

# MABM Senior Services

## Limited Power of Attorney

*(Non-Medical Administrative Assistance Only)*

I, \_\_\_\_\_, appoint **MABM Senior Services** to act for me only in the ways listed below.

This Power of Attorney is limited. It is meant only to help with daily administrative tasks.

### MABM Senior Services May:

- Pay my bills using **my money only** and with my permission.
- Contact companies about my accounts.
- Ask for balances or payment information.
- Set up payment arrangements.
- Help with collections and billing questions.
- Complete and submit paperwork using information I provide.
- Print, scan, fax, mail, and email documents.
- Pick up or deliver documents.
- Schedule appointments and services.
- Arrange grocery or prescription pickup where allowed.
- Arrange laundry, housekeeping, junk removal, or similar services.
- Help set up and troubleshoot phones, computers, tablets, printers, internet, email, and other technology.

### MABM Senior Services May Not:

- Make medical or healthcare decisions.
- Approve medical treatment.
- Access my medical records unless I sign a separate authorization.
- Open or close bank accounts.
- Withdraw cash for personal use.
- Borrow money in my name.
- Buy or sell my home, vehicle, or other property.
- Invest my money.
- Change my will, trust, insurance, or beneficiaries.
- Sign contracts that create new debt without my approval.

I understand that I can cancel this Limited Power of Attorney at any time by giving written notice.

This document becomes effective when I sign it and remains in effect until I cancel it or until the services have ended.

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MABM Representative:** \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness (Optional):** \_\_\_\_\_

**Date:** \_\_\_\_\_