

Policy #1119 Attachment #1

Date: _____

Craig Buehler
505 W. Main
Lewistown, MT 59457

RE: _____

Dear Craig:

this is to inform you that the Care Plan Review Committee recommended a Limited Guardianship for _____ on _____

It is the committee's opinion, after reviewing documentation, that _____ is incapable of making a rational decision with respect to his/her need for care and treatment.

The committee requests that you initiate Guardianship proceedings as soon as possible. _____ diagnosis is as follows:

Enclosed is a copy of the social history.

The suggested party to become guardian is _____
The resident's social worker is _____

Family members that are involved are:

Sincerely,

Social Service Supervisor