

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

## **Guardianship Authorization**

	born		, who is
(Name)		(D.O.B)	<i>'</i>
currently under guardianship of the Depa	rtment of Human Services	s and is und	der placement
supervision of		or is a re	esident of
Socia	l Worker		
	is hereby given au	thorization	and permission to:
Facility			
☐ Have any duly licensed physician contreatment as may become necessary is used as a blanket authorization for	to safeguard the ward's h	ealth.* (Se	
Operate the following described aut no parents legally and remains in ef this automobile and the ward maintains.	fect only as long as insura	ince covera	ge continues on
Make	Model		Color
Insurance and driver's license requi	rements have been met.		
☐ Enlist in the armed forces of the Un	ited States.		
☐ Marry			
<b>Note:</b> This form is not valid if more than	n one authorization is chec	ked.	
Service Area Manager or Designee Signature		Date_	
Institutional Superintendent Signature Iowa Department of Human Services		Date_	
Guardian of the person pursuant to Order Court of Iowa in			
* To be used only for emergencies or the			

or unusual medical problems, contact the guardian.