Superior Court of Washington
County of

In the Guardianship of: _____, Incapacitated Person	**No.** **Periodic Personal Care Plan (PCP)**

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 of facility, if applicable, and address): _____ _____. 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:
_____
_____
_____.

4. Mental and Emotional Status of Incapacitated Person

The mental and emotional status of the Incapacitated Person is as follows:
_____
_____.

5. 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.

_____
_____.

6. 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:

_____
_____.

7. Contact Information for Facility or Home of Incapacitated Person, Guardian and Standby Guardian

	Facility/Home Contact	**Guardian**	**Standby Guardian**
Full Name			
Mailing Address			
City, State, Zip			
*Telephone Number			

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

_____ _____ _____
Signature of Guardian Print Name of Guardian [ ] WSBA No. [ ] CPG#

_____ _____
Address City, State, Zip Code

_____ _____
*Telephone/Fax Number Email Address

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

Note: Do not attach records produced and signed by a health care provider to this form.