



Initial Guardianship Plan

(Pursuant to F.S. 744.632, this Report with Original Signatures is due within 60 days after the Letters of Guardianship are signed)

In the Circuit Court, Sixth Judicial Circuit, Florida
Select County: Pinellas

For Official Use Only:

IN RE: GUARDIANSHIP OF:	
Social Security Number:	
Case Number:	
For the period:	
Guardianship Inception Date:	
Date Letters were signed:	
Indicate if this is a Successor Guardianship:	
Guardian Name(s):	
Attorney Name:	

This Report, with original signatures, is due within 60 days after the Letters of Guardianship are signed and remains in effect until it is amended or replaced by the approval of an Annual Guardianship Plan.

The ward is living:

- In a private residence leased or owned by them (house, condo or apartment).
- In a private residence not leased or owned by them (such as family member).
- In a facility (Skilled Nursing, Assisted Living, etc).

Address and Phone Number where Ward is currently residing:

Address:
City, State, ZIP:
Phone:

Mailing Address for Ward (if different from above):

Mailing Address:
City, State, ZIP:

The guardian(s) submit(s) and propose(s) the following initial plan.

1. List any preexisting orders not to resuscitate executed under s. 401.45(3) or preexisting advance directives, as defined in s. 765.101, the date an order or directive was signed, whether such order or directive has been suspended by the court, and a description of the steps taken to identify and locate the preexisting order not to resuscitate or advance directive. Attach additional pages to the end of the plan, if needed.

Ward Name:

Case Number:

2. The guardian states the place and kind of residential setting best suited for the needs of the Ward is:

- Assisted Living (ALF)
- Group Home
- Intermediate
- Private Residence
- Skilled Nursing
- Specialized
- State Hospital
- Other (Please Explain Below)

Explanation:

3. For the plan period, the guardian proposes the following as to the provision of medical services for the Ward:

- Routine examination by primary care physician
- Routine examination by dentist
- Routine examination by Ophthalmologist
- Routine examination by Specialist – area of specialty:
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- The ward retains the right to make their own decision
- Other: (Please Explain Below)

Explanation:

4. For the plan period, the guardian proposes the following as to the provision of mental health services for the Ward:

- Routine examination by Psychiatrist/Psychologist
- Ongoing Treatment Outpatient
- Ongoing Treatment Inpatient
- None (Please Explain Below)
- Other (Please Explain Below)

Explanation:

5. For the plan period, the guardian proposes the following as to the provision of personal care of the ward, such as bathing, grooming and feeding:

- Care Facility
- Nurses and Aides
- Family and Friends
- Other (Please Explain Below)

Explanation:

Ward Name:

Case Number:

6. For the plan period, the guardian proposes the following to provide for socialization and/or recreational services for the Ward for the plan period. (i.e.: arranging friends and family to visit, encourage participation in facility or day program activities, etc.):

- Care Facility
- Nurses and Aides
- Family and Friends
- Day Program
- The Ward retains the right to make their own decision
- Other (Please Explain Below)

Explanation:

7. The Ward has the following health insurance, accident insurance, private benefits, or governmental benefits to which the Ward is receiving to meet any part of the costs of medical, mental health or related services:

- Social Security
- Social Security Disability Income (SSDI)
- Health Maintenance Organization (HMO)
- Supplemental Security Income (SSI)
- Optional State Supplement
- Institutional Care Program
- Supplemental Insurance
- Pension
- Medicare
- Medicaid
- VA
- Trusts (Please explain the type of Trust and how it covers costs below)
- Pending Benefits (Please explain why ward is not yet receiving or provide date applied for below)
- Other (Please Explain Below)

Explanation:

Ward Name:

Case Number:

9. The guardian will secure or has secured the following physical and/or mental examinations to determine the Ward's medical and mental health treatment needs:			
Data Entry Format: <u>1st Line input:</u> <i>Provider's first name, last name, and middle initial</i> <u>2nd Line input:</u> <i>Street Address</i> <u>3rd Line input:</u> <i>City, State and Zip Code</i> <u>4th Line input:</u> <i>Phone Number</i>		Type of Provider	Approximate Date of Exam
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Ward Name:

Case Number:

10. To assist the Court with review of the initial plan to determine if it is in the best interest of the Ward, please provide the following information:

A. Please rate the ability of the Ward to engage in activities of daily living or instrumental activities of daily living (ADL's):

Light Housekeeping

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Managing Money

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Prepare Meals

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Shopping

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Toileting

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Transferring (from wheelchair to chair/bed)

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Walking Mobility

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Heavy Chores

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Administration of Medication

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Bathing

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Climbing Stairs

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Doing Laundry

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Dressing

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Eating

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Grooming

- Ward needs no help
- Ward needs some assistance
- Ward cannot do at all

Ward Name:

Case Number:

B. The mental disabilities of the Ward are:

- Alzheimer's type of dementia
- Autism Spectrum Disorders
- Closed Head Injury
- Dementia
- Depression
- Developmental Disabilities
- Induced by substance abuse
- Schizophrenia or related disorders
- Other (Please Explain Below)

Explanation:

C. The physical disabilities of the Ward are:

- Mobility
- Blindness
- Deafness
- Diabetic
- Parkinson's disease
- Severe arthritis
- Other (Please Explain Below)

Explanation:

