**Cause No.­****-P**

|  |  |  |
| --- | --- | --- |
| **IN RE: GUARDIANSHIP OF** | **§** | **IN COUNTY COURT AT LAW** |
| **§** |
| **,** | **§** | **NUMBER TWO OF** |
| **§** |
| **AN INCAPACITATED PERSON** | **§** | **MONTGOMERY COUNTY, TEXAS** |
| **§** |

**COURT VISITOR REPORT**

**GENERAL ASSESSMENT**

Court Visitor:

Court Investigator  Community Volunteer  Student Intern  Law Intern  Ad Litem

|  |  |  |
| --- | --- | --- |
| **Living environment & health and well-being of Ward:** | **Satisfactory** | **Unsatisfactory** |
| Basic needs being met |  |  |
| Adequate living space |  |  |
| Safe and sanitary living conditions |  |  |
| Appearance of Ward |  |  |

|  |
| --- |
| Recommendations: |
| No change in Guardianship |
| Review by Court Investigator for Less Restrictive Alternative |
| Restoration of Ward’s Rights –or- Termination of Guardianship (See details below) |
| \*\*Did the Ward provide an informal letter requesting Restoration of Rights?  No  Yes, See Attached |
| Ward should be visited in:       days       week(s)       month(s), due to concerns listed below. |
| Other: |

COURT VISITOR: Please note concerns, items for follow-up, relationship of Ward & Guardian, or actions you took to address questions, from Ward, Guardian, or facility staff, or other issues that the Court should be aware of:

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|  |

COURT INVESTIGATOR: additional comments or recommendations:  No action needed

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| --- | --- |
| Court Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

**I. INFORMATION ABOUT THE WARD**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Contact: | Arrival Time: | | Departure Time: |
| Ward’s FULL Address: | | | |
| Home Phone: | Cell Phone: | | Fax: |
| Ward’s Date of Birth: | | MALE  FEMALE  Military Veteran | |
| Caregiver / Facility Contact: | | Facility Name: | |

**Ward lives in:**

|  |  |  |  |
| --- | --- | --- | --- |
| Guardian’s Home | Nursing Home | | ICF-MR Group Home |
| HCS Group Home | Own Home | | Boarding House |
| Independent Apartment | Caregiver’s Home | | Adult Foster Care Home |
| State Supported Living Center (a.k.a. State School) | |  | |

**Facility is**  Licensed  Unlicensed

**How long at this address?**       **If moved in the last 12 months, why?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Language or communication style of Ward:** | | | | English | | Spanish | | | Other | |  |
|  |  | | |  | |  | | |  | |  |
| **Ward’s ethnicity:** | Hispanic | | | Non-Hispanic | | Refused | | | Unknown | |  |
|  |  | | |  | |  | | |  | |  |
| **Ward’s Race:** | Black, African American | | | Multi-Racial | | Indian | | | Middle Eastern | | Asian |
|  | Native Hawaiian or Other Pacific Islander | | | White | | Unknown | | | Other | |  |
|  | | | | | | | | | |  | | |
| **Appearance of Ward:** | | | | | | | | | |  | | |
|  | Neat, Clean | Weather appropriate | | | Dirty | | | Disheveled | | Inappropriate | | |
|  | If Inappropriate, please explain: | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Mood of Ward:** *(check all that apply)* | | | | | | | | | | | | |
| Appropriate | | | Non-verbal | | | | Passive | | | | | |
| Angry / Hostile | | | Talkative | | | | Short attention span | | | | | |
| Troubled, Sad, Depressed | | | Interactive & responsive | | | | Unable to determine | | | | | |

**Short description of visit:**

**What type of decisions is the Ward able to make?**

**Did the Ward request a change in Guardianship? If yes, why?**  No  Yes, because

**Did the Ward acknowledge your presence?**

**Is the Ward satisfied with care?**  Yes  Appears to be satisfied  No, because

|  |  |  |
| --- | --- | --- |
| **Primary Disability / Diagnosis:** *(check all that apply)* | | |
| Mental Retardation | Autism Spectrum | Intellectual & Developmental Disability |
| Down Syndrome | Dementia | Alzheimer’s Disease (AD) |
| Heart Disease | Asthma | Kidney disease / failure |
| COPD | Diabetes | End stage Renal disease |
| Hepatitis | Feeding tube | Cancer: |
| Tracheotomy/ventilator | Seizure disorders | Mental Health / Psychiatric Disorder |
| Other: |  |  |
|  | | |
| **Has the Ward had any major change in medical condition in the last year?** | | |
|  | | |
| **Primary Care Physician of Ward**: (Name, Address, Phone Number) | | |
|  | | |

