# Section 1: Creation of Durable Power of Attorney for ADAP-Related Activities

By this document I intend to create a durable power of attorney by appointing the person(s) named in Section 2 to make ADAP-related decisions for me as allowed by the California Probate Code. This power is expressly limited to decisions relating to ADAP benefits with the California Department of Public Health (CDPH), Office of AIDS (OA), ADAP programs.

For the purpose of this document, the “principal” is defined as a person who authorizes another (the attorney-in-fact as specified in Section 2) to act as a representative on their behalf.

Name of Principal: First Name: M.I.:

Last Name:

Date of Birth [MM/DD/YY]: ADAP Client ID Number:

Address:

City: State: Zip Code:

# Section 2: Designation of Agent

Name of Agent: First Name: M.I.:

Last Name:

Date of Birth [MM/DD/YY]: Daytime Phone Number:

Address:

City: State: Zip Code:

# Section 3: Statement of Authority Granted

By signing this form, I hereby grant to my agent full power and authority to transact matters on my behalf relating to ADAP. This power is expressly limited to :

The authority to meet and/or talk with CDPH, OA, ADAP Analysts, CDPH, OA , ADAP contractors, and local ADAP Enrollment Workers and the authority to complete and/or submit ADAP applications and required forms on my behalf any of the following matters:

* Client eligibility, enrollment, and disenrollment in ADAP.
* Client application/enrollment status, payment status, missing documentation, re-enrollment and recertification, and;
* Any incidental, necessary, or proper actions related to ADAP administration.

# Section 4: Duration of Power of Attorney

You may choose when you want your power of attorney to commence or terminate. You must select one option by initialing in the box:

This special **durable** power of attorney is to commence immediately upon signing and remain in effect for my lifetime or until I specifically cancel it. This grant of authority shall continue to be effective even if I become disabled, incapacitated, or incompetent.

This special limited power of attorney is to commence on and terminate on .

This special contingent power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own ADAP affairs. The determination of whether I am incapacitated and/or unable to handle my own ADAP affairs shall be made by

[Name and title of person to make the determination]

This special **general** power of attorney is to take effect immediately upon signing but shall terminate in its entirety if I become incapacitated.

My attorney-in-fact is hereby instructed to notify ADAP in writing of my incapacity immediately upon its occurrence.

# Section 5: Acknowledgement and Execution

I am of sound mind and I am executing this legal document under my own free will. Date executed:

City/State:

Signature of Principal:

Print Name of Principal:

ADAP Client ID:

# Section 6: Witness Information

I am an adult of at least 18 years of age and have witnessed the principal’s signature or the principal’s acknowledgment of the signature designating power of attorney. I attest to the fact that the individual signed or acknowledged this power of attorney in my presence, that the individual appears to be of sound mind, and that I am not the agent designated in this power of attorney.

Signature of Witness 1:

Print Name of Witness 1:

Address

City: State: Zip Code:

Signature of Witness 2:

Print Name of Witness 2:

Address

City: State: Zip Code:

# Section 7: Notary Public Acknowledgement

This section does not need to be completed if you have two witnesses in Section 6.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of

On [date] before me [Print Name of Notary Public]

personally appeared [Name of Principal]

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to me on the basis of satisfactory evidence that he/she/they executed the same in his/ her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing

paragraph is true and correct. WITNESS my hand and official seal.

Signature:

Notary Seal:

Print Name:

# REQUIRED Probate Code Statements

THE AUTHORITY GRANTED BY THE ADAP SPECIAL POWER OF ATTORNEY FORM IS LIMITED ONLY TO MATTERS RELATING TO CDPH, OA, ADAP-RELATED ACTIVITIES. THE PERSON DESIGNATED AS YOUR ATTORNEY-IN-FACT DOES NOT HAVE ANY AUTHORITY OVER YOUR OTHER REAL OR PERSONAL PROPERTY UNDER THIS FORM. IF YOU WISH THAT YOUR ATTORNEY-IN-FACT HAVE AUTHORITY OVER YOUR REAL AND/OR PERSONAL PROPERTY, IT IS RECOMMENDED THAT YOU SEEK LEGAL COUNSEL.

YOU MAY NOTICE THAT THE LANGUAGE CONTAINED IN THE FOLLOWING STATEMENTS REFERS TO MORE EXTENSIVE AUTHORITY THAN GRANTED BY THE ADAP SPECIAL POWER OF ATTORNEY. THE “NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY” AND “NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT” STATEMENTS ARE REQUIRED BY CALIFORNIA PROBATE CODE SECTION 4128 AND MUST BE INCLUDED IN ALL PREPRINTED DURABLE POWER OF ATTORNEY FORMS. THIS ADAP SPECIAL POWER OF ATTORNEY DOES NOT AUTHORIZE YOUR ATTORNEY-IN-FACT TO DO MANY OF THE THINGS MENTIONED IN THE FOLLOWING (WARNING) STATEMENT. IF YOU ARE CONCERNED WITH THESE STATEMENTS OR THE EXTENT OF THE AUTHORITY BEING GRANTED BY THE ADAP SPECIAL POWER OF ATTORNEY FORM, WE AGAIN URGE YOU TO CONSULT WITH AN ATTORNEY.

# (California Probate Code Section 4128(a))

**(Warning): Notice to Person Executing Durable Power of Attorney**

A durable power of attorney is an important legal document. By signing a durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

* Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
* This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.
* Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you state otherwise in this power of attorney.
* The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions regarding the management of your property.
* You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this power of attorney at any time as long as you are competent.
* This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the principal’s signing of the power of attorney or (2) the principal’s acknowledgement of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it can easily be recorded.
* You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. This durable power of attorney is important to you. If you do not understand the durable power of attorney or any provision of it, you should obtain the assistance of an attorney or other qualified person.

Initials of Principal

**Notice to Person Accepting the Appointment as Attorney-in-Fact**

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent.

These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The legal duty to keep the principal’s property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal’s property to yourself without full and adequate consideration or accept a gift of the principal’s property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal’s property. If you transfer the principal’s property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the

principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Signature of Agent:

Print Name of Agent:

Date: