date of Birth: _____ Date Form Prepared: _____

A **CARDIOPULMONARY RESUSCITATION (CPR):** **** Person has no pulse and is not breathing ****
 Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNAR (Allow Natural Death)
 (Section B: Full Treatment required)
 If the patient has a pulse, then follow orders in **B** and **C**

B **MEDICAL INTERVENTIONS:** **** Person has pulse and/or is breathing ****
 Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Transfer if comfort needs cannot be met in current location.**
 Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use less invasive airway support (e.g. continuous or bi-level positive airway pressure). **Transfer to hospital if indicated. Avoid intensive care.**
 Full Treatment Includes care described above. Use ventilator, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**
 Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** **Always offer food and liquid by mouth if feasible and desired.**
 (See Directions on next page for information on nutrition & hydration)
 No artificial nutrition by tube. Defined trial period of artificial nutrition by tube.
 Long-term artificial nutrition by tube. **Goal:** _____
 Additional Orders: _____

D **SIGNATURES AND SUMMARY OF MEDICAL CONDITION - Discussed with:**
 Patient or Legally Authorized Representative (LAR). If LAR is checked, you must check one of the boxes below:
 Guardian Agent designated in Power of Attorney for Healthcare Patient-designated surrogate
 Surrogate selected by consensus of interested persons (Sign section E) Parent of a Minor
Signature of Provider (Physician/APRN licensed in the state of Hawaii).
 My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.
 Print Provider Name: _____ Provider State Number: _____ Date: _____
 Provider Signature (required): _____ Provider License #: _____
Signature of Patient or Legally Authorized Representative
 My signature below indicates that these orders/resuscitative measures are consistent with my wishes or (if signed by LAR) the person's wishes and/or in the best interests of the patient who is the subject of this form.
 Signature (required): _____ Name (print): _____ Relationship (write "self" if patient)
 Summary of Medical Condition: _____ Official Use Only

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Advance Healthcare Directive vs. POLST

Advance Directives	POLST
For anyone 18 years or older	Persons at any age with serious illness
Identifies wishes for future healthcare	Indicates decisions about current treatments
Appoints a health care representative	Legally authorized representative can be noted
Does not translate into orders for EMS personnel	Actionable orders
CPR/DNR not addressed	CPR/DNR order

Kōkua Mau Resources

A GUIDE TO ADVANCE CARE PLANNING: MAKING LIFE DECISIONS

KōKUA MAU
"Continuous Care"
Hawaii's Hospice and Palliative Care Organization

Executive Office on Aging
Department of Health

YOUR ADVANCE DIRECTIVE FOR FUTURE HEALTH CARE

It is your gift to loved ones, family members and friends so that they won't have to guess what you want if you no longer can speak for yourself

Kōkua Mau
"Continuous Care"
Hawaii's Hospice and Palliative Care Organization

Executive Office on Aging
Department of Health

HAWAII ADVANCE HEALTH CARE DIRECTIVE

My name is: _____

PART 1: HEALTH CARE POWER OF ATTORNEY - DESIGNATION OF AGENT:
I designate the following individual as my agent to make health care decisions for me:

Name _____ and relationship of individual designated as health care agent

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make decisions for me, I designate the following individual as my alternate agent:

Name _____ and relationship of individual designated as health care agent

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

AGENT'S AUTHORITY AND OBLIGATION:
My healthcare agent should make decisions as I have instructed in Part 2 of this form or as I may otherwise provide orally or in writing. If there are decisions for which I have not provided instruction, I want my agent to make such decisions as I would have chosen to do, basing them on my values, faith, and preferences rather than those of my agent. If a guardian of my person needs to be appointed for me by a court, I nominate my agent.

WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:
My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box:

If I mark this box, my agent's authority to make health care decisions for me takes effect immediately. However, I always retain the right to make my own decisions about my health care. I can revoke this authority at any time as long as I have mental capacity.

PART 2: INDIVIDUAL INSTRUCTIONS (You may modify or strike through anything with which you do not agree. Initial and date any modifications.)

A. END OF LIFE DECISIONS

- I have an incurable and irreversible condition that will result in my death within a relatively short time. OR
- I have lost the ability to communicate my wishes regarding my health care and it is unlikely that I will ever recover that ability. OR
- If the likely risks and burden of treatment would outweigh the expected benefits.

