

**IN THE COURT OF COMMON PLEAS, UNION COUNTY, OHIO
PROBATE DIVISION**

GUARDIANSHIP OF: _____

CASE NO. _____

**ANNUAL GUARDIANSHIP PLAN
Ohio Sup.R. 66.08 (G)
[Attach as addendum to SPF 17.7 Guardian's Report]**

Date: _____, 20_____

For the period _____, 20_____ through _____, 20_____

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

- Anxiety
- Depression
- Cardiac Issues
- Diabetes
- Memory problems
- Psychosis
- Other: _____

2. Ward's Assistive Devices?

- Dentures
- Hearing Aid
- Wheelchair
- Walker
- Crutches
- Glasses
- Other: _____

3. 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 his or her own medical decisions
- Other: _____

4. 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: _____
5. 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: _____
6. 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: _____
7. Ward's level of Social Skills?
- High (maintains friendships)
 - Moderate (can carry on a conversation)
 - Low (does not communicate)
 - Other: _____
8. What are Ward's frequent social interactions & recreation activities?
- | | | |
|---------------------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Attends Church Services | <input type="checkbox"/> Plays Cards | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Frequent Family Visits | <input type="checkbox"/> Watches TV | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Day trips out | <input type="checkbox"/> Crafts | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Reading | <input type="checkbox"/> Music |
| <input type="checkbox"/> Socializing with Friends | | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Other: _____ | | |
9. Guardian proposes the following as to provision of Ward's social services:
- Adult Day Care
 - Counseling
 - Home Care
 - Senior Center visits
 - Sheltered workshops
 - Other: _____

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

(Attach additional pages if necessary)

11. Ward's sources of income?

- Social Security
- Social Security Disability Income
- Medicare
- Medicaid
- Pension
- Other: _____

12. Guardian's goals for meeting Ward's financial needs: (MUST BE COMPLETED BY GUARDIAN OF THE ESTATE)

(Attach additional pages if necessary)

Guardian Name

Signature

Address

Phone Number

City, State, Zip