

PROBATE COURT OF CLERMONT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO.: _____

ANNUAL GUARDIANSHIP PLAN

[Sup.R. 66.08 (G)]

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

I am the guardian of the ____ person only (Part 1); _____ estate only (Part 2); ____ both person and estate (Parts 1 and 2) for the above-named ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

Part 1 - For the Person

Goal - (for example: address medication issues; obtain assistance devices; secure medical and rehab services; meet mental health service needs; secure personal care services; enhance nutrition; improve social skills, etc.)

Means to Meet the Goal – (for example: educate on benefits of medications and compliance; obtain walker, wheelchair, hearing aid; schedule semi-annual checkups/exams; secure outpatient examinations and mental health counseling; arrange for shopping and/or meals on wheels; enroll in sheltered workshop/socialization programs, etc.)

Goal - _____

Means to Meet the Goal – _____

PART 2 – For the Estate

Goal - (for example: obtain representative payee; enroll in Medicaid; establish Special Needs Trust; improve money handling skills)

Means to Meet the Goal – (for example: contact Social Security; contact Job and Family Services/Attorney re exempt assets/eligibility; secure supporting documentation; schedule skill training, etc.)

[Attach additional pages if necessary]

Guardian's Printed Name

Guardian's Signature

Street

Phone Number

City, State, Zip Code