THEN I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below. Check only one of the following boxes. You may also initial your selection.

I want to stop or withhold medical treatment that would prolong my life.

OR

I want medical treatment that would prolong my life as long as possible within the limits of generally accepted health care standards.

Share and discuss your Advance Health Care Directive with your doctor. Read one each night. Page 1 of 5

Questions about CPR

being asked to make a decision about cardiopulmonary resuscitation (CPR) can be complicated. Few of us have ever seen CPR performed. Our understanding of CPR may come from what we see on TV, where it looks easy and seems to be very successful without any complications. Unfortunately, these TV images of CPR are not completely accurate.

This brochure provides answers to some common questions about what CPR involves and what else is important to think about when making a decision about CPR.

Kokua Mau - Hawaii's Hospice and Palliative Care Organization

WHAT DOES CPR LOOK LIKE?
CPR is a longer process than most people realize. It is an attempt to re-start the heart when the heart has stopped beating.

WHO IS LEAST LIKELY TO BENEFIT FROM CPR?
Risk factors that are more frequent among older persons may contribute to lower chances of CPR survival as age increases. Most older adults do not have the type of heart rhythm that responds to CPR, having any chronic disease that affects the heart, lungs, brain or kidneys can lower chances for survival after cardiac arrest. If a person has multiple advanced chronic illnesses, CPR survival will be even lower.

Individuals in advanced stages of dementia have CPR survival rates three times lower than those without dementia. Several studies that looked at survival of frail nursing home residents to advanced stages of illness who were dependent on others for all of their care showed CPR survival rates of 0-2% even if they were transferred from the nursing home to the hospital before the cardiac arrest. Older adults in terminal stages of cancer had CPR survival rates 0-1%.

A GUIDE FOR DECISION MAKING

Tube Feeding

"I've been asked to decide about a feeding tube."

Making a decision about a long term feeding tube for yourself or for someone you love may be challenging and emotional. Those who have faced a similar decision have told us that having honest answers to their questions was most helpful.

HOWEVER... Every situation is different... what may help someone with a short term correctable eating problem may not be best for long term use for a person with advanced illness or age.

Kōkua Mau - Hawaii's Hospice and Palliative Care Organization

What is a feeding tube?
Artificial nutrition and hydration is a way of giving liquid and nutrients to people who cannot eat or drink by mouth. Usually, for short-term artificial nutrition and hydration, a lengthy tube (called a nasogastric or "NG" tube) is put through the person's nose and liquid food is put into the stomach. For long-term artificial nutrition and hydration, a tube may be put directly through the skin into the stomach, called a gastric or "G" tube or PEG tube (Percutaneous Endoscopic Gastrostomy) or the intestines (called a jejunal or "J" tube). Sometimes fluids are given through a vein (IV).

When are feeding tubes less helpful?
When individuals lose their ability to swallow or lose interest in eating, this often represents progression of their disease. When this happens, the body is in a natural progression toward the end of life. This normal tendency for the body not to want to eat or drink helps the body to produce its own chemicals (called endorphins) to make itself more comfortable. Sometimes an elderly individual who has not been diagnosed with a disease still begins to lose interest in eating. If the person does not seem to be depressed and there is no other physical cause, this may be a natural process sometimes referred to as "Adult Failure to Thrive".

Who is helped most by having a feeding tube?
Those who function independently but are receiving chemotherapy or radiation for certain cancers and some stroke survivors in rehabilitation whose swallowing ability is expected to return may benefit from temporary feeding tubes.

Will my loved one starve?
Some people fear that not providing a feeding tube means they are letting their loved one "starve to death." This is not true. Starvation occurs when a person whose body needs and can use the nutrients is deprived of food. When a person's body begins to shut down, they may be physically unable to adequately use nutrients that tube feeding would provide, and the chance for bloating and discomfort increases.

A GUIDE FOR DECISION MAKING

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

A **CARDIOPULMONARY RESUSCITATION (CPR):** **** Person has no pulse and is not breathing ****

Attempt Resuscitation/CPR (Section B: Full Treatment required) Do Not Attempt Resuscitation/DNAR (Allow Natural Death)

If the patient has a pulse, then follow orders in **B and C**.

