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| STATE OF SOUTH CAROLINA | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| IN THE MATTER OF: | **PLAN OF CARE FOR THE** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | **PROTECTED PERSON** |
| a protected person. |  |
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| Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Co-Guardian: |
| Date of Appointment as Guardian/Co-Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Where is the protected person living? Please provide the complete address:

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2. Is this a private home?  NO  YES

Is this a Comm. Residential Care Facility (CRCF) or a Community Training Home (CTH)?

NO  YES

Is this an Assisted Living Facility?  NO  YES

Is this a Nursing Home?  NO  YES

Other type of facility?  NO  YES Type of Facility:

3. What is the opinion of the protected person’s physician regarding his or her ability to recover the capacity for

independent decision-making?

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4. What is the opinion of the protected person’s physician regarding his or her ability to develop the capacity for

independent decision-making?

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5. If the physician for the protected person has indicated the ability to recover and/or develop the capacity of

independent decision-making, what steps have you taken to identify any benefits or programs that could

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assist in helping the protected person develop that capacity?

6. If the protected person is residing in an assisted living, nursing care facility, or other residential facility are there

programs available at the facility that could assist the protected person in developing that capacity?

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7. What medical or other professional care or treatment, housing, education, therapy, social, or training needs

do you foresee the protected person needing during the upcoming year?

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8. Are there other needs the protected person has of which you are aware?  NO  YES

(If yes, please describe.)

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9. Describe the protected person’s current abilities to make some decisions with support, training and/or

education; to offer input into decisions about his or her life; and to develop the ability to exercise

independent decision making.

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10. Describe the specific steps you plan to take in the upcoming year to assist the protected person in recovering

and/or developing the capacity to exercise independent decision making.

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| SWORN to before me this | | |  | day of | Guardian’s Signature: |  |
|  | | | 20 |  | Print Name: |  |
|  | | | | | Address: |  |
|  | | | | |  |  |
| Print Name: |  | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | Email: |  |
| My Commission Expires: | |  | | | Relationship to protected person: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | |  | day of | Co-Guardian’s Signature: |  |
|  | | | 20 |  | Print Name: |  |
|  | | | | | Address: |  |
|  | | | | |  |  |
| Print Name: |  | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | Email: |  |
| My Commission Expires: | |  | | | Relationship to protected person: |  |

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| Executed this | \_\_\_\_\_\_\_\_\_ | day of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_, | 20\_\_\_. |