STATE OF SOUTH CAROLINA	)	
	)	
COUNTY OF HORRY	)	
	)	
	)	
IN THE MATTER OF:	)	▲ PROBATE COURT USE ONLY ▲
	)	
,	)	IN THE PROBATE COURT
a ward.	)	CASE NUMBER -GC- -
	)	
	)	
	)	**PLAN OF CARE FOR WARD**

Name of Guardian: _____
Name of Co-Guardian: _____
Date of Appointment as Guardian/Co-Guardian: _____

1. Where is the ward living? Please provide the complete address.

2. Is this a private home? ☐ NO ☐ YES

   Is this a Comm. Residential Care Facility (CRCF) or a Community Training Home (CTH)?
   ☐ NO ☐ YES

   Is this an Assisted Living Facility? ☐ NO ☐ YES

   Is this a Nursing Home? ☐ NO ☐ YES

   Other type of facility? ☐ NO ☐ YES Type of Facility:

3. What is the opinion of the ward's physician regarding his or her ability to recover the capacity for independent decision-making?

4. What is the opinion of the ward's physician regarding his or her ability to develop the capacity for independent decision-making?

5. If the physician for the ward has indicated the ability to recover and/or develop the capacity of independent decision-making, what steps have you taken to identify any benefits or programs that could assist in helping the ward develop that capacity?

6. If the ward is residing in an assisted living, nursing care facility, or other residential facility are there programs available at the facility that could assist the ward in developing that capacity?

7. What medical or other professional care or treatment, housing, education, therapy, social, or training needs do you foresee the ward needing during the upcoming year?

8. Are there other needs the ward has of which you are aware? ☐ NO ☐ YES
(If yes, please describe.)

9. Describe the ward's current abilities to make some decisions with support, training and/or education; to offer input into decisions about his or her life; and to develop the ability to exercise independent decision making.

10. Describe the specific steps you plan to take in the upcoming year to assist the ward in recovering and/or developing the capacity to exercise independent decision making.

Executed this day of , 20 .

SWORN to before me this _____ day of , 20 .

Guardian Signature: _____
Print Name: _____
Address: _____
_____
Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

_____
Print Name:
Notary Public for: (State)
My Commission Expires: (Date)

Executed this day of , 20 .

SWORN to before me this _____ day of , 20 .

Co-Guardian Signature: _____
Print Name: _____
Address: _____
_____
Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

_____
Print Name:
Notary Public for: (State)
My Commission Expires: (Date)