

# Guardianship Instructions



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# INTRODUCTION

The decision as to who will be the guardian of your children may be one of the most difficult and important decisions you will need to make. Every family's situation is unique, with its own considerations to be made and concerns to be addressed. You may have a special needs child or adult in your family for whom you need to plan. You may have a situation that necessitates choosing more than one guardian.

The personal and financial aspects related to our mortality are emotional issues than can be difficult to tackle and therefore easy to put off. Just knowing who you would want to care for your children in the event of your death, or a critically disabling event that would leave you unable to care for them, is not enough. Choosing and preparing for that guardian to take over the personal, emotional, and financial care of your children is an important process that you need to take care of immediately.

This booklet will assist you with the process of selecting a Guardian if you have not already done so. Just as important, its purpose is to gather the information for the family and the individual children to provide to your chosen Guardian. For those of you with special needs children or adults to care for, you will find that information is included throughout this booklet to accommodate your concerns as well as supplemental profile pages exclusive to your special needs.

This is not a process that you should necessarily finalize solely on your own. Begin the process by completing this booklet. It will help outline and identify many important issues and needs related to your children. You will want to address the legal aspects of guardianship, wills, trusts, powers of attorney, divorce decrees, estate plans, and other issues with your attorney. Your financial advisors will be able to assist you with evaluating the funds and financial strategies needed now and in the future to care for your family. Copies of this booklet will also help your professional advisors to assist you by providing important details.

We hope that this booklet helps get the process underway, aids your professional advisors to better serve your needs, and provides you with a comprehensive set of family and individual profiles to give to your Guardian(s). If every detail of your unique family situation is not included here, our hope is that the instructions and guidelines will help bring to mind additional details and information for you to include in your family's customized Guardianship Instructions Booklet.

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# SELECTING A GUARDIAN

The first step in selecting a Guardian for your family is to identify basic lifestyle facts as well as personal, financial, social and moral factors of import to you. Add any additional items you feel are important considerations to our list below; eliminate those that are not. Second, make a list of possible candidates. Along with the person(s) you select to be your primary guardian(s), you will also want to decide upon a person or persons as contingent guardians. The contingent guardian would become guardian in the event your primary guardian(s) cannot fulfill the position for some reason when the time comes. Now evaluate each candidate against your list of important factors. It may be helpful to write the name of each candidate on a separate sheet of paper and then complete each sheet to list the factors the individual does have in one column and those he/she does not have in a second column.

Willingness To Serve As Guardian

Personal Health and Age

Marital Status

Marital Stability

Income and Financial Status/Stability

Educational Background

Social Status

Religious Preference and Commitment

Personal Habits (gambling, drinking, smoking)

Residence

Profession/Employment Stability

Compatibility with Minor Children

Compatibility with Adult Children

Compatibility with Relatives

Ability to Combine Two Families

Location/Proximity to Relatives and Schools

Ability to Care for Special Needs Child/Adult

Parenting Experience and Practices

Ability to Work with Trustee, Attorney, Etc.

Moral Beliefs/Practices

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# PARENTS' PROFILE

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Children from this marriage: \_\_\_\_\_

*If there are children from previous marriage(s), complete the following:*

Names of Children: \_\_\_\_\_ Names of Children: \_\_\_\_\_

Previous Spouse: \_\_\_\_\_ Previous Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_ Comments: \_\_\_\_\_

*Complete and attach additional pages, as necessary.  
Remember to identify whether the information pertains to the Father's or Mother's previous marriage.*

# CHILDREN'S CLOSE FAMILY AND FRIENDS

Complete this page to identify close relatives from both sides of the family. You may also want to include close family friends. For each person listed include *name, relationship to the children, address and phone*. Attach a separate sheet if additional space is needed.

**Paternal Relatives:** \_\_\_\_\_

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**Maternal Relatives:** \_\_\_\_\_

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**Family/Children's Friends:** \_\_\_\_\_

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# FAMILY MEDICAL HISTORY

Use this page to provide a record of the medical histories of the parents' and other members of the children's immediate family, such as grandparents, siblings, aunts and uncles. Remember to include previous spouses' histories when these apply to one or more of the children. Along with the name and all important major medical conditions, it's important to include the person's relationship to the child and location of the medical records for the individual. If you have not already done so, you may want to obtain or ask the individual to obtain copies of important records for you to retain. For adopted children, you may include known information on the biological parent(s) here or in the For The Guardian Confidential Supplemental section, as appropriate to your situation.

