



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

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

9. Describe the ward'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 ward in recovering and/or developing the capacity to exercise independent decision making.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Print Name:  
Notary Public for: \_\_\_\_\_  
(State)  
My Commission Expires: \_\_\_\_\_  
(Date)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Co-Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Print Name:  
Notary Public for: \_\_\_\_\_  
(State)  
My Commission Expires: \_\_\_\_\_  
(Date)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_