B **MEDICAL INTERVENTIONS:** **** Person has pulse and/or is breathing ****

Comfort Measures Only (Use medication to ease pain, sedation, comfort care and other means to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Transfer if comfort only cannot be met in current location.)

Limited Additional Interventions (Provide care described above. Use limited interventions, antibiotics, and IV fluids as needed. Do not intubate. Use vasopressor/artery support if indicated in in-hospital patient always present transfer or hospital if indicated. Avoid intensive care.)

Full Treatment (Intensive care described above. Use antibiotics, intravenous fluids, vasopressors, mechanical ventilation and other life-sustaining interventions as indicated. Transfer to hospital if indicated. Avoid intensive care.)

Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** **Always offer food and liquid by mouth if feasible and desired**

No Artificial Nutrition by Tube Limited Artificial Nutrition by Tube Full Artificial Nutrition by Tube

D **SIGNATURES AND SUMMARY OF MEDICAL CONDITION** (Discussed item)

Patient or Legally Authorized Representative (LAR). If LAR is checked, you must check one of the boxes below.

Hospital Agent designated by Power of Attorney for Healthcare Patient-designated surrogate

Surrogate selected by consensus of interested parties (Sign section C) Patient or LAR

Signature of Provider (Physician/APRN licensed in the state of Hawaii): _____ Physician/Provider Number: _____ Date: _____

My signature binds me to the best of my knowledge that these orders are consistent with the patient's present condition and preferences.

Signature of Patient or Legally Authorized Representative: _____ (Printed Name) _____ (Printed Address) _____ (Printed City/State/Zip)

Signature of Medical Condition: _____ (Printed Date)

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

A Provider's Guide to POLST

(Provider Orders for Life-Sustaining Treatment)

Maintained for Hawaii by Kōkua Mau

What is POLST?

POLST (Provider Orders for Life-Sustaining Treatment) is a medical order that gives patients more control over their end-of-life care. It specifies the types of treatments that a patient wishes to receive toward the end of life. Completing a POLST form encourages communication between healthcare providers and patients, enabling patients to make more informed decisions. The POLST form documents those decisions in a clear manner and can be quickly understood by all providers, including first responders and emergency medical services (EMS) personnel. As a result, the patient's wishes can be honored across all settings of care.

Is the POLST simply a DNR order?
No, POLST is a document that empowers a patient or their legally authorized representative (see below) to make decisions along the whole continuum of care, from very aggressive, life-sustaining care, to comfort care only, including choices about full resuscitation or do not attempt resuscitation.

Is POLST the same as an Advance Health Care Directive?
No, POLST does not replace an Advance Health Care Directive (AHCD). The AHCD can provide significantly more detail about an individual's wishes and preferences for treatment. In addition, the AHCD is the most common mechanism for designating a legally authorized representative decision maker for the patient.

Will the COO-DNR Bracelet still be honored by EMS?
Yes, the COO-DNR bracelet is still a valid method to communicate a person's intent about attempts to resuscitate. There are still thousands of these bracelets in use, and EMS personnel will continue to honor this directive.

Why is the POLST form lime green?
The POLST form is usually completed on a distinctive orange lime-green form, but is also freely available from the internet (at www.kokuamau.org/polst) and is also available in black and white. The bright color is to make the form quickly visible to families and emergency medical services personnel. The lime-green color is also easily copied. A copy on white paper is a valid document.

Does the POLST form travel with the patient between settings of care?
Yes, the POLST form is designed to be a standard form that may be accepted by all providers across the state. As a legal medical order, it will be honored by EMS, hospitals, long-term care facilities, home care and hospice providers may also voluntarily honor the form and include it into their medical records. However, providers with electronic medical records may choose to adapt the essence of the orders into their specific system. Hospital discharge planners are encouraged to support the completion of the POLST form (when clinically appropriate) as a part of their daily practice.

Is implementing the orders from the POLST form protected under Hawaii's Law?
Yes. The law states that no provider will be subject to criminal prosecution and civil liability for carrying out the treatment orders in good faith or for performing cardiopulmonary resuscitation if the person performing CPR was unaware of the POLST order to not attempt resuscitation or they believed that the treatment orders (including the DNR order) had been revoked or canceled.

