

PROBATE COURT OF CLERMONT COUNTY, OHIO
JAMES A. SHRIVER, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

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

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

I am the guardian of the person 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.

- Attached is the Individual Service Plan (ISP) through the county board of development disabilities.

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.)

[Attach additional pages if necessary.]

Guardian's Printed Name

Guardian's Signature

Street

Phone Number

City, State, Zip Code