



INDIVIDUAL ICE (IN CASE OF EMERGENCY) FORM **NOW AVAILABLE**

When we can no longer speak for ourselves, it is helpful for families, caregivers, and others who act in our behalf to know what we would want. With this in mind, Congregation Agudas Achim has drafted a form for recording your preferences for emergency care and final arrangements that you can share with loved ones and caretakers. At the time of need, loved ones can consult it to feel confident they are honoring your wishes.

This instrument is intended for all congregants, but it may be especially useful to those without close family ties; those whose family members may not be familiar with Jewish customs; older congregants; and younger congregants who have certain preferences but are not yet ready to make formal, thorough arrangements.

Our preferred funeral home is Weed-Corley-Fish, 3125 North Lamar. Funeral Director Mitzi Chafetz, who is dedicated to caring for members of our Jewish community, has informed us that all CAA members may keep a copy of their forms at Weed-Corley-Fish; funeral personnel will check their records for it each time they care for any CAA member. **You do not need to prepay to preplan, and you do not need to preplan to store this document at Weed-Corley-Fish.** Centralized storage provides a backup plan if the individual(s) you entrusted with the form can't be located, or can't locate the form, at the time of need.

Mitzi can suggest other documents you may wish to file at WCF; she invites you to contact her with any questions you may have, at 512-452-8811 (business phone), 512-699-4247 (cell phone), or mchafetz@wcfish.com.

This form is not a legal document and does not take the place of any legal document. It is simply an easy way to collect confidential information to be shared with potential decision makers.

To get the most out of the form:

1. Fill out all items that are important to you.
2. Make copies and share them with at least one person you plan to keep in touch with.
3. Place a copy in the refrigerator – it's more likely to be found there than in a drawer or other storage area.
4. Send a copy to Mitzi Chafetz, Weed-Corley-Fish Funeral Homes, 3125 North Lamar, Austin, TX 78705 (mchafetz@wcfish.com).

The form can be accessed at <http://caa-austin.org/personal-funeralburial-preferences-form>

Congregation Agudas Achim Individual Congregant ICE (In Case of Emergency) Contacts and Preferences

This form is intended to enable you to provide information to first responders and those who will make decisions for you in a crisis situation or in the event of death. This form is not a legal document and does not take the place of documents such as powers of attorney or living wills that give legal authority. CAA does not assume responsibility for making decisions or carrying out requests.

After completing the parts of the form that are important to you, you should file it and give copies to those who may someday make decisions for you in a crisis situation, or plan your final arrangements. To make sure the form can be easily located when funeral arrangements are necessary, you may also send a copy to Mitzi Chafetz, Funeral Director, Weed-Corley-Fish Funeral Homes, 3125 North Lamar, Austin, TX 78705 (e-mail: mchafetz@wcfish.com; telephone: 512-452-8811).

Part I is a section for your identifying information and the names of those who should be contacted in case of an emergency. Part II is for information that may be useful in case of a medical emergency or accident. In Part III you may specify your preferences regarding funeral/burial arrangements and Jewish rituals and practices. Part IV provides a space to add further information not covered elsewhere. The Glossary and Further Information section gives guidance on preparing other information useful to first responders and caretakers in emergency situations.

PART I: PERSONAL INFORMATION AND EMERGENCY CONTACTS

A. Personal Information

Name: _____ Telephone number: _____

E-mail: _____ Home address: _____

Hebrew name (used in the prayers recited during *taharah*, or ritual wash):

_____ Ben (son of) /Bat (daughter of) (circle one) _____
(First name) (Hebrew names of parents)

B. Emergency Contacts (Be sure to give a copy of the completed form to each person you list here.)

Please list at least one person (next of kin, designated power of attorney, friend, neighbor, etc.) that should be contacted in case of a medical emergency or death. If you have completed a Medical Power of Attorney, include that person's contact information in this section and specify "Medical Power of Attorney" in the Relationship line.

Name: _____

Telephone number: _____

E-mail: _____

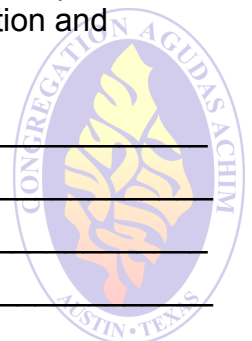
Relationship: _____

Name: _____

Telephone number: _____

E-mail: _____

Relationship: _____



PART II: INFORMATION THAT MAY BE USEFUL IN A MEDICAL CRISIS

A. Medical Emergency Contacts and Information

Physician (Primary or Specialty Care):

Name: _____ Telephone number: _____

E-mail: _____ Office address: _____

Directive to Physician (Living Will):

_____ I have written a living will, also called a directive to physician. A copy can be located at (be as specific as possible): _____

B. Organ/Tissue Donation

_____ I am registered as an organ/tissue donor with _____.

_____ I am not yet a registered organ/tissue donor, but after my death my preference is to donate my:

_____ organs _____ tissues

_____ I do NOT wish to donate organs/tissues.

C. Pets

_____ I have pets that will need care if I am unable to care for them myself.

Number and type(s) of pet(s): _____

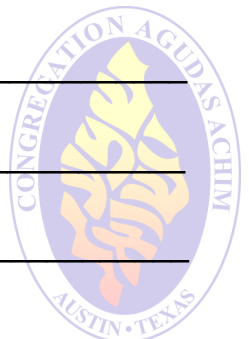
Location of pets, if different from home address:

_____ If my pets need a permanent new placement, my preference is for them to be entrusted to:

Name of individual or organization: _____

Telephone number: _____

E-mail: _____ Home address: _____



PART III: FUNERAL AND BURIAL PREFERENCES

NOTE: CAA assumes no responsibility for carrying out personal wishes. CAA observes the (Conservative/Masorti) standards of United Synagogue in conducting all funeral/burial preparations. For details, please consult the CAA rabbi.

