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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
)
) PERSONAL CARE PLAN
)
)
)
) (PCP)
An Incapacitated Person. _____

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: _____

3. Physical and Medical Status and Need of Incapacitated Person. The physical and
medical status and needs of the Incapacitated Person are as follows: _____

_____.

1 **4. Mental and Emotional Status of Incapacitated Person.** The mental and emotional
2 status of the Incapacitated Person is as follows:

3 _____
4 **5. Description of Functional Abilities of the Incapacitated Person.** The following is
5 a description of the Incapacitated Person's abilities to perform and/or assist in the activities
6 of daily living. _____

7 **6. Guardian's Specific Plan for Meeting the Identified and Emerging Personal**
8 **Care Needs of the Incapacitated Person.** The Guardian's specific plan for meeting the
9 identified and emerging personal care needs of the Incapacitated Person is as follows:
10 _____

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

13
14 SIGNED at _____, Washington this _____ day of _____, 200__ .

15
16 _____
17 Signature of Guardian

16 _____
17 Printed Name of Guardian, WSBA/CPG#

18 _____
19 Address

18 _____
19 Telephone/Fax Number

20 _____
21 City, State, Zip Code

20 _____
21 Email Address