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

10 In the Guardianship of: ) Case No.:  
11 \_\_\_\_\_, )  
12 ) PERSONAL CARE PLAN  
13 An Incapacitated Person. ) (PCP)  
\_\_\_\_\_

14 COMES NOW \_\_\_\_\_, the [ ] Full [ ] Limited Guardian of  
15 the Person, respectfully submits the following Personal Care Plan:

16 **1. Custody and Residence of Incapacitated Person.** The Incapacitated Person is now  
17 \_\_\_\_\_ years of age. He/She presently resides at:

18 \_\_\_\_\_(name and address of facility or home). The Guardian  
19 believes that he/she is receiving satisfactory care, and should continue to reside there.

20 **2. Description of Services or Programs Incapacitated Person Receives.** The  
21 Incapacitated Person receives the following services or programs:  
22 \_\_\_\_\_

23 **3. Physical and Medical Status and Need of Incapacitated Person.** The physical and  
24 medical status and needs of the Incapacitated Person are as follows:\_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_.

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