

3. Protected Person's expenses

Guardian's plan for payment of Protected Person's living expenses and other expenses:

4. Protected Person's health

A. Protected Person's health status and health care needs:

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

B. Guardian's plan for meeting Protected Person's medical, dental, and other health care needs:

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

Continued on next page

5. Other professional services

A. Protected Person requires professional services other than those listed in 4 above.

Yes No

If you checked Yes, complete B and C, otherwise proceed to 6.

B. Other professional services Protected Person requires:

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

C. Guardian's plan to provide the professional services identified in 5(B):

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

6. Protected Person's education

A. Protected Person needs education, training, or other vocational assistance.

Yes No

If you checked Yes, complete B and C, otherwise proceed to 7.

B. Protected Person's educational, training, and vocational needs:

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

C. Guardian's plan for meeting educational, training, and vocational needs identified in 6(B):

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

Continued on next page

7. Protected Person's social activities

A. Protected Person requires assistance with participation in social activities.

Yes No

If you checked Yes, complete B, otherwise proceed to 8.

B. Guardian's plan for facilitating the participation of Protected Person in social activities:

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

8. Protected Person's contact with family members and others

Guardian's plan for facilitating contacts between Protected Person and Protected Person's family members and other significant persons:

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

9. Guardian's interaction with Protected Person

Guardian's plan for contact with, and activities on behalf of, Protected Person:

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

Continued on next page

10. Other information

Other information that may be useful to the court in the opinion of Guardian:

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

11. Oath and Signature

I, _____, have read this initial care plan, and I certify
Print Guardian's 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 Guardian's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address, if applicable

**Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*