How do providers get more copies of the POLST form?
The form is available on the Kōkua Mau web site (www.kokuamau.org/polst) in PDF format for easy replication. It is the standard that the form be on an 8 1/2" x 11" sheet of lime-colored paper. The form must have both sides copied on the front and back of the paper.

Where is the family encouraged to keep the form?
For the patient at home, the POLST form should be kept in a place readily accessible by family members. Examples include on the refrigerator, in the medicine cabinet, on the back of a bedroom door or on a bedside table. It should be kept with the AHCD.

Page 1 of 2 - A Provider's Guide to POLST - Provided by Kōkua Mau on July 2014 at www.kokuamau.org/polst/index.php

What is POLST?

Provider Orders for Life-Sustaining Treatment

A Consumer Guide to POLST

Maintained for Hawaii by Kōkua Mau

• POLST = Provider Orders for Life-Sustaining Treatment, is your care wishes carried out through:

- Your medical orders, completed by a doctor or an Advanced Practice Registered Nurse (APRN)
- Is followed by health care providers, including Emergency Medical Services, such as Paramedics.
- You use POLST when you have a serious health condition.
- Social workers, nurses and other healthcare professionals can help you fill out your own POLST form, but it MUST be signed by your physician or APRN in order to be valid.
- POLST contains medical orders indicating what medical care you want or don't want if you become unable to make the decisions yourself.
- Your doctor or APRN, who is licensed in the State of Hawaii (or allowed to practice if from the Military or VA) MUST review and sign the POLST form.
- POLST also requires your signature or that of your Legally Authorized Representative. (see page 2 for definition.)

When would I need a POLST form?

- The POLST form is intended for a person who has a chronic debilitating illness or is facing a life limiting disease, such as end-stage lung or heart disease or a terminal cancer.
- The decision to create a POLST should be discussed with each person's own provider.

The POLST form asks for information about your preferences for medical treatments:

- Whether to attempt cardiopulmonary resuscitation or not (see website for "Questions about CPR").
- The intensity of medical care you want,
- If you want to be hospitalized and under what conditions, and
- If you want artificial nutrition by feeding tube (see Kōkua Mau website for "Tube Feeding" handout)

FREQUENTLY ASKED QUESTIONS (FAQ)

How do I get a copy of the POLST form?
You or your provider can download a POLST form and instructions for your doctor at the Kōkua Mau website: www.kokuamau.org/polst. The Kōkua Mau website is the central source for POLST information for Hawaii. Most hospitals, nursing homes, home health and hospice providers as well as others in the community also have the form for you, and can provide some assistance in understanding it and filing it out. Please remember that your POLST form must be signed by your doctor or Advanced Practice Registered Nurse (APRN) to be valid.

Does the law require that I complete a POLST?
No, POLST is voluntary and has been available in Hawaii since July 2009. However without a POLST, Emergency Medical Services (EMS) or other healthcare providers may be required to attempt to restart your heart and breathing should they stop, even if you do not wish an attempt to be made to resuscitate you, and would prefer to die a natural death.

Where is the POLST form kept?
If you live at home you should keep the original lime green POLST form in a location where it can easily be seen. The ideal place is on your refrigerator where EMS personnel will look for it first. Other viable places could be the back of the bedroom door, on a bedside table, or in your medicine cabinet. If you reside in a long-term facility, your POLST form may be kept in your medical chart along with other medical orders. A copy of your POLST form on white paper is legal.

