IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

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| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  An Incapacitated Person. | )  )  )  )  )  ) | Case No.:  PERSONAL CARE PLAN    (PCP) |

COMES NOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the [ ] Full [ ] Limited Guardian of the Person, respectfully submits the following Personal Care Plan:

1. **Custody and Residence of Incapacitated Person**. The Incapacitated Person is now \_\_\_\_\_ years of age. He/She presently resides at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(name and address of facility or home)*. The Guardian believes that he/she is receiving satisfactory care, and should continue to reside there.
2. **Description of Services or Programs Incapacitated Person Receives**. The Incapacitated Person receives the following services or programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Physical and Medical Status and Need of Incapacitated Person**. The physical and medical status and needs of the Incapacitated Person are as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Mental and Emotional Status of Incapacitated Person**. The mental and emotional status of the Incapacitated Person is as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Description of Functional Abilities of the Incapacitated Person**. The following is a description of the Incapacitated Person’s abilities to perform and/or assist in the activities of daily living. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Guardian’s Specific Plan for Meeting the Identified and Emerging Personal Care Needs of the Incapacitated Person**. The Guardian’s specific plan for meeting the identified and emerging personal care needs of the Incapacitated Person is as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNED at \_\_\_\_\_\_\_\_\_\_\_\_\_, Washington this \_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_, 200\_\_\_ .

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|  |  |  |
| Signature of Guardian |  | Printed Name of Guardian, WSBA/CPG# |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |