





**E. Does Protected Person have a Healthcare Power of Attorney?**

Yes  No

*If you checked Yes, complete (1)–(2).*

**(1) Who is serving as the agent (attorney-in-fact)?**

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**(2) Where is the Healthcare Power of Attorney located?**

\_\_\_\_\_  
*Full name: first, middle, last / business name*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**3. Protected Person’s residence and interaction with Guardian**

**A. Does Protected Person currently live with Guardian? Check Yes or No below.**

Yes

*If you checked Yes, complete the next section.*

**Describe Guardian’s daily interaction with Protected Person:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

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No

If you checked No, complete (1)–(5).

(1) Protected Person’s current residence:

\_\_\_\_\_ *Mailing address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP code*

(2) Date Protected Person began living at current residence:

\_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

(3) How often does Guardian plan to visit or have other contacts (e.g., by mail, email, social media, and phone) with Protected Person? *Check all that apply*

Daily

Weekly

Monthly

Other: \_\_\_\_\_

(4) How does Guardian plan to interact with Protected Person? *Check all that apply*

In person

Mail, email, or social media

Phone

Other: \_\_\_\_\_

(5) Describe the types of activities with or on behalf of Protected Person that Guardian plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

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B. Does Protected Person’s current living situation best meet Protected Person’s future needs?

Yes  No

If No, describe Guardian’s plan for meeting those needs:

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Check this box if you have attached a sheet with additional information.

**4. Protected Person’s expenses**

A. Estimate of Protected Person’s expenses:

Type of expense	Amount estimated <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food <i>At home and restaurants</i>	\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (14).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>	\$
(6) Utilities ( <i>gas, electric, water</i> )	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$

*Continued on next page*

(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense <i>Identify:</i>	\$
(17) Other expense <i>Identify:</i>	\$
(18) Other expense <i>Identify:</i>	\$
(19) Other expense <i>Identify:</i>	\$
(20) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
<b>Total expenses</b>	\$

B. Who will pay Protected Person’s expenses? *Check all that apply*

- Guardian
- Spouse
- Adult sibling or siblings
- One or both of Protected Person’s parents
- A court-appointed conservator
- Other: \_\_\_\_\_

*Continued on next page*

**C. Information regarding payer of Protected Person’s expenses:**

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**D. If Guardian is responsible for paying Protected Person’s expenses, describe Guardian’s plan for payment of Protected Person’s living expenses and other expenses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**5. Protected Person’s health**

**A. Protected Person’s physical health**

(1) Describe Protected Person’s current medical health status, identifying any medical concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

(2) Guardian’s plan for meeting Protected Person’s medical care needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

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**B. Protected Person’s dental health**

(1) Describe Protected Person’s current dental health status, identifying any dental health concerns:

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Check this box if you have attached a sheet with additional information.

(2) Guardian’s plan for meeting Protected Person’s dental health care needs:

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Check this box if you have attached a sheet with additional information.

**C. Protected Person’s mental health**

(1) Describe Protected Person’s current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

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Check this box if you have attached a sheet with additional information.

(2) Guardian’s plan for meeting Protected Person’s mental, cognitive, behavioral, or emotional needs:

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Check this box if you have attached a sheet with additional information.

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**D. Other health concerns**

(1) Identify any other health care concerns related to Protected Person:

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Check this box if you have attached a sheet with additional information.

(2) Guardian’s plan for meeting other health care concerns identified:

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Check this box if you have attached a sheet with additional information.

**6. Protected Person’s education, training, and other vocational services and employment status**

A. Is Protected Person enrolled in or attending school?

Yes  No

If you checked **Yes**, complete (1)–(2).

(1) School information:

\_\_\_\_\_  
*School name where Protected Person is enrolled or attending*

\_\_\_\_\_  
*School mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(2) Does Protected Person receive or need special education or related services?

Yes  No

If Yes, describe:

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Check this box if you have attached a sheet with additional information.

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(2) Guardian’s plan for meeting educational, training, and vocational needs identified:

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Check this box if you have attached a sheet with additional information.

**7. Other professional services**

A. Does Protected Person require any professional services other than those listed above?

Yes  No

*If you checked Yes, complete B and C, otherwise skip to 8.*

B. Other professional services Protected Person requires:

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Check this box if you have attached a sheet with additional information.

C. Guardian’s plan to provide the professional services required:

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Check this box if you have attached a sheet with additional information.

**8. Protected Person’s social activities**

A. Does Protected Person require assistance with participation in social activities?

Yes  No

*If you checked Yes, complete the next section.*

*Continued on next page*

**B. Guardian’s plan for assisting Protected Person’s participation in social activities:**

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Check this box if you have attached a sheet with additional information.

**9. Protected Person’s contact with family members and other significant persons**

**A. Will arrangements be made for regular contacts between Protected Person and Protected Person’s family members (e.g., spouse, parents, adult children, and adult spouse)?**

Yes

*If you checked **Yes**, complete the following sections as appropriate.*

(1) Family member’s name: \_\_\_\_\_.

Relationship to Protected Person: \_\_\_\_\_.

Describe arrangements planned for contact with this person:

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Check this box if you have attached a sheet with additional information.

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(2) Family member’s name: \_\_\_\_\_.

Relationship to Protected Person: \_\_\_\_\_.

Describe arrangements planned for contact with this person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional family members.

No

*If you checked **NO**, complete the next section.*

Explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

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**B. Will arrangements be made for regular contacts between Protected Person and other significant persons (e.g., friends, former co-workers, and clergy)?**

Yes

*If you checked Yes, complete the following sections as appropriate.*

(1) Significant person’s name: \_\_\_\_\_.

Relationship to Protected Person: \_\_\_\_\_.

Describe arrangements planned for contact with this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

(2) Significant person’s name: \_\_\_\_\_.

Relationship to Protected Person: \_\_\_\_\_.

Describe arrangements planned for contact with this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional significant persons.

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No

*If you checked No, complete the next section.*

Explain why:

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*Check this box if you have attached a sheet with additional information.*

**10. Additional information**

Additional information that may be useful for the court to know in determining what is in Protected Person’s best interest:

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*Check this box if you have attached a sheet with additional information.*

**11. Fees for Guardian**

*Check one*

Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are waived.

**12. Fees for Guardian’s attorney**

*Check one*

Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are not requested.

Fees are waived or not applicable.

*Continued on next page*

**13. Attorney Help** *Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Fax number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**14. Oath and signature of Guardian**

I, \_\_\_\_\_, have read this Initial Care Plan, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Initial Care Plan is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Signature\**

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

*\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.*