**Is the Ward seeing a PCP at least annually?**  Yes  No, why?       Date of last Dr. visit:

**Has a referral been made by a physician in the past 12 months?**  No  Yes, if so, what was the referral for:

Equipment:        Specialists:        Other:

**List name & dosage of Ward’s medications:**  NONE  SEE ATTACHED LIST

*\*\*\*If Ward resides outside a nursing home, review the medications personally\*\*\**

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| **Does the Ward have adaptive equipment?**  NONE | | | | | |
| Eyeglasses | Dentures | | Orthotics(braces): | | |
| Hearing aids | Walker | | Wheelchair | | Electric Wheelchair |
| Communication Pad | Protective Headgear | | Other: | | |
| **Is the Ward in need of any adaptive equipment?** | | | | | |
|  | | |  | | |
| **Does the Ward participate in activities?** | | | No, because | | |
| Yes, Ward participates in: *(List all activities and/or programs Ward is currently involved in)* | | | | | |
| School: | | | Day Program: | | |
| Vocational workshop: | | | Competitive Employment | | |
| Volunteers: | | | Other: | | |
| \*\*Briefly describe how the Ward spends their day and weekends: | | | | | |
|  | | | | | |
| **INCOME & SERVICES RECEIVED** | | | | | |
| **SERVICES:** | | |  | | |
| Dept. of Assistive & Rehabilitation Services | | | Dept. of Aging & Disability Services | | |
| Interfaith of The Woodlands | | | Community Based Alternative (CBA) | | |
| Medicaid  Medicaid Long Term Care | | |  | | |
| Home & Community Services (Agency Name): | | | Other: | | |
| Waiting / Interest List: | | |  | | |
|  | | |  | | |
| **INCOME:** *(can usually be verified by the Business Office of facility)* | | | | | |
| Food Stamps $ | | | (SSI) Supplemental Security Income | | |
| (VA) Veteran’s Administration | | | Social Security Retirement Income | | |
| (SSDI) Social Security Disability/Dependent Income – Claimant:  Self  Parent | | | | | |
| Other Retirement: | | | Special Needs Trust, Trustee: | | |
| Other; Trust, Trustee, Money Mgmt, etc: | | | | | |

**II. INTERVIEW WITH THE GUARDIAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GUARDIAN INFORMATION** | | | | | | | | | Date of Contact with Guardian: | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | |
| Full Address: | |  | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | Cell: | | | | | Other: | | | | | Fax: | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | |
| **Guardian’s relationship to Ward:** | | | | | | | | | | | | | | | | | | | |
| Spouse | | | Parent of Ward | | | Child of Ward | | | | | | | | | | | Other relative: | | |
| Friend | | | Private Attorney | | | Public Guardian or Agency | | | | | | | | | | | Other: | | |
|  | | | |  | | | | |  | | | | | | | | | | |
| **Does the Ward live with you?** | | | | Yes | | | | | No, if not: | | | | | | | | | | |
| How often do you visit the Ward? | | | | | | | | | When was your last visit to the Ward? | | | | | | | | | | |
| **Did the Ward experience any major changes in the past year? Problems? Improvements?** | | | | | | | | | | | | | | | | | | | |
| No | | | | Yes (describe): | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Has a report of *abuse, neglect*, or *exploitation* been reported since the last visit?** | | | | | | | | | | | | | | | | | | | |
| No | | | | | Yes (list details): | | | | | | | | | | | | | | |
|  | | | | | Date of incident: | | | | | | | Agency incident investigated by: | | | | | | | |
|  | | | | | | | |  | | | | |  |  | | | |  |  |
| **Assessment of Guardian’s own physical health?** | | | | | | | | Excellent | | | | | Good | Fair | | | | Poor | N/A |
|  | | | | | | | | | | | | | | | | | | | |
| **Who