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Rule 7.11—Form 3: ***Guardian's Initial Care Plan for Protected Person***

Instructions:

- Guardian must complete, sign, and file this form with the court within sixty (60) days of appointment.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Initial Care Plan is to provide the court with a complete picture of Protected Person's current situation, Protected Person's needs, and Guardian's plan to meet those needs.
- Provide as much detailed information as possible.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

In the Matter of the Guardianship of: _____ *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Guardian's Initial Care Plan for Protected Person** Iowa Code § 633.669(1)(*a*)

Guardian states as follows:

1. Guardian's information

A. Guardian's name:

_____
Full name: first, middle, last

B. Guardian is Protected Person's: *Check one*

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Other: _____

Continued on next page

2. Protected Person's information

A. Protected Person's age: _____.

B. Reason for guardianship:

Show Lines
Hide Lines

_____

_____

_____

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

C. Protected Person's highest education level attained:

☐ High school

☐ College or university

☐ Other: _____

D. Does Protected Person have a Living Will?

☐ Yes ☐ No

If you checked Yes*, complete* (1)–(2).

(1) Do you have a copy of Protected Person's Living Will?

☐ Yes ☐ No

(2) Where is the Living Will located?

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

E. Does Protected Person have a Healthcare Power of Attorney?

☐ Yes ☐ No

If you checked Yes*, complete* (1)–(2).

(1) Who is serving as the agent (attorney-in-fact)?

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

(2) Where is the Healthcare Power of Attorney located?

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

3. Protected Person's residence and interaction with Guardian

A. Does Protected Person currently live with Guardian? *Check* Yes *or* No *below.*

☐ Yes

If you checked Yes*, complete the next section.*

Describe Guardian's daily interaction with Protected Person:

Show Lines
Hide Lines

_____

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

☐ No

If you checked No*, complete* (1)–(5)*.*

(1) Protected Person's current residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Date Protected Person began living at current residence:

_____ _____ _____.
Month *Day* *Year*

(3) How often does Guardian plan to visit or have other contacts (e.g., by mail, email, social media, and phone) with Protected Person? *Check all that apply*

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

(4) How does Guardian plan to interact with Protected Person? *Check all that apply*

☐ In person

☐ Mail, email, or social media

☐ Phone

☐ Other: _____

(5) Describe the types of activities with or on behalf of Protected Person that Guardian plans:

_____

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

Show Lines
Hide Lines

Continued on next page

B. Does Protected Person's current living situation best meet Protected Person's future needs?

☐ Yes ☐ No

If No, describe Guardian's plan for meeting those needs:

Show Lines
Hide Lines

_____

_____

_____

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

4. Protected Person's expenses

A. Estimate of Protected Person's expenses:

Type of expense	**Amount estimated** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$

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(10) Health insurance payment	$
(11) Transportation	$
(12) Educational or vocational training expenses	$
(13) Credit card payments	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total expenses	$

B. Who will pay Protected Person's expenses? *Check all that apply*

☐ Guardian

☐ Spouse

☐ Adult sibling or siblings

☐ One or both of Protected Person's parents

☐ A court-appointed conservator

☐ Other: _____

Continued on next page

C. Information regarding payer of Protected Person's expenses:

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

D. If Guardian is responsible for paying Protected Person's expenses, describe Guardian's plan for payment of Protected Person's living expenses and other expenses:

Show Lines Hide Lines

_____

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

5. Protected Person's health

A. Protected Person's physical health

(1) Describe Protected Person's current medical health status, identifying any medical concerns:

Show Lines Hide Lines

_____

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

(2) Guardian's plan for meeting Protected Person's medical care needs:

Show Lines Hide Lines

_____

_____

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_____

☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

B. Protected Person's dental health

(1) Describe Protected Person's current dental health status, identifying any dental health concerns:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

(2) Guardian's plan for meeting Protected Person's dental health care needs:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

C. Protected Person's mental health

(1) Describe Protected Person's current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

(2) Guardian's plan for meeting Protected Person's mental, cognitive, behavioral, or emotional needs:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

D. Other health concerns

(1) Identify any other health care concerns related to Protected Person:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

(2) Guardian's plan for meeting other health care concerns identified:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

6. Protected Person's education, training, and other vocational services and employment status

A. Is Protected Person enrolled in or attending school?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) School information:

School name where Protected Person is enrolled or attending

School mailing address

City *State* *ZIP code*

(2) Does Protected Person receive or need special education or related services?

