



## **CHILD INFORMATION WORKSHEET: *Kids Protection Plan***

The ***Kids Protection Plan*** includes everything you need to have peace of mind knowing that you have done everything within your power to protect your children. This Worksheet will help you identify those people you want to name in the following roles:

- Permanent Guardians: The person you want to permanently care for your minor child(ren) upon death or incapacity
- Short-Term Guardians: Your choice for a Short-Term Guardian should be someone who lives close by and will care for your child(ren) until the person you named as Permanent Guardian arrives.
- Health Care Agent: You will be provided with a Medical Power of Attorney for your minor child(ren) that will name those you authorize to make health care decisions for your minor child(ren) in the event you are unable to do so yourself
- Confidential Exclusion of Guardian: This allows you to identify those persons in your life, if any, that you would not want to care for and raise your child(ren)

We will also provide you with:

- Instructions for your child(ren)'s caregivers and guardians detailing your wishes for your child(ren)'s care and to provide guidance on your beliefs regarding finances, education, religion and discipline, childrearing practices, financial decisions, and anything else important to you
- A wallet card that will give your temporary caregivers access to the pertinent medical and legal documents needed to ensure that your minor child(ren) receive the best care in case of a medical emergency – you will be provided you with a separate form to complete so that we can promptly order your Family Care Card.

**IMPORTANT:** Please name each individual in the order in which you wish for him or her to serve and be sure to name at least 3 possible choices. If you have more than one child, this form assumes you want to nominate the same people in the same order for each child. If that is incorrect, you will need to fill out separate forms for each child.



**Personal Information:**

<b>CLIENT ONE NAME:</b>
<b>CLIENT TWO NAME:</b>

<b>Child's Full Legal Name:</b>	
<b>Date of Birth:</b>	<b>Place of Birth:</b>
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If not a U.S. Citizen, then citizen of	
Whose Child? <input type="checkbox"/> Client One and Client Two <input type="checkbox"/> Client One only <input type="checkbox"/> Client Two only	
Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Nature of disability:	
Health Insurance Carrier and Health Policy Number that covers this child:	

<b>Child's Full Legal Name:</b>	
<b>Date of Birth:</b>	<b>Place of Birth:</b>
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If not a U.S. Citizen, then citizen of	
Whose Child? <input type="checkbox"/> Client One and Client Two <input type="checkbox"/> Client One only <input type="checkbox"/> Client Two only	
Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Nature of disability:	
Health Insurance Carrier and Health Policy Number that covers this child:	

<b>Child's Full Legal Name:</b>	
<b>Date of Birth:</b>	<b>Place of Birth:</b>
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If not a U.S. Citizen, then citizen of	
Whose Child? <input type="checkbox"/> Client One and Client Two <input type="checkbox"/> Client One only <input type="checkbox"/> Client Two only	
Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Nature of disability:	
Health Insurance Carrier and Health Policy Number that covers this child:	



Child's Full Legal Name:	
Date of Birth:	Place of Birth:
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If not a U.S. Citizen, then citizen of	
Whose Child? <input type="checkbox"/> Client One and Client Two <input type="checkbox"/> Client One only <input type="checkbox"/> Client Two only	
Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Nature of disability:	
Health Insurance Carrier and Health Policy Number that covers this child:	

Child's Full Legal Name:	
Date of Birth:	Place of Birth:
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If not a U.S. Citizen, then citizen of	
Whose Child? <input type="checkbox"/> Client One and Client Two <input type="checkbox"/> Client One only <input type="checkbox"/> Client Two only	
Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Nature of disability:	
Health Insurance Carrier and Health Policy Number that covers this child:	

Child's Full Legal Name:	
Date of Birth:	Place of Birth:
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If not a U.S. Citizen, then citizen of	
Whose Child? <input type="checkbox"/> Client One and Client Two <input type="checkbox"/> Client One only <input type="checkbox"/> Client Two only	
Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Nature of disability:	
Health Insurance Carrier and Health Policy Number that covers this child:	

**Permanent Guardian(s):**

1.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
2.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
3.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
4.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		



Health Care Agent(s):  Same as Permanent Guardian(s)

1.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
2.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
3.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
4.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		

**Short-Term Guardians:  Same as Permanent Guardian(s)**

1.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
2.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
3.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		
4.	Full Legal Name:		
	Address:		
	Home Phone:	Cell Phone:	Work Phone:
	Relationship to Client One:		Relationship to Client Two:
	Citizen of		

**CONFIDENTIAL EXCLUSION FROM GUARDIANSHIP**

**I wish to specifically exclude from guardianship of my minor child(ren) the following individuals. Based on my experience, the person or persons name are not appropriate to serve as guardians for my minor child(ren) for the reasons I have indicated:**

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