

NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

HUNT COUNTY
COUNTY COURT AT LAW NO. 1 OR 2

AN INCAPACITATED PERSON

GUARDIAN OF THE PERSON'S ANNUAL REPORT

A. INCAPACITATED PERSON ("IP") NAME: _____

AGE: _____ **DATE OF BIRTH:** _____

IP'S RESIDENCE IS: ___ Guardian's Home ___ Group Home ___ Nursing Home
___ Foster/Host/Adult Companion home ___ Assisted Living ___ Boarding Home

Relative's home: explain relationship _____ Hospital or medical
facility ___ Other (explain): _____

How long in this placement: _____

Name of Facility (if applicable): _____

Address: _____

City, County, State, Zip: _____ Phone: _____

Has IP moved since the last Annual Report was filed? ___ Yes ___ No Reason for the
change in IP's residence: _____

B. Incapacity: ___ Intellectual Disability ___ Autism ___ Alzheimer's/Dementia ___ Brain Injury
___ Stroke Other: _____

Chronic Mental Illness: _____

Level of Incapacity: ___ Severe ___ Moderate ___ Mild

Other medical conditions: _____

C. Guardian Name: _____

Address: _____

City, County, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Relation to IP: _____

Has your contact information changed since the last Annual Report was filed? ___ Yes ___ No

➤ **Is there more than one Guardian of the Person?** ___ Yes ___ No If yes, complete the
following: _____

Co-Guardian Name: _____

Address: _____

City, County, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____
Email Address: _____ Relation to IP: _____

D. Visitation/Phone Contact

Does IP live with the Guardian completing this report? ___Yes ___No *If yes, skip to Section "E."* Are you visiting the IP at least monthly? ___Yes ___No

How frequently do you see the IP? _____

List the last date of your last face-to-face visit: _____

If not visiting at least every 3 months, explain: _____

E. IP's Medical Condition:

During the past year, IP's **physical health** has:

___ Remained the same ___ Improved ___ Deteriorated

Describe: _____

During the past year, IP's **mental health** has:

___ Remained the same ___ Improved ___ Deteriorated

Describe: _____

Have you filed for emergency detention of the IP during the past year? ___Yes ___No

If yes, how many times: _____

Dates of applications for emergency detention: _____

Injuries or hospitalizations within the last 12 months? ___Yes ___No

If yes, briefly describe what happened: _____

Does the IP receive regular medical care: ___Yes ___No *If no, why not?* _____

<u>Medical Agency Providers</u>	<u>Name/Agency</u>	<u>Phone #</u>
Physician/ PCP	_____	_____
Psychiatrist	_____	_____
Psychologist or other mental health provider	_____	_____
Dentist	_____	_____
Case Manager and name of agency	_____	_____
Others who provided treatment	_____	_____

I believe IP has unmet medical needs: ___Yes ___No

If yes, what is being done to address those needs? _____

F. IP's Social Conditions, Education, Services and/or Employment

Is IP able to participate in activities? ___Yes ___No *If yes*, list IP's activities (social, recreational, family, educational, job): _____

If no, explain why IP cannot participate: _____

I believe IP has unmet social needs: ___Yes ___No *If yes*, what is being done? _____

If IP has Intellectual/Developmental Disabilities (IDD) complete questions 1, 2, and 3

1. Educational Conditions for IP with Intellectual/Developmental Disabilities:

Does IP attend school or Transition Program? ___Yes ___No

If yes, name of school: _____

Location of school: _____

2. Services or Benefits received for IP with Intellectual/Developmental Disabilities:

Does IP currently receive services from one or more of the following agencies?