☐ Yes ☐ No

If Yes, describe:

Show Lines Hide Lines

☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

B. Is Protected Person employed?

☐ Yes ☐ No

If you checked Yes*, complete* (1)–(3).

(1) Protected Person is employed:

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's information:

_____
Employer's name

_____
Employer's mailing address

_____ _____ _____
City *State* *ZIP code*

_____
Supervisor's name

(_____) _____ _____
Supervisor's phone number *Supervisor's email address*

(3) Describe Protected Person's employee duties:

Show Lines
Hide Lines

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

C. Does Protected Person receive or need educational, training, or other vocational assistance?

☐ Yes ☐ No

If you checked Yes*, complete* (1)–(2).

(1) Describe Protected Person's educational, training, and vocational needs:

Show Lines
Hide Lines

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

(2) Guardian's plan for meeting educational, training, and vocational needs identified:

Show Lines Hide Lines

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☐ *Check this box if you have attached a sheet with additional information.*

7. Other professional services

A. Does Protected Person require any professional services other than those listed above?

☐ Yes ☐ No

If you checked Yes*, complete* B *and* C*, otherwise skip to* **8**.

B. Other professional services Protected Person requires:

Show Lines Hide Lines

_____

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_____

☐ *Check this box if you have attached a sheet with additional information.*

C. Guardian's plan to provide the professional services required:

Show Lines Hide Lines

_____

_____

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_____

☐ *Check this box if you have attached a sheet with additional information.*

8. Protected Person's social activities

A. Does Protected Person require assistance with participation in social activities?

☐ Yes ☐ No

If you checked Yes*, complete the next section.*

Continued on next page

B. Guardian's plan for assisting Protected Person's participation in social activities:

Show Lines
Hide Lines

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_____

☐ *Check this box if you have attached a sheet with additional information.*

9. Protected Person's contact with family members and other significant persons

A. Will arrangements be made for regular contacts between Protected Person and Protected Person's family members (e.g., spouse, parents, adult children, and adult spouse)?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Family member's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

Show Lines
Hide Lines

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☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

(2) Family member's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

Show Lines
Hide Lines

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_____

☐ *Check this box if you have attached a sheet with additional information.*

☐ *Check this box if you have attached a sheet with additional family members.*

☐ No

If you checked No*, complete the next section.*

Explain why:

Show Lines
Hide Lines

_____

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☐ *Check this box if you have attached a sheet with additional information.*

Continued on next page

B. Will arrangements be made for regular contacts between Protected Person and other significant persons (e.g., friends, former co-workers, and clergy)?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

Show Lines
Hide Lines

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☐ *Check this box if you have attached a sheet with additional information.*

(2) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

Show Lines
Hide Lines

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☐ *Check this box if you have attached a sheet with additional information.*

☐ *Check this box if you have attached a sheet with additional significant persons.*

Continued on next page

☐ No

If you checked No*, complete the next section.*

Explain why:

Show Lines Hide Lines

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☐ *Check this box if you have attached a sheet with additional information.*

10. Additional information

Additional information that may be useful for the court to know in determining what is in Protected Person's best interest:

Show Lines Hide Lines

_____

_____

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_____

☐ *Check this box if you have attached a sheet with additional information.*

11. Fees for Guardian

Check one

☐ Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

☐ Fees are waived.

12. Fees for Guardian's attorney

Check one

☐ Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

☐ Fees are not requested.

☐ Fees are waived or not applicable.

Continued on next page

13. Attorney Help *Check one*

A. ☐ An attorney did not help me prepare or fill in this paper.

B. ☐ An attorney helped me prepare or fill in this paper.

If you check B*, you must fill in the following information:*

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

_____ _____
Email address *Additional email address, if applicable*

14. Oath and signature of Guardian

I, _____, have read this Initial Care Plan, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Initial Care Plan is true and correct.

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*