D. The assistive devices used by the Ward are (*devices currently being used by the ward*):

- Dentures
- Hearing Aid
- Wheelchair
- Walker/Cane
- Crutches
- Prosthetics
- Glasses
- None
- Other (Please Explain Below)

Explanation:

Ward Name:

Case Number:

E. The assistive devices needed by the Ward are (*devices needed but ward does not have them*):

- Dentures
- Hearing Aid
- Wheelchair
- Walker/Cane
- Crutches
- Prosthetics
- Glasses
- None
- Other (Please Explain Below)

Explanation:

F. Are the recommendations of the examining committee incorporated into this plan? Yes No

Explanation:

11. There are **NO** pre-existing orders Not To Resuscitate (a/k/a "DNR") or any other advance directive and I have taken the following steps to verify there are none: (**check all that apply**)

- Search of ward's prior and current residence
- Inventory of ward's safe deposit box
- Interviewed family and friends
- Requested documents from the ward's medical providers
- Requested documents from the ward's attorney

The ward executed the following advanced directives:

- Order Not to Resuscitate, F.S. 401.45(3) (a/k/a "DNR")
- Advanced Directive for Healthcare (including but not limited to: healthcare surrogate, living will or anatomical gift)
- Durable Power of Attorney, F.S., Chapter 709
- Other: _____

For ANY advanced directive listed above:

Title of the order or directive: _____

Date executed/signed: _____

Name of Person who signed: _____

Name of Designated Agent(s) or Surrogate(s): _____

Name of any Alternate Agent(s) or Surrogate(s): _____

Ward Name:

Case Number:

Relationship of Agent(s) or Surrogate(s) to the Ward: _____

Contact information for any Agent(s) or Surrogate(s): _____

Has a Court suspended or revoked the Order/Directive: Yes No

Date of Order: _____ entered _____ (County/State)

Title of the order or directive: _____

Date executed/signed: _____

Name of Person who signed: _____

Name of Designated Agent(s) or Surrogate(s): _____

Name of any Alternate Agent(s) or Surrogate(s): _____

Relationship of Agent(s) or Surrogate(s) to the Ward: _____

Contact information for any Agent(s) or Surrogate(s): _____

Has a Court suspended or revoked the Order/Directive: Yes No

Date of Order: _____ entered _____ (County/State)

NOTE: Per Administrative Order 2019-005, you must file a separate Disaster Plan when filing an initial guardianship plan. The Disaster Plan shall take into account and reflect how each ward’s special needs will be met under the plan in the event the guardian or ward has relocated temporarily due to an emergency situation. An updated Disaster plan will be required if the ward is moved to a new residence. [AO 19-05](#)

Ward Name:

Case Number:

CERTIFICATION AND SIGNATURE OF GUARDIAN(S)

(Check all that apply)

If the Wards' ability to exercise rights has changed since the Order Determining Capacity and Appointing Guardian, the guardian must file a Petition to Remove or Petition to Restore Rights (as appropriate.)

- The Ward was declared totally incapacitated and has not been given a copy of this plan.
- The Ward is a minor under the age of 14 and has not been given a copy of this plan.
- The guardian has consulted with the Ward, to the extent reasonable, has honored the Ward's wishes, and to the maximum extent possible the plan is in accordance with the Wards' wishes or consistent with the rights retained by the Ward.
- In exercising his or her powers, the guardian shall recognize any rights retained by the ward {FS 744.363(6)}
- The plan does not restrict the physical liberty of the Ward except as necessary to protect the Ward and others from serious physical injury, illness, or disease.
- The plan provides for the Ward's medical care and mental health treatment.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, and the facts alleged are true, to the best of my knowledge and belief.

Guardian Signature

Guardian Name

Guardian SSN/EIN

Guardian Street Address

Guardian Phone Number

Guardian City/State/Zip

Date Signed

Guardian Relationship to Ward

Co-Guardian Signature

Co-Guardian Name

Co-Guardian SSN/EIN

Co-Guardian Street Address

Co-Guardian Phone Number

Co-Guardian City/State/Zip

Date Signed

Co-Guardian Relationship to Ward

Ward Name:

Case Number:

Co-Guardian Signature

Co-Guardian Name

Co-Guardian SSN/EIN

Co-Guardian Street Address

Co-Guardian Phone Number

Co-Guardian City/State/Zip

Date Signed

Co-Guardian Relationship to Ward

Co-Guardian Signature

Co-Guardian Name

Co-Guardian SSN/EIN

Co-Guardian Street Address

Co-Guardian Phone Number

Co-Guardian City/State/Zip

Date Signed

Co-Guardian Relationship to Ward

All guardians of person must sign and provide the most current address, telephone number, and ssn. Only reports with Original signatures will be audited by the Clerk of the Court.

Ward Name:

Case Number:

CERTIFICATION AND SIGNATURE OF GUARDIAN'S ATTORNEY

The undersigned hereby notifies the Court of the filing of the initial guardianship plan for the period through .

The undersigned hereby notifies the Court of the initial guardianship plan of the guardian of the person. This initial guardianship plan is the representation of the guardian. I have not audited the accompanying initial plan. The undersigned attorney represents that he/she has examined the contents of the initial guardianship plan and that it conforms to the requirements of the Florida Guardianship Law and the standards for the plans in Select County County.

Attorney Signature

Date Signed

Attorney Name

Attorney Bar Number

Attorney Address

Attorney Phone Number

Attorney City/State/Zip