

ATTACHMENT F:

Plan of Action to Show that I am Not Gravely Disabled

[Fill out Form and give to your Attorney
and the Conservator]

1. Name. Address. Case number, if known.

2. My monthly income is _____. I get the money from _____
_____. This could include, Social Security Income (SSI), Veteran's Benefits, or work income.

3. I plan to live at this address. I own the property, or I will spend this amount of money for rent.

4. I will provide for my food this way. I will spend this amount of money on food.

5. I will provide for my clothing this way. I will spend this amount of money on clothing.

6. There could be friends or family that can help me by providing for my food, clothing and shelter. Their names and how to contact them is listed. (*Be sure to attach a written note from the person willing to help that says that they are willing to help and have them state how to reach them.)

7. If I need treatment, I am willing to get treatment from this person or agency.

8. I can get to my appointments or meetings this way