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|  | <b>Department of Human Services<br/>Online Directives Information System</b> | <b>MAN 5800</b> | <b>PUBLIC<br/>GUARDIANSHIP</b> |
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## APPENDIX B – FORMS AND TEMPLATES

### TABLE OF CONTENTS

| Form Number | Form Name                                              | Instructions | Revision Date | Other Information                    |
|-------------|--------------------------------------------------------|--------------|---------------|--------------------------------------|
|             | <a href="#">Care Plan, Individual</a>                  |              | 11/2014       | Screen Print                         |
|             | <a href="#">Cash Tracking Form</a>                     |              | 11/2014       | Screen Print                         |
|             | <a href="#">Client Notification Letter</a>             |              | 03/2019       | Copy and Paste to Current Letterhead |
|             | <a href="#">Guardianship Checklist</a>                 |              | 06/2013       | Screen Print                         |
|             | <a href="#">Initial Assessment</a>                     |              | 11/2014       | Screen Print                         |
|             | <a href="#">DHS Medical Consent Authorization Form</a> |              | 06/2013       | Screen Print                         |
|             | <a href="#">Medications Checklist for Guardians</a>    |              | 06/2013       | Screen Print                         |
|             | <a href="#">Resident Inventory Form</a>                |              | 06/2013       | Screen Print                         |

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