Page 1 of 2 - A Consumer Guide to POLST - Provided by Kōkua Mau on July 2014, at www.kokuamau.org/polst

[Chinese simplified](#) Hawaii Advance Health Care Directive

[Chinese traditional](#) Hawaii Advance Health Care Directive

[Ilocano](#) Hawaii Advance Health Care Directive

[Japanese](#) Hawaii Advance Health Care Directive

[Korean](#) Hawaii Advance Health Care Directive

[Marshallese](#) Hawaii Advance Health Care Directive

[Spanish](#) Hawaii Advance Health Care Directive

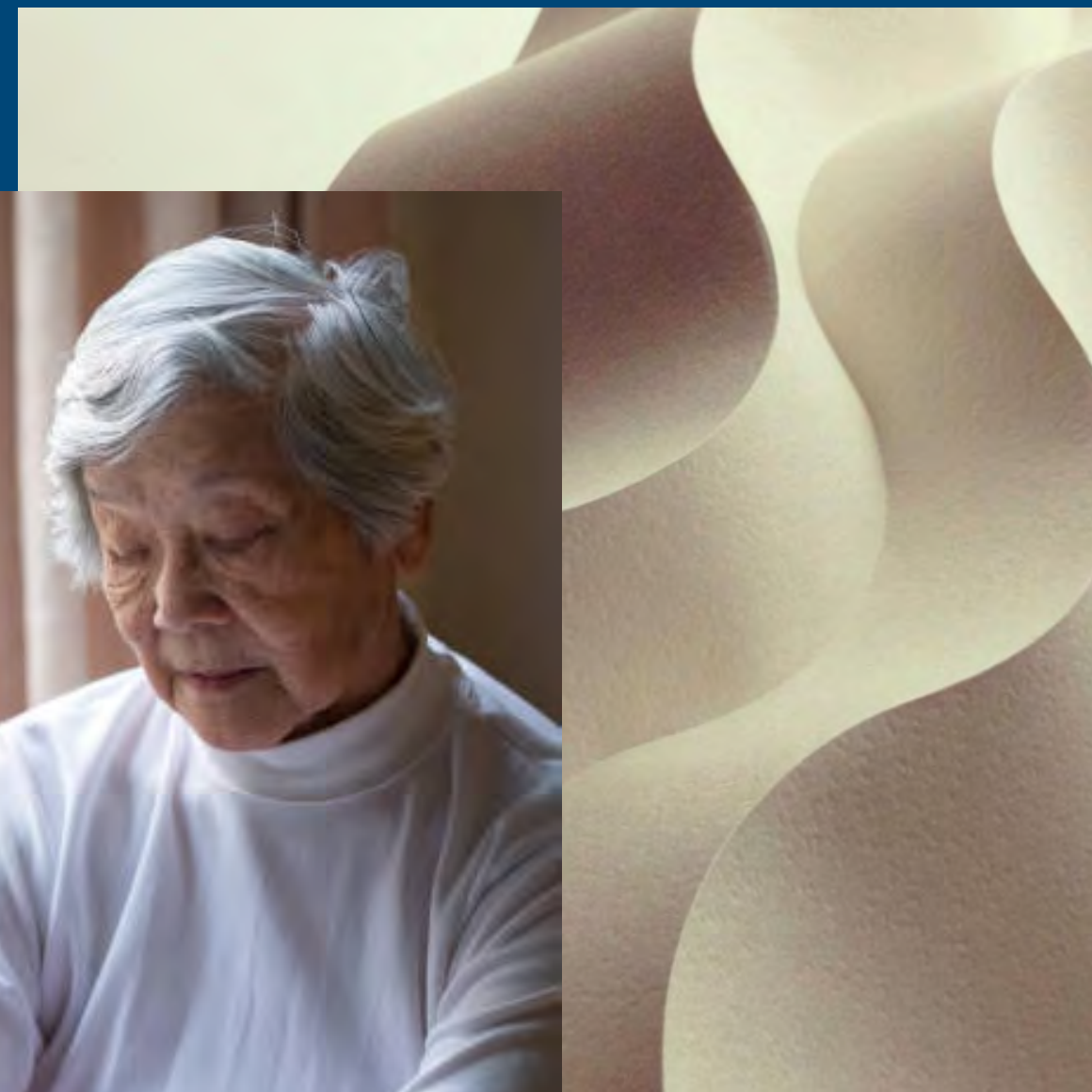
[Tagalog](#) Hawaii Advance Health Care Directive

[Tongan](#) Hawaii Advance Health Care Directive

Since June 2016 the **Hawaii POLST Form** is available in **10 languages**.

