

IN THE PROBATE COURT OF MOBILE COUNTY, ALABAMA

IN THE MATTER OF

*

THE ESTATE OF

*

CASE NO. 20 ___ - _____

_____ ,

*

an Incapacitated Person.

*

GUARDIAN CARE
PLAN

Introduction

A Guardian is responsible for the Ward's personal needs, such as food, shelter, medical care, transportation, social services, education and/or rehabilitation. He or she has the responsibility to ensure that the appropriate services are provided. Appropriate services may vary based on a number of factors, including, but not limited to age and health. It is essential that the Guardian gather all pertinent information about the Ward, so an accurate and complete Care Plan can be developed on behalf of the Ward.

Guardian's place of residence, telephone number and cellular telephone number are:

_____.

Familial relationship to the Ward (if any): _____

Ward's age, current place of residence and telephone number are:

_____.

Is the Ward in an institutional-type facility (such as a nursing home)? Yes ___ No ___

If the Ward does not reside in an institutional-type facility:

Does the Ward own ___ or rent ___ place of residence?

Does Ward live alone? Yes ___ No ___

Resides with: Relative ___ Caregiver ___ Provide Name _____

Needs and Functional Assessments

Is Ward able to function (physically or mentally) in activities of daily living such as feeding, bathing, administration of medication, toileting, dressing, ambulation and grooming?

Yes ___ No ___

If no, explain: _____

_____.

Is Ward able to perform activities of daily living such as personal banking, laundry, housekeeping, shopping, arranging transportation, and coordination of medical care? Yes ___

No ___

If no, explain: _____

_____.

Does Ward have any behavioral problems (such as aggression, elopement, etc.)?

Yes ___ No ___

If yes, explain:

_____.

Does the Ward's current placement provide a safe environment? Yes ___ No ___

If no, explain:

_____.

Guardians have an on-going responsibility for the health and well-being of the Ward and should stay informed about the Ward's status and needs in order to make informed decisions that are in the best interest of the Ward. The Guardian should regularly talk with and listen carefully to the Ward and the Ward's medical providers.

Medical – The following are steps that will allow the Guardian to stay informed about the Ward’s medical needs and help the Ward to meet those needs. **EACH OF THESE STEPS SHOULD BE COMPLETED BY THE GUARDIAN.** Please mark as items are completed.

- (1) _____ Compile complete list of all medical providers.
- (2) _____ Provide all medical providers with copy of Letters of Guardianship.
- (3) _____ Compile complete list of all medications taken by Ward.
- (4) _____ Confirm medical insurance coverage.
- (5) _____ Set up procedure for medical insurance claims.
- (6) _____ Establish emergency preparedness procedure.

Please list the current medical providers of the Ward: _____

Have appropriate steps been taken for Ward’s food and nutritional needs?

Yes ___ No ___

Explain: _____

Summarize Ward’s Care Plan:

If no conservator has been appointed, please list the financial assets of the Ward:

Is the Guardian the Social Security Payee? Yes ___ No ___

Is the Guardian the Veterans Administration payee for the Ward? Yes ___ No ___

Is the Guardian holding any monies or other assets of the Ward? Yes ___ No ___

If yes, describe: _____

_____.

Has the Guardian filed bankruptcy or requested insolvency relief? Yes ___ No ___

If yes, describe: _____

_____.

Has the Guardian been indicted for any crime? Yes ___ No ___

If yes, describe and address current status (including the crime, the court overseeing the matter, case number, etc.): _____

_____.

Has the Guardian been convicted of any crime (besides minor traffic violations)?

Yes ___ No ___

If yes, describe (including the crime, the court overseeing the matter, case number, date of conviction, sentence, and current status): _____

_____.

Has the Guardian been the subject of a child abuse and neglect complaint and/or an adult abuse and neglect complaint? Yes ___ No ___

If yes, provide details and outcome: _____

_____.

Is there a need for the Court to review the Care Plan before the Annual Status Report is due?

90 days ___ 6 months ___ 9 months ___ No ___

PERJURY STATEMENT

I swear (or affirm), under penalty of perjury, that the information contained in the aforesaid report is true and correct, to the best of my information, knowledge and belief.

DATED: _____, 20_____.

Signature

Printed Name: _____

Guardian for _____

REMINDER: The Guardian must notify the Court immediately if the aforesaid contact information for the Guardian or Ward changes.