



2. **Medical Care.**

- I do not believe the protected person currently needs treatment for any medical problems.
- I plan to continue the medical services currently being provided for the protected person at \_\_\_\_\_
- I plan to get a medical evaluation of the protected person as follows:  
\_\_\_\_\_  
\_\_\_\_\_
- I do not have enough information at this time to determine the protected person's medical needs.

Is there a no-code (Do Not Resuscitate) provision in place for the protected person?

- Yes  No  I do not know

Did the protected person (while the protected person still had the capacity to do so) execute a durable power of attorney for health care or another form of advance health care directive under AS 13.52. or another similar law?  Yes  No  I do not know

If yes, the name of the agent authorized under the durable power to make health care decisions for the protected person is: \_\_\_\_\_

3. **Mental Health Treatment.**

- I do not believe the protected person currently needs mental health treatment.
- I plan to continue the mental health treatment currently being provided for the protected person at \_\_\_\_\_
- I plan to get a mental health evaluation of the protected person as follows:  
\_\_\_\_\_  
\_\_\_\_\_
- I do not have enough information at this time to determine the protected person's mental health treatment needs.

4. **Personal Care, Educational, and Vocational Services.**

- a.  There is a reasonable chance that the protected person will be able to improve his/her abilities enough to provide necessary care for himself/herself in the future.
- It is extremely unlikely that the protected person will ever return to full capacity or be able to significantly improve his/her abilities enough to provide necessary care for himself/herself.
- b. I plan to get these services to help the protected person regain lost abilities:
- Physical/occupational/speech therapies
- Vocational, rehabilitation, or supported work programs
- Educational services
- Personal care (for example, home health care)
- Other: \_\_\_\_\_
- c.  I do not have enough information at this time to decide whether the protected person will benefit from personal care, educational, or vocational services.

5. **Application for Insurance and Benefits.**

- I already know about any health and accident insurance, and other private and governmental benefits, the protected person is eligible for. I also know how to apply for those benefits. I will make sure the protected person receives these benefits.
- I plan to investigate whether the protected person has any type of insurance and/or is eligible for any private or government benefits, including the following:
- Retirement and medical benefits from a job
  - Other benefits from past or current employers, unions, or other organizations the protected person is/was a member of
  - Social Security (Disability Benefits, SSI, SSA, Medicare)
  - Veterans' Benefits
  - State Benefits (Adult Public Assistance, Food Stamps, TANF Benefits)
  - Alaska Medicaid or Medicaid Choice Waiver
  - Alaska Permanent Fund Dividend
  - Alaska Native Dividend(s)
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6. **Control of Property and Money.**

I understand that I cannot take money or other property from the protected person to pay myself or my family for any services (including room and board) provided to the protected person, **unless** the court approves it in my appointment order or in a separate written order. I understand that I must give notice to at least one relative of the protected person (if possible), if I ask the court to approve additional fees. AS 13.26.316(c)(6), Probate Rules 16(f) and 17(f).

- I have been appointed as a **full** guardian with the powers and duties of a conservator (to take care of the property and money) of the protected person.
- I have been appointed as a **partial** guardian with
- limited conservator powers (limited control over the protected person's property and money).
  - no control over the protected person's property or money.
    - The protected person will keep making decisions about the protected person's own property and money.
    - The court appointed a separate conservator for the protected person. Therefore, I understand that:
      - I must provide to the conservator all of the protected person's money that I receive, so that the conservator may manage it for the protected person's benefit.
      - I cannot sell or dispose of any of the protected person's property.
      - I cannot authorize the protected person to take on any debt or non-budgeted expense, unless it is necessary to get medical or mental health care for the protected person.

7. Other: *[Discuss any additional requirements or limitations on the guardian's powers specified in the court order.]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

I certify that on \_\_\_\_\_, a copy of this proposed Guardianship Plan was sent to:

\_\_\_\_\_  
Type or Print Name

- protected person     court visitor
- protected person's attorney
- conservator (if separate one appointed)
- \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

**COURT APPROVAL**

Recommended for approval on \_\_\_\_\_.

by \_\_\_\_\_  
Superior Court Master

Approved by the court on \_\_\_\_\_.

\_\_\_\_\_  
Superior Court Judge

\_\_\_\_\_  
Type or Print Name