



Better Communication, Better Healthcare

APPOINTMENT OF SHORT-TERM GUARDIAN

(IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS)

When a guardian of a person with intellectual disabilities is going to be unavailable or unable to make important medical decisions, he/she can, and should, appoint a short-term guardian without court approval (Sample Appointment of Short-term Guardian, Illinois Sec 11A-3.2).

By properly completing this form, a guardian is appointing a **short-term guardian** of the disabled person for a cumulative total of **up to 60 days** during any 12 month period. A separate form shall be completed each time a **short-term guardian** takes over guardianship duties. The person or persons appointed as the **short-term** shall sign the form, but need not do so at the same time as the guardian.

1. Guardian and Ward.

I, _____ (insert name of appointing guardian),

currently residing at _____ (insert address),

am the guardian of the following disabled person: _____ (insert name of ward).

2. Short-term guardian.

I hereby appoint the following person as the **short-term guardian** for my ward:

_____ (insert name and address of appointed person).

3. Effective date.

This appointment becomes effective: (check one if you wish it to be applicable)

On the date that I state in writing that I am no longer either willing or able to make and carry out day-to-day care decisions concerning my ward.

On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day-to-day care decisions concerning my ward.

On the date that I am admitted as an in-patient to a hospital or other health care institution.

On the following date: _____ (insert date).

Other: _____ (insert other).

NOTE: If this item is not completed, the appointment is effective immediately upon the date the form is signed and dated below.



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4. Termination.

This appointment shall terminate on: _____(enter a date corresponding to 60 days from the current date, less the number of days within the past 12 months that any **short-term guardian** has taken over guardianship duties), unless it terminates sooner as determined by the event or date I have indicated below:

(check one if you wish it to be applicable)

On the date that I state in writing that I am willing and able to make and carry out day-to-day care decisions concerning my ward.

On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day care decisions concerning my ward.

On the date that I am discharged from the hospital or other health care institution where I was admitted as an in-patient, which established the effective date.

On the date which is _____(state a number of days) days after the effective date.

Other: _____(insert other).

NOTE: If this item is not completed, the appointment will be effective until the 60th day within the past year during which time any **short-term guardian** of this ward had taken over guardianship duties from the guardian, beginning on the effective date.

5. Date and signature of appointing guardian.

This appointment is made this _____(insert day) day of _____(insert month and year).

Signed: _____(appointing guardian)

6. Witnesses.

I saw the guardian sign this instrument or I saw the guardian direct someone to sign this instrument for the guardian. Then I signed this instrument as a witness in the presence of the guardian. I am not appointed in this instrument to act as the **short-term guardian** for the guardian's ward.

(insert names, addresses, and signatures of 2 witnesses)

7. Acceptance of short-term guardian.

I accept this appointment as **short-term guardian** on this _____(insert day) day of _____(insert month and year).

Signed: _____

(short-term guardian)