A. Preplanning Information

_____ I have completed a Texas Funeral Directive, which is located at (be as specific as possible):

_____ I have preplanned for my funeral with the funeral home:

___ Weed-Corley-Fish, 3125 North Lamar (512-452-8811)

___ Other (specify): _____

Address: _____ Telephone number: _____

_____ I own a burial plot at:

Cemetery name: _____

Address: _____ City: _____

State: _____ Telephone number: _____

_____ I do not own a burial plot but would like to be buried at:

_____ I plan to be buried out of Austin. If possible, I prefer that the taharah be done by the chevrah kadishah in ___ Austin ___ my destination city.

_____ I have not preplanned for my funeral, but my preference is for my arrangements to be handled as follows.

Funeral Officiant (if other than CAA clergy):

Name: _____

Telephone number and/or e-mail address: _____



Funeral Home:

___ Weed-Corley-Fish, 3125 North Lamar (512-452-8811)

___ Other (specify): _____

Address: _____ Telephone number: _____

Cemetery: _____

B. Jewish Ritual Preferences

___ I would like to be buried in my tallit (prayer shawl). It can be found at this location (be as specific as possible):

___ I would like to be buried in my kittel. It can be found at this location (be as specific as possible):

___ I would like to be buried with discarded sacred texts/objects from the geniza.

___ In lieu of any of my family members doing so, I request that my CAA Family recite the Mourner's Kaddish on my behalf.

C. Ethical Will

___ I have written an ethical will for my children/grandchildren. It can be found at (be as specific as possible):

D. Will

___ I have written a will. The original is located at (be as specific as possible):

PART IV: ADDITIONAL INFORMATION

A. Additional Contacts

___ If I am expected to have a prolonged absence, a key person to contact is (employer/ employee/ caretaker, etc.):

Name: _____

Telephone number: _____

E-mail: _____

Relationship: _____



B. Further Information (Use this space to add any additional information you may want your caretakers/decision makers to know.)

Signature

Date

Please store your completed form in a safe place and give copies to loved one(s) who may someday make your final arrangements. To make sure the form can be easily located when funeral arrangements are necessary, you may also send a copy to Mitzi Chafetz, funeral director at Weed-Corley-Fish Funeral Homes. Mitzi can also give you ideas for other types of documents you may wish to file at WCF and is happy to answer any questions you may have.

Ms. Mitzi Chafetz, Funeral Director
Weed-Corley-Fish Funeral Homes
3125 North Lamar
Austin, TX 78705
e-mail: mchafetz@wcfish.com
Telephone: Work, 512-452-8811; Cell, 512-699-4247



GLOSSARY AND FURTHER INFORMATION

Basic burial standards and practices observed at Congregation Agudas Achim: Deceased served through CAA typically receive a taharah (by persons of the same sex as the deceased) and shmirah; are not embalmed or cremated; and are buried in a simple pine box in a Jewish cemetery. An attempt is made to bury within 24 hours after death.

Directive to physician (living will): An instruction regarding administering, withholding, or withdrawing life-sustaining treatment in the event of a terminal or irreversible condition.

Durable power of attorney: A written instrument that (1) designates another person as attorney in fact or agent and (2) shows that the agent's authority remains in effect even if the person who made the designation becomes disabled or incapacitated.

Ethical will (za'avah): A document designed to clarify one's ethical values and pass them on to the next generation. For more information, see http://www.myjewishlearning.com/life/Life_Events/Death_and_Mourning/Dying/Ethical_Wills.shtml.

Funeral directive: Written directions regarding the disposition of a person's remains.

Geniza: a depository in a synagogue or cemetery for sacred texts and ritual items that are stored there until they can receive a proper cemetery burial.

ICE: "ICE" (in case of emergency) is becoming a universally recognized designation (available through a smartphone application or kept in hard copy in a wallet) that allows first responders to identify and contact the next of kin to obtain important medical or support information.

Kittel: A white garment worn on Yom Kippur and used as a shroud after death.

Medical power of attorney: a document delegating to an agent authority to make health care decisions.

Organ/tissue donation: By registering as an organ and/or tissue donor, a person authorizes his or her organs or tissues to be transplanted, after death, into a person who can benefit from them. All streams of Judaism allow organ and tissue donation. For more information, or to register, see <https://www.donatelifetexas.org/>.

Shmirah: Mindful presence with the deceased from death to burial.

Taharah: Ritual body wash, including dressing in shrouds.

Tallit/Tallis: Prayer shawl. It's traditional for a Jew to be buried in his or her tallit. The tzitzit (fringes) are cut off because they serve as reminders of the commandments, which the deceased are no longer able to fulfill.

Will: A legal declaration (especially a legally executed written instrument) of a person's wishes regarding the disposition of his or her property after death.

FURTHER READING

The Jewish Way in Death and Mourning, Maurice Lamm, Jonathan David Publishers, 2000 (revised and expanded edition)

Jewish Medical Directives for Health Care, Rabbinical Assembly, Committee on Jewish Law and Standards, 1994

A Plain Pine Box: A Return to Simple Jewish Funerals and Eternal Traditions, Arnold M. Goodman, KTAV Publishing House, 2003 (augmented edition)