**Father and Paternal Relatives:** \_\_\_\_\_

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**Mother and Maternal Relatives:** \_\_\_\_\_

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

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# FAMILY ADVISORY TEAM

Identify the individuals and provide company names, addresses and phone numbers for each of the following personal, legal, and financial professionals used by you and your family.

**Attorney(s):** \_\_\_\_\_

\_\_\_\_\_

**Accountant(s):** \_\_\_\_\_

\_\_\_\_\_

**Bank/Banker:** \_\_\_\_\_

\_\_\_\_\_

**Insurance Agent(s):** \_\_\_\_\_

\_\_\_\_\_

**Financial Planner:** \_\_\_\_\_

\_\_\_\_\_

**Estate Trustee(s):** \_\_\_\_\_

\_\_\_\_\_

**Alternate Guardian(s):** \_\_\_\_\_

\_\_\_\_\_

**Minister/Priest/Rabbi:** \_\_\_\_\_

\_\_\_\_\_

**Other (also include professional capacity/service):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CHILD or SPECIAL NEEDS ADULT PROFILE

On the following pages are the master forms from which to build a complete personal, medical and social PROFILE document for each of your children, including special needs children or adults. A complete PROFILE is designed to be a comprehensive document to provide all the instruction your chosen Guardian will need in the event of death or a catastrophic emergency. We have tried to design the documents, however, so that you may also easily utilize portions as a means to have important information handy for caregivers, such as babysitters, in everyday situations.

Begin by making enough copies of the master Primary and Supplemental pages to meet your family's needs. You will need to build a separate PROFILE for each child and special needs adult.

A complete profile consists of the fully completed PRIMARY INFORMATION pages with those SUPPLEMENTAL PAGES, completed in full or in part, and attached as they apply to each individual child or adult's situation. The Supplements in the section that immediately follows should be completed for all individuals, including special needs children and adults. Each section includes instructions to assist or prompt you in identifying certain key facts you should include in your information. Be sure to reference and follow these instructions and helpful guidelines carefully and include any additional information you feel will be important and helpful to the Guardian and/or caregivers.

For special needs children and adults there is also a separate section of Supplements dedicated to the additional information for them to be completed and included in their PROFILES.

# PROFILE: PRIMARY INFORMATION

Full Legal Name: \_\_\_\_\_ Nicknames: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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## GENERAL HEALTH INFORMATION

**Medical Conditions:** \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other: \_\_\_\_\_

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**Allergies:** List all food, drug or substance allergies. Indicate the type or symptoms of allergic reaction for each. \_\_\_\_\_

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**Immunizations:** List all, including the type of immunization (e.g., polio), date and place. \_\_\_\_\_

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**Medications Regularly Taken:** List all prescription and over-the-counter medications that must be taken regularly. Include the name of the medication, what condition it is for, dosage amount, when it needs to be taken or administered. For prescription medications, identify the pharmacy at which the prescription is held and filled.

**Prescriptions:** \_\_\_\_\_

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**Over-the-Counter:** \_\_\_\_\_

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# PROFILE/PRIMARY Information

for: \_\_\_\_\_

**SPECIAL NEEDS CONDITIONS:** To meet the additional information and care required for special needs or conditions, please be sure to complete and attach Supplemental Profile pages that are appropriate for this child or adult.

\_\_\_\_ Vision Impaired    \_\_\_\_ Hearing Impaired    \_\_\_\_ Emotional/Mental Disorder    \_\_\_\_ Learning Disorder    \_\_\_\_ Down's Syndrome  
\_\_\_\_ Physical Disability    \_\_\_\_ Other: \_\_\_\_\_

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**Day Care:** Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Days/Hours Attended: \_\_\_\_\_

**School:** Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Days/Hours Attended: \_\_\_\_\_

**After School Program:** Facility Name: \_\_\_\_\_ Contact \_\_\_\_\_ Person: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Days/Hours Attended: \_\_\_\_\_

**Sitters/Caregivers:** Along with each person's name, address and phone, include details of their availability, transportation needs/arrangements, relationship to your child or family, and whether an adult or minor. \_\_\_\_\_

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# Medical/Health Care Professionals/SUPPLEMENTAL PAGE for: \_\_\_\_\_

**MEDICAL AND HEALTH CARE PROFESSIONALS:** In addition to the primary pediatrician or doctor, list all doctors and health care professionals, such as an orthodontist, physical therapist, audiologist, psychologist, home health aide, private/visiting nurse, or other specialists involved in the care and well being of this child or special needs adult. Complete "Medical/Professional Capacity" to identify the type of doctor or healthcare professional.