- [Chinese simplified](#) POLST Form for Hawaii
- [Chinese traditional](#) POLST Form for Hawaii
- [Ilocano](#) POLST Form for Hawaii
- [Japanese](#) POLST Form for Hawaii
- [Korean](#) POLST Form for Hawaii
- [Marshallese](#) POLST Form for Hawaii
- [Spanish](#) POLST Form for Hawaii
- [Tagalog](#) POLST Form for Hawaii
- [Tongan](#) POLST Form for Hawaii
- [Vietnamese](#) POLST Form for Hawaii

Elders alone



Considerations

Health and Safety

Emotional/Mental Health

Social Integration and
Engagement

Other





When is it -
time to stop -
driving? -

Tips for Caregivers

How the Aging Process Affects Driving

- **Impaired range of motion** - Affects the ability to turn one's head easily from left to right to see what is coming.
- **Pain or numbness** - Affects the ability to step on the gas or brake pedal or go back and forth easily.
- **Weakness in arms or hands** (e.g. arthritis) - Makes it harder to turn the steering wheel.
- **Vision problems** - Makes reading traffic signs, watching for pedestrians, and night driving more difficult.
- **Slower reflexes** – Affects the ability to respond quickly and safely to multiple driving factors such as signs, pedestrians, other cars, and noise.
- **Medication side effects** - Can affect senses and reflexes.
- **Hearing problems** – Affects the ability to hear emergency sirens, car horns honking, or the “thump” of hitting something.
- **Memory loss/cognitive impairment** – Affects the ability to process incoming information, resulting in poor planning and judgment, may get lost.



Improving Driver Safety: Some steps to consider before asking a senior to give up the keys

1. Schedule annual vision and hearing checks.
2. Checking with the doctor about any side effects of medication or health issues.
3. Consult an occupational therapist or certified driving rehabilitation specialist to seek modifications that may make driving safe.



Look for Warning Signs of - Unsafe Driving -



1. More minor accidents, even those involving minor scrapes.
2. More traffic tickets or “warnings” from law enforcement officers.
3. Noticeable and unexplained dents and scrapes on the car (including tires) - or on the home fence, mailbox, garage doors and curbs.
4. The senior takes longer to get to familiar places.
5. The senior’s car insurance premium has increased suddenly.

Easing the Transition from - Driver to Rider: -

1. Don't make the senior have to ask you for a ride – volunteer! And if the senior asks and you make it sound like a chore for you, the senior may never ask again.
2. Provide and assist to find other transportation options.
3. Accompany them on their first outings using other modes of transportation.
4. Offer to help the senior with the process of selling or donating the car, including the transfer of title, cancellation of insurance, etc.
5. BONUS: Help them set up Uber, Lyft, or other Rideshare apps on their phones if they are technology savvy!

Older Adults Living Alone

Terminology (Questionable?)

"Unbefriended" - older adults who lack the capacity to make decisions and who have not completed legal documents (e.g., advance directives, powers of attorney, living trusts, etc.) that can guide decisions or have not designated a legally authorized decision maker.

“Adult Orphans” - older adults who retain decision-making capacity but are at risk of becoming unbefriended due to lack of completed legal documents and lack of designation of a legally authorized decision maker.

The terms “unrepresented” and “isolated” could also be used.

WHAT IS THE MEMORY MENTOR PROGRAM?

The Memory Mentor Program provides in-home support for people with memory loss or dementia who live alone and have little or no caregiving support.

Services are provided by trained Memory Mentor volunteers.

The goals of the program are to help people with memory loss and dementias live safely and independently for as long as possible and to prevent isolation and decrease loneliness.

A program of



CATHOLIC CHARITIES
HAWAII

www.CatholicCharitiesHawaii.org
A private, non-profit, social service
agency established in 1947.

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Catholic Charities Hawai'i operates its programs and services without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act of 1964.

Donations are welcome.



CATHOLIC CHARITIES
HAWAII

MEMORY MENTOR PROGRAM



***Volunteers providing support
to people with memory loss
living alone***

Older Adults living Alone

Legal Implications

- Autonomy, Self Determination
- Protection from abuse and self neglect
- Preventive law initiatives
- Assistance and Intervention
 - Public and Private Agencies/Organizations
 - Protective Services
 - Guardianship and Conservatorship

<https://www.elderlyaffairs.com/>