

PROBATE COURT OF ROSS COUNTY, OHIO

GUARDIANSHIP OF: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**ANNUAL GUARDIANSHIP PLAN**  
**[Sup.R. 66.08(G)]**

[Attached as addendum to Form 17.7-Guardian's Report.]

Date: \_\_\_\_\_, 20\_\_

For the period \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

1. Guardianship inception date?

\_\_\_\_\_, 20\_\_

2. Type of Guardianship?

Person

Estate (If Estate only, proceed to question 19)

Both Person and Estate

3. Current Residence of the Ward (at time of filing)?

\_\_\_\_\_  
Name of Facility (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

4. Type of Residence/Facility?

Private Home

Apartment

Senior Housing

Independent Living

Assisted Living Nursing Home

Other: \_\_\_\_\_

5. Prior to current residence, Ward lived at the following location(s) during the past year:

**A.**

\_\_\_\_\_ From: \_\_\_\_\_, 20\_\_  
Name of Facility (if applicable)

To: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Type of Residence/Facility?

Private Home       Apartment       Senior Housing

Independent Living       Assisted Living Nursing Home

Other: \_\_\_\_\_

**B.**

\_\_\_\_\_ From: \_\_\_\_\_, 20\_\_  
Name of Facility (if applicable)

To: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Type of Residence/Facility?

Private Home       Apartment       Senior Housing

Independent Living       Assisted Living Nursing Home

Other: \_\_\_\_\_

(Attach additional pages if necessary)

6. Who is taking Ward to the doctor?

- Ward can transport self
- I transport ward and accompany appointments
- \_\_\_\_\_ transports ward
- Other: \_\_\_\_\_

7. Who is ensuring Ward's medical needs?

- I make the doctor appointments and administer medications
- Nursing Home/Assisted Living Facility
- Other: \_\_\_\_\_

8. When was Ward's last medical/doctor appointment?

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

9. Over the previous year, Ward took medications for the following:

- Anxiety
- Depression
- Cardiac issues
- Diabetes
- Memory Problems
- Psychosis
- Other: \_\_\_\_\_

10. Ward's Assistive Devices?

- Dentures
- Hearing Aid
- Wheelchair
- Walker
- Crutches
- Glasses
- Other: \_\_\_\_\_

11. Guardian proposes the following as to provision of Ward's medical and rehabilitative services:

- Physical Therapy
- Routine examination by Primary Care Physician
- Routine examination by Dentist
- Routine examination by Ophthalmologist
- Routine examination by Specialist: \_\_\_\_\_
- Speech Therapy
- Occupational Therapy
- The Ward retains the right to make his or her own decisions.
- Other: \_\_\_\_\_

12. Guardian proposes the following as to provision of Ward's mental health services:

- Routine examination by Psychiatrist/Psychologist
- Ongoing outpatient treatment
- Ongoing inpatient treatment
- None
- Other: \_\_\_\_\_

13. Guardian proposes the following as to provision of Ward's personal care services (bathing, grooming, feeding, etc):

- Nurses and Aides
- Care Facility
- Family and Friends
- None
- Other: \_\_\_\_\_

14. What are the arrangements for Ward's preparation of meals/food?

- Ward can prepare own meals
- Ward can shop for own food
- I shop and prepare ward's food/meals

- Meals on Wheels comes \_\_\_\_\_ days per week
- Meals are provided at nursing home/assisted living facility
- Other: \_\_\_\_\_

15. Ward's level of Social Skills?

- High (maintains friendships)
- Moderate (can carry on a conversation)
- Low (does not communicate)

16. What are Ward's frequent social interactions and recreation activities?

- |                                                   |                                        |                                    |
|---------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Attends Church Services  | <input type="checkbox"/> Plays Cards   | <input type="checkbox"/> Shopping  |
| <input type="checkbox"/> Frequent Family Visits   | <input type="checkbox"/> Day trips out | <input type="checkbox"/> Puzzles   |
| <input type="checkbox"/> Watches TV               | <input type="checkbox"/> Crafts        | <input type="checkbox"/> Music     |
| <input type="checkbox"/> Computer/Internet        | <input type="checkbox"/> Reading       | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Socializing with Friends | <input type="checkbox"/> Volunteering  |                                    |
| <input type="checkbox"/> Other: _____             |                                        |                                    |

17. Guardian proposes the following as to provision of Ward's social services:

- Adult Day Care
- Counseling
- Home Care
- Senior Center visits
- Sheltered workshops
- Other: \_\_\_\_\_

18. Guardian's goals for meeting Ward's personal needs: (MUST BE COMPLETED BY GUARDIAN OF THE PERSON)

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19. Ward's sources of income?

- Social Security
- Social Security Disability Income
- Medicare
- Medicaid
- Pension
- Other: \_\_\_\_\_

20. Current value of Ward's estate?

Total Value of Personal Estate	\$ _____
Total Value of Real Estate	\$ _____
Annual Rent on Real Estate	\$ _____
Other Annual Income	\$ _____
Total	\$ _____

21. Guardian's goals for meeting Ward's financial needs: (MUST BE COMPLETED)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Attach additional pages if necessary]

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip