



**SOOMAALI/SOMALI**

**Rabitaankaaga Daryeelka Caafimaadka: Arjiga/Foomka Gaaban<sup>1</sup>**

**Wishes for Health Care: Short Form<sup>1</sup>**

**Dardaaranka Daryeelka Caafimaadka Minnesota<sup>2</sup>**

**Minnesota Health Care Directive<sup>2</sup>**

**Ka fiiri dhinaca kale habka loo buuxiyo**

**See pages 3-4 for completion directions**

**Magac Dhammaystrian:** \_\_\_\_\_ **Taariikhda Dhalashada:** \_\_\_\_\_

Full Name

Date of birth

**1. Ruuxan ayaan ka dhigtay wakiilkayga aasaaska ah/koowaad ee daryeelka caafimaadka. Ruuxan ayaa ii gaaraya go'aannada caafimaadka hadaanan hadli Karin ama isu go'aamin Karin:**

I appoint the following person to serve as my primary (main) health care agent.

**Magaca:** \_\_\_\_\_ **Xiriirka/Qaraabnimada:** \_\_\_\_\_

Name

Relationship

**Telefoonka gacanta:** \_\_\_\_\_ **Telefoon kale:** \_\_\_\_\_

Cell phone

Other phone

**(Ikhtiyaar): Qofkan ayaa ii noqon wakiilka labaad haddii la waayo ka koowaad:**

(Optional): I appoint this person as my alternate health care agent in the event my first health care agent is not available:

**Magaca:** \_\_\_\_\_ **Xiriirka/Qaraabnimada:** \_\_\_\_\_

Name

Relationship

**Telefoonka gacanta:** \_\_\_\_\_ **Telefoon kale:** \_\_\_\_\_

Cell phone

Other phone

**2. (Ikhtiyaar): Talooyinkan ayaan ka bixinayaa daryeelka caafimaadkayga (waxa aan rumaysnahay, waxa aan rabo iyo waxa aanan rabin, aragtida aan ka qabo hab daawayn gaar ah ama xaalado kale): Hadaad meel aad ku qorto oo dheeraad ah u baahantahay, dhinaca kale ka sii wad.**

(Optional): I give the following instructions about my health care (my values and beliefs, what I do and do not want, views about specific medical treatments or situations): *If you need more space, continue on page 2.*

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**Saxiixa:** \_\_\_\_\_ **Taariikhda:** \_\_\_\_\_

Signature

Date

<sup>1</sup> Arji/Foom dheer ayaa jira hadaad rabto inaad si buuxda u sharraxdo rabitaankaaga daryeelka caafimaadka.

<sup>1</sup> A long form is available if you wish to more fully describe your health care wishes.

<sup>2</sup> Warqaddani ma khusayso baadhitaan la xiriira daawaynta cudurada dhimirka (electroconvulsive therapy or neuroleptic medications).

<sup>2</sup> This document will not apply to any intrusive mental health treatments (electroconvulsive therapy or neuroleptic medications)

**Ku qor hoos waxa aad rabto ee ku saabsan daryeelka caafimaadkaaga (su'aasha 2 ee bogga kore), ama si aad hadal kale u raacisid.**

Use the space below to continue your wishes about your health care (question 2 from front page), or to add comments.

**Notary Public in the State of Minnesota**

County of \_\_\_\_\_

Notary seal

In my presence on: \_\_\_\_\_ (date)

(Name): \_\_\_\_\_

acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this document to sign on his or her behalf.

Signature of Notary: \_\_\_\_\_

My commission expires \_\_\_\_\_ (date)

**AMA Mowqifka Qofka Markhaatiga Ah/Markhaatiyaasha**

OR Statement of Witnesses

**Markhaati 1:** \_\_\_\_\_

Witness 1

**Markhaati 2:** \_\_\_\_\_

Witness 2

**Taariikhda:** \_\_\_\_\_

Date

**Taariikhda:** \_\_\_\_\_

Date

**Magaca Qor:** \_\_\_\_\_

Print Name

**Magaca Qor:** \_\_\_\_\_

Print Name

**(Markhaatiyaashu waa inay ahaadaan 18 jir ama ka waynaadaan, mana ahaan karaan wakiilkaaga ama bedelkiisa. Ugu yaraan mid ka mid ah waa inuusan ahaan dhakhtarkaaga ama shaqaalaha isbitaalka aadaaddo.)**

(Witnesses must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health care provider or an employee of your health care provider.)

## SHARXIDDA - SOOMALI/ 3-4 INSTRUCTIONS - SOMALI / 3-4

### **Ma ku gasbanahay inaan buuxiyo Dardaaranka Daryeelka Caafimaadka?**

Do I have to complete this Health Care Directive?

