



2. **Medical Care for the Ward.**

- I believe the ward does not currently need treatment for any medical problems.  
 I plan to continue the medical services currently being provided for the ward by

\_\_\_\_\_  
I plan to seek a medical evaluation of the ward as follows:

- I do not have enough information at this time to determine the ward's medical needs.

A no-code (Do Not Resuscitate) provision  is  is not in place for the ward.

I do not know if a no-code provision is in place.

The ward, while the ward still had the capacity to do so,  did  did not execute a durable power of attorney for health care or another form of advance health care directive under AS 13.52.010 - .395 or another law. The name of the agent authorized under the durable power to make health care decisions for the ward is: \_\_\_\_\_

I do not know if the ward made an advance health care directive.

3. **Mental Health Treatment for the Ward.**

- I believe the ward does not currently need mental health treatment.  
 I plan to continue the therapy currently being provided for the ward at

\_\_\_\_\_  
I plan to seek a mental health evaluation of the ward as follows:

- I do not have enough information at this time to determine the ward's mental health treatment needs.

4. **Personal care, educational and vocational services.**

a. Because of the nature of the ward's incapacity,

- the chances are good that the ward will be able to improve his/her ability to provide necessary care for himself/herself.  
 it is extremely unlikely that the ward will ever return to full capacity or even be able to improve his/her ability to provide necessary care for himself/herself.

b. I plan to obtain the following services in order to assist the ward in regaining lost capacities:

- Physical/occupational/ speech therapies  
 Vocational rehabilitation or supported work programs  
 Educational services  
 Personal care (e.g., home health care)

c.  I do not have enough information at this time to decide whether the ward can benefit from personal care, educational or vocational services.

5. **Application for health and accident insurance and any other private or governmental benefits to which the ward may be entitled.**

I am already aware of the insurance and other benefits for which the ward is eligible, and I know how to apply for those benefits. I will make sure the ward receives these benefits.

I plan to investigate whether the ward has any type of insurance and whether the ward is eligible for any private or government benefits, including the following:

- retirement and medical benefits from a job
  - other benefits from past employers, unions or other organizations to which the ward belongs
  - 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
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6. **Control of the estate and income of the ward.**

I understand that I cannot pay myself from the ward's assets for any services (including room and board) that I or my family provide to the ward unless the court either approves it in my appointment order or approves it in a separate written order. I understand that I must give notice to at least one relative of the ward (if possible) if I ask the court to approve additional fees. [AS 13.26.150(c)(6), Probate Rules 16(d) and 17(d)].

I have been appointed as **full** guardian with the powers and duties of a conservator of the ward.

I have been appointed as **partial** guardian with  
 limited conservator powers (limited authority over the ward's estate and income).

- no control over the ward's estate and income.
- The ward retains all financial decision-making authority.
  - A separate conservator has been appointed for the ward. Therefore, I understand that I must pay all of the ward's estate received by me to the conservator for management.

7. Other (any additional requirements or limitations on the guardian's powers specified by the court):

\_\_\_\_\_ Date

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

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

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

- ward  visitor
- respondent's attorney \_\_\_\_\_
- \_\_\_\_\_

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

COURT APPROVAL

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

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

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

\_\_\_\_\_ Superior Court Judge/Master

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