**Primary Pediatrician:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Professional Capacity: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Professional Capacity: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Professional Capacity: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Professional Capacity: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Professional Capacity: \_\_\_\_\_

**Comments/Other Important Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Programs and Activities/ SUPPLEMENTAL PAGE for: \_\_\_\_\_

List any school, religious, community, vocational, recreation or other programs or organizational activities in which this child/adult participates. Include the program name, location, contact person (teacher, sponsor, coach, instructor, etc.), phone number, day and time information, transportation information, and activity clothing or equipment to be taken. If there is a medical or special needs condition, be sure to include all pertinent information about medication, who may administer it, when it is needed, and any restrictions or special instructions.

Activity/Program: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Contact: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation: \_\_\_\_\_ Equipment/Clothing: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Activity/Program: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Contact: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation: \_\_\_\_\_ Equipment/Clothing: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Activity/Program: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Contact: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation: \_\_\_\_\_ Equipment/Clothing: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



# Behavior Patterns/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

**Disposition:** Indicate whether or not disposition is usually happy, pleasant, affectionate, quiet, loud, talkative, withdrawn, hyperactive, moody, etc.

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**Behavioral Skills or Problems:** Include your description of any socially acceptable or unacceptable behavior, screaming or tantrums that may occur, how this child interacts with adults, other children and pets, aggressiveness, ability to follow instructions, attention span, etc. For problems, include corrective measures or solutions that should be employed .

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**Behavioral Routines or Schedules:** Describe any behavior-related set routines or activities that need to be performed according to a schedule by the Guardian or the individual.

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# Eating Schedules and Habits/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

Use this page to convey typical meals and times for breakfast, lunch and dinner. *Identify any related medical conditions and provide specifics of any special diets, nutritional requirements or restrictions and foods that this child or adult cannot have.* For the special needs child or adult, fully describe any special eating problems, like easily choking, or need for special utensils or equipment and where these can be purchased. Provide helpful information regarding eating habits and skills, whether help will be needed or not, foods that he/she has trouble eating, foods that he/she can prepare independently or with assistance, and favorite foods and snacks.

**Breakfast:** \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch:** \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner:** \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Snacks:** \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Personal Care/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

Complete the following sections, as applicable to your child or special needs child or adult, to provide instructions or helpful general information on whether hygiene or related activities can be performed independently or the level of assistance required, a like or dislike for the activity, any related problems, any special equipment used and where it can be purchased, or other special instructions that you wish to convey.

**Teeth/Oral Hygiene:** \_\_\_\_\_

\_\_\_\_\_

**Hair and Nail Care:** \_\_\_\_\_

\_\_\_\_\_

**Shaving:** \_\_\_\_\_

\_\_\_\_\_

**Showers/Bath:** \_\_\_\_\_

\_\_\_\_\_

**Feminine Hygiene:** \_\_\_\_\_

\_\_\_\_\_

**Toilet Capabilities:** \_\_\_\_\_

\_\_\_\_\_

**Dressing:** \_\_\_\_\_

\_\_\_\_\_

**Sleep Routine and Habits:** \_\_\_\_\_

\_\_\_\_\_



# Future Plans and Wishes/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

**Gifts and Mementos:** Provide details regarding any special gifts or mementos you will be leaving for, or wish to have given to, this child/adult. Be sure to include instruction if the item is to be given at the time of a special occasion, such as graduation, wedding, etc.

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**Programs and Activities:** List any school, community, civic, youth, or other programs or activities in which you would like this child/adult to participate in the future.

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**Education:** Provide instruction on future schooling for which you have provided or wish for this child/adult to have, e.g., private school, college and higher education, or vocational training programs.