Maya. Waxaad buuxin kartaa maanta ama taariikh dambe, ama waad diidi kartaa inaad buuxisid. Laakiin buuxinta arjigan waxay kuu xaqiijin helitaanka xanaanada aad rabtid. Dardaaran qoraal ah waxay qarabadaada u suurto gelin inay fuliyaan waxa aad rabi lahayd.

No. You may complete it today or at a later date, or you can decline to complete it. However, completing this form will help make sure you get the care you want. Putting your choices in writing helps loved ones know if they're doing what you would want.

### **Macluumaadkee baa la iweydiinayaa?**

What information am I being asked for?

**Su'aasha 1:** Su'aashan waxay ku saabsantahay "wakiilkaaga" caafimaadka. Wakiilkaagu waa ruux aad u doorato inuu kuu hadlo kuuna go'aamiyo daryeelka caafimaadka haddaad awoodin. U magacow qof goyskaaga ka tirsan ama saxiib aad kuu yaqaanna oo fahamsan mabadi'daada. Inaad tusto wakiilkaaga warqaddan aanad kala hadasho waa muhiim. Sawirro dheeraad ah ood la wadaagto wakiilkaaga caafimaadka, isbitaalka, iyo dadka kale ee muhiim nololshada u ah.

Question 1: This question is about your health care "agent." Your agent is someone you choose to speak and make health care decisions for you if you cannot. Consider naming a family member or friend who knows you well and understands your values. Showing your agent this document and talking about it with him or her is important. Make extra copies to share with your health care agent, health care providers, and other important people in your life.

**Su'aasha 2 (Ikhtiyaar):** Su'aashan waxay ku saabsantahay daryeelka caafimaadkaaga iyo waxyaabaha kale eed rabto. Si guud iyo si gaar ahba waad ku talin kartaa. Waxaa ka mid ah:

Question 2 (Optional): This question is about health care and other wishes you may have. You may be as specific or general as you like. You may include:

- **ahdaaftaada, mabadi'daada, iyo waxyaabaha aad jeceshahay ee ku saabsan daryeelka caafimaadka**
  - your goals, values, and preferences about medical care
- **noocyada daawaynta aad rabto ama aadan rabin**
  - the types of medical treatment you would want or not want
- **habka aad rabto wakiilkaagu inuu go'aanka ku gaaro**
  - how you want your agent or agents to decide
- **goobta aad jeceshahay in lagugu daryeelo (sida guriga ama isbitaalka)**
  - where you would like to receive care (such as at home or a hospital)
- **inaad rabto ama aadan rabin inaad ku deeqdo xubnaha jirkaaga sida indhaha**
  - whether or not you would like to donate your organs, tissues, and eyes

## **Notaayo guud ama Markhaati**

Notary Public or Witnesses

Qof Notaayo guud leh ama 2 markhaati waa inay caddeeyaan saxiixaaga Dardaranka Daryeel Caafimaad. Markhaatiyaashu waa inay ahaadaan 18 jir ama ka wayn, mana ahaan karaan wakiilkaaga ama bedelkiisa. Ugu yaraan mid ka mid ah waa inuusan ahaan dhakhtarkaaga ama shaqaalaha isbitaalka aad aaddo.

A notary public or 2 witnesses must verify your signature on this Health Care Directive. The witnesses must be 18 years of age or older, and cannot be your primary or alternate health care agent. At least one witness cannot be your health care provider or an employee of your health care provider.

## **Maxaan sameeyaa marka aan buuxiyo Dardaranka Daryeelka Caafimaadka ka dib?**

What should I do after I complete this Health Care Directive?

U sheeg dadka aad ku magacowday wakiilka aasaaka aha/koowaad iyo ka badali kara, haddii aadan arintaa samayn. Hubi inay kuu fulin karaan hawshan muhiimka ah mustaqbalka. U dhiib sawirka dardaranka daryeelkaaga caafimaadka dhakhtarkaaga. Sawirro dheeraad ahna adigu hayso, lana wadaag wakiilkaaga daryeelka caafimaadka iyo qoyskaaga ama ciddii kale eed rabto.

Tell the people you named as your primary and alternate health care agents, if you have not already done so. Make sure they feel able to do this important job for you in the future. Give a copy of your Health Care Directive to your health care provider. Keep additional copies for your records and to share with your health care agents and family or others as you wish.

## **Yaan la hadlaa haddaan su'aalo qabo?**

Who can I talk with if I have questions?

Daryeelahaaga caafimaadka ayaa ka jawaabi kara su'aalahaaga ama waxa ku dhibaya. Isaga ayaa kuu gudbin kara Xiriiriyaha Sii Qorshanynta Daryeelka Caafimaadka si uu kuu caawiyo.

Your health care provider can answer your questions or concerns. He or she may refer you to an Advance Care Planning Facilitator for help.