

Plan for Guardianship: Personal Guardian

Adult Guardianship Act, section 5 (2) (b)

Applicants for the appointment of a personal guardian must complete this plan.

(“Adult” refers to the person for whom the guardianship application is being made.).

[STYLE OF CAUSE]

Adult’s Personal Information

Name of adult for whom you are applying to be guardian (please use full legal name)

Adult’s date of birth

Current address for adult

Adult’s Family Information

Relationships:

Spouse: name
length of marriage
address

Children: name
age
address

(Complete for each child)

Parent(s): name
age
address

(Complete for each parent)

Brother(s) and sister(s): name
age
address

(Complete for each sibling)

Other near relatives actively involved in the adult's life:

name

age

address

(Complete for each relative)

Information about Proposed Guardian(s)

Include the following information for each proposed personal guardian:

Name

Address, telephone, email address

Preferred method of contact

If more than one personal guardian is proposed, indicate whether the personal guardians will have the same or different area of authority. If different, outline the proposed division of duties between the personal guardians.

A. Residence/Living Arrangements

Describe the following:

The adult's current living arrangements

The adult's required support and care arrangements including the agency or persons providing the support, if any

Any health and safety concerns related to the adult's living arrangements

Anticipated changes in the adult's living arrangements

B. Health Care

Please describe the following:

The adult's current health care status

Anticipated major health care decisions that you will need to address

C. Daily Activities

Please describe the following:

Any employment, recreational, educational, social, religious, and cultural activities in which the adult participates

Any anticipated decisions that may need to be made in relation to any employment, recreational, educational, social, religious, or cultural activities in which the adult participates

D. Access to the Adult

Outline any situations in which you anticipate you will be making decisions related to whom the adult associates.

E. Instructions or Wishes

Outline any pre-expressed wishes regarding personal care or health care that the adult expressed while capable. Please attach copies of any written pre-expressed wishes made by the adult.

Outline any beliefs and values of the adult that will guide you in your decision making.

F. Professional Assistance

If you intend to retain the services of professionals to assist in decision-making, outline the professional(s) to be retained and the matters for which assistance will be provided.

G. General

1. I understand that a personal guardian cannot consent to the provision of professional services, care or treatment to the adult for the purposes of sterilization for non-therapeutic purposes.
2. Are you aware of any enduring power of attorney or guardianship plan relating to the financial affairs of the adult? If yes, describe how you have taken into account the adult's financial status and any plans for the management of the adult's financial affairs.