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# Future Plans and Wishes/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

**Religious Instruction/Occasions:** Indicate your wishes as to religious or spiritual education and instruction. Include information regarding any religious occasions to be observed, such as baptism, bar/bat mitzvah, confirmation, etc.

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**Future Medical/ Special Needs Arrangements:** Include information regarding any future medical needs of this child/adult (e.g., surgeries, rehabilitation services or programs, therapy, counseling), independent or assisted living arrangements or plans, etc.

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**Other:**

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# For the Guardian/CONFIDENTIAL SUPPLEMENTAL PAGE for: \_\_\_\_\_

*There may be information, such as the following, which you may prefer to be exchanged and maintained in a highly confidential manner. You may want to make special arrangements with your Guardian regarding your completion of this page or by using it just as a reminder of information to also provide via separate attachments.*

**Adoption Information:** As appropriate, provide complete information regarding adoption, including copies of legal documents or their location if needed, agency information, identification and/or medical backgrounds of biological parents, whether information is/would be available to the child at an appropriate time by the adoption agency, whether this child is already aware of the adoption situation, when and if you would want the child to be told, etc.

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**Financial Arrangements:** Make sure you let your Guardian know what, if any, financial assistance will be available from your estate planning, in which legal document(s) these financial plans will be detailed (e.g., will, trusts, etc.), and your legal and financial professional advisors to whom they should go for information and assistance.

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**Final Arrangements:** Describe any final arrangements you have already made or would wish to have provided for this child/adult.

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# SPECIAL NEEDS CHILDREN / ADULTS

## Supplemental Pages

The Supplements on the following pages are devoted to  
the additional information and instructions  
needed for special needs children or adults.

*\*If your special needs child or adult has a disability, impairment,  
or condition that is not included in the following categories, simply  
attach a separate sheet identifying the condition and providing  
pertinent details similar to those described in the included categories.*

# Special Needs/SUPPLEMENTAL PAGE for: \_\_\_\_\_

## HEARING, SPEECH AND VISION DISABILITIES OR IMPAIRMENTS

**Hearing Disorder:** Describe the hearing impairment or disability. Indicate the degree of hearing loss, the cause of the impairment, if a hearing aid or device is utilized and the degree of hearing it allows, whether lip reading is utilized, if sign language is used and which style (AMSLAN, Signed Exact English) and degree of proficiency, and any special communication devices such as TDD telephones that are used.

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**Speech Disorder:** Describe the disorder or impairment, the cause, and any speech therapy or training that is or has been provided. Indicate what, if any, speech is possible, including any words or sounds used for common needs or familiar people. If sign language is used, indicate which style, if not already noted above, and the level of proficiency.

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**Vision Disorder:** Describe the disorder, cause, and degree of impairment. Include information concerning special glasses/prescriptions or other special equipment, guide animals used and related veterinary care and training professionals/facilities, independent or assisted mobility proficiency and activities engaged in.

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# Special Needs/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

## PHYSICAL, PSYCHOLOGICAL AND LEARNING DISABILITIES

**Physical Disability:** Describe the disability, cause, any therapy needed and how to provide or who provides it, any special equipment or prosthetics used and what assistance is needed, and any other applicable general, medical or technical information.

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**Psychological, Emotional, Mental Disorders:** Identify the disorder, cause, symptoms, complete details of any counseling or therapy being provided and the provider.

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**Learning Disorders:** Identify the disorder, cause, symptoms, medications taken, any therapy or special programs being used and the provider.

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# Special Needs/SUPPLEMENTAL PAGE

for: \_\_\_\_\_

## EQUIPMENT AND LIVING CONDITIONS

**SPECIAL EQUIPMENT:** List all special equipment and furniture, such as beds, chairs, medical equipment, braces, hearing aids, wheelchairs, prosthetic devices, vehicles and lifts, communication devices, etc. Include the type/model and brand, where the items can be purchased and/or serviced, maintenance and adjustment instructions, when and how used, and what assistance is needed with each item. Attach copies of any warranties, instructions, and booklets that may provide needed information.

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**LIVING CONDITIONS:** Describe any special home renovations, living conditions or arrangements that may be needed. Information to include may range from items such as ramps, guard or safety rails, to necessary furniture arrangements to duplicate a bedroom, or any nightlights needed. You may want to include a sketch or photo of where items are placed.

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