___MHMR_____ (Service Coordinator)

___CLASS_____ (Contact Person & Agency)

___Day Habilitation_____ (Name of Program)

If IP is not attending Day Habilitation, why not? _____

___HCS_____ (Agency Name)

___TxHML_____ (Agency Name)

___MDCP_____ (Agency Name)

___Texas Workforce Commission_____ (Case Worker)

Is the Guardian a paid care provider for IP? ___Yes ___No

If IP is not receiving any services, why not? _____

3. If IP is employed, complete the following:

Employer: _____ (Company Name)

Days/Hours worked: _____

Length of time employed here: _____

G. IP's Living Conditions

I rate IP's **living arrangements** as: Excellent Average Below Average

If below average, explain: _____

I believe IP is Content Unhappy with these living arrangements

I believe IP has **unmet basic needs**: Yes No

If yes, what is being done? _____

If the IP is an adult and in a private or public residential care facility, is there a necessity for the IP to continue to receive care in the facility? Yes No N/A

H. IP's Assets and Income

Does the IP have a Trust Account in a nursing home or other residential facility?

No Yes, *current balance*: \$_____

Does IP receive Supplemental Security Income (SSI)? Yes No

If yes, how much per month? \$_____ Payee: _____

Does IP receive Social Security (SSA) income? Yes No

If yes, how much per month? \$_____ Payee: _____

Are there any other benefits or income you receive on IP's behalf? Yes No

Child Support \$_____ Pension/Retirement \$_____

Oil/Gas Royalty \$_____ Other _____ \$_____

Has any of the IP's property been sold in the past year? Yes No

If yes, explain: _____

Has IP inherited anything in the past year? Yes No

If yes, explain: _____

Are there any lawsuits pending or filed that will affect or involve IP? Yes No

If yes, explain: _____

What plans have been made for IP's burial expenses? Preneed: _____

Life Insurance: _____

Special Needs Trust ABLE account _____

If not, why: _____

How much was spent in the past year for the **support and maintenance** of the IP? \$_____

When necessary, how much was spent for the **education** of the IP? \$_____

Does the IP have minor children? Yes No

If yes, are you the court appointed guardian or custodian of the IP's minor children?

Yes No

If not, who is? Name and phone: _____

If authorized by court order, how much was spent for the support and maintenance of the IP's dependents? _____

I. Additional Information

Has the IP regained capacity to make decisions? ___Yes ___No

If yes, please describe how and in what areas the IP has regained decision making capacity:

J. WARD'S BILL OF RIGHTS: I provided a copy of the "Ward's Bill of Rights" to the Ward and explained the rights in the Ward's native language or preferred method of communication.

___Yes ___No, if not why: _____

My **powers** as Guardian should:

___Remain the same

___Be decreased ___Be increased as follows: _____

___I wish to resign as Guardian – *Explain why, and who you would recommend:*

K. In case of an emergency

Name, Address & Phone # of a friend or family member who knows how to reach you:

L. Bond premium

Are you required to pay a bond premium? ___Yes ___No

If yes, have you paid any bond premium which is due for the next reporting period?

___Yes ___No

- For private professional guardians, guardianship programs, or the Health and Human Services Commission:

Have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year? ___Yes ___No

If yes, explain: _____

- For all other guardians, have you or your ward been the subject of an APS investigation in the past year? ___Yes ___No

If yes, who was the APS Investigator? _____

- Have you or your ward been involved with any law enforcement agency in the past year?
If yes, in what court is/was the hearing held? _____

M. Any additional information to share with the Court: _____

If you need more space for your responses, please use additional page(s).

UNSWORN DECLARATION

I/we _____, Guardian(s) for the Person for Ward,
_____, in Hunt County, Texas, declare under penalty of perjury that
the foregoing is true and correct.

Executed on the _____ day of _____, 20_____.
(date) (month) (year)

Signature of Declarant/Guardian

Signature of Declarant/Joint Guardian, if applicable

Printed Name of Declarant/Guardian

Printed Name of Declarant/Joint Guardian, if applicable

ORDER APPROVING GUARDIAN OF THE PERSON'S ANNUAL REPORT

ON _____, 20____, came to be considered the Annual Report
of _____, Ward, and The Court having examined said report, it is
THEREFORE ORDERED entered of Record.

SIGNED THIS THE _____ DAY OF _____, 2019.

JUDGE PRESIDING