

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

In re:

An Adult

GUARDIANSHIP PLAN

This plan should be developed in consultation with the ward, family members when possible, and with input from any other community agencies involved in providing services to the person.

I am the guardian of the above named ward and my proposed plan for providing services to the ward is as follows:

Incapacity of ward (please select all that apply):

- Intellectual disability (e.g., MR) Chronic mental illness Head injury
- Stroke Dementia (e.g., Alzheimer's)
- Alcohol/substance abuse
- Medical condition (describe): _____
- Other: _____

I. Living Arrangements for the Ward

What is the current address of the ward's residence? _____

- This is a Private home, owned by ward
 Private home, not owned by ward
 Guardian's home Relative's home (relationship) _____
 Foster or boarding home
 Group home (insert name) _____
 Nursing home (insert name) _____
 Assisted living facility (insert name) _____
 Hospital or medical facility (insert name) _____
 Other (please specify): _____

If private home, please name any other persons living in the home and their relationship to the ward: _____

My plan is for the ward to: Continue to live at current residence Change residence

If changing residence, explain when, why and where ward will move: _____

I do not have enough information at this time to change the ward's current living arrangement.

I have discussed the housing plan with the ward, and the ward
 agrees with this plan does not agree with this plan

I have not discussed the housing plan with the ward because: _____

II. Medical Care for the Ward

Describe the current physical health of the ward, including all known health conditions for which treatment is being received or is proposed: _____

I do not have enough information at this time to determine the ward's medical needs.

I plan to continue the medical services currently provided for the ward (provide name of health care professionals):

Physician: _____

Psychiatrist or psychologist: _____

Social Worker or other case worker: _____

Dentist: _____

Podiatrist: _____

Dietician: _____

Therapist(s) (recreation, speech, physical, occupational): _____

Other: _____

I plan to seek a medical evaluation of the ward to determine the following: _____

I believe the ward does not currently need treatment for any medical problems.

Does the ward have a health care directive?

Yes

No, please explain: _____

In the absence of a health care directive, what efforts have you made to determine the ward's preferred medical treatment? _____

III. Mental Health Treatment for the Ward

Describe the current mental health of the ward, including all known diagnoses made by mental health professionals for which treatment is being received or is proposed:

I do not have enough information at this time to determine the ward's mental health treatment needs.

I plan to continue the mental health services currently provided for the ward (provide name of health care professionals):

Psychiatrist or psychologist: _____

Social Worker or other case worker: _____

Other: _____

I plan to seek a mental health evaluation of the ward to determine the following: _

I believe the ward does not currently need mental health treatment.

IV. Social and Supportive Care for the Ward

Describe the ward's current social activities and support services: _____

Is the ward currently employed? Yes No

If yes, provide details: _____

Is the ward currently participating in any educational, vocational or other training?

Yes No

If yes, provide details: _____

In the next year, I plan to arrange the following services to assist the ward:

Educational or training programs

Vocational rehabilitation or supported work programs

Medical treatment, operation, or procedure

Mental health treatment

Occupational, physical, or speech therapy

Personal home care (e.g., home health aide)

Case management or social work services

Housing assistance and/or public benefits

Assistive devices or accommodation

Other (please specify): _____

V. Financial Care for the Ward

Do you have control over any assets or funds of the ward? No Yes

I plan to investigate whether the ward has any type of insurance and whether the ward is eligible for any private benefits or government entitlements, including the following:

- Pension and/or income from employment
- Other benefits from past employers
- Social security benefits (disability, SSI, SSA retirement, SSA survivor benefits)
- Veteran's benefits
- State benefits (food stamps, public assistance, TANF)
- Medicaid or Medicaid waiver
- Medicare
- Burial and funeral assistance
- Other: _____

I do not plan to investigate because a conservator has been appointed.

I do not plan to investigate because _____

VI. Other Information

Does the ward have a prepaid funeral plan? Yes, attach copy if not previously filed (copy will be kept in a confidential file) No I don't know, please explain: _____

Does the ward have a will? Yes No I don't know, please explain: _____

Please provide the names and addresses of the ward's next of kin:

Spouse/domestic partner _____

Children _____

Grandchildren _____

Parents _____

Brothers and/or sisters _____

Continue listing relatives below if no relatives are listed above.

Nieces and/or nephews _____

Uncles and/or aunts _____

First cousins _____

Grandparents _____

Other kin _____

Provide any other information that the Court should be aware of with regard to the guardianship plan for the ward: _____

I have consulted with the following person(s) in preparing this guardianship plan (check all that apply):

- Ward
 - Family members of the ward
 - Friends of the ward
 - Care providers to the ward
 - Ward's attorney
 - Others (please specify): _____
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VERIFICATION

I, _____, being first duly sworn, on oath, depose and say that I have read the foregoing pleadings by me subscribed and that the facts therein stated are true to the best of my knowledge, information and belief.

Signature

Typed name

Address (actual address/not Post Office Box)

Telephone number

E-mail address

Bar number (if filer is an attorney)

Subscribed and sworn to before me this _____ day _____,
20_____.

Notary Public/Clerk

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature