

6. If the protected person is residing in an assisted living, nursing care facility, or other residential facility are there programs available at the facility that could assist the ward in developing that capacity?

7. What medical or other professional care or treatment, housing, education, therapy, social, or training needs do you foresee the protected person needing during the upcoming year?

8. Are there other needs the protected person has of which you are aware?(If yes, please describe.) NO YES

9. Describe the protected person's current abilities to make some decisions with support, training and/or education; to offer input into decisions about his or her life; and to develop the ability to exercise independent decision making.

10. Describe the specific steps you plan to take in the upcoming year to assist the protected person in recovering and/or developing the capacity to exercise independent decision making.

SWORN to before me this _____ day of _____, 20 ____.

Print Name: _____
 Notary Public for: _____
 My Commission Expires: _____

Executed this _____ day of _____, 20____ .

SWORN to before me this _____ day of _____, 20 ____.

Print Name: _____
 Notary Public for: _____
 My Commission Expires: _____

Executed this _____ day of _____, 20____ .

Guardian's Signature: _____
 Print Name: _____
 Address: _____
 Telephone: _____
 Email: _____
 Relationship to the Protected Person: _____

Co-Guardian's Signature: _____
 Print Name: _____
 Address: _____
 Telephone: _____
 Email: _____
 Relationship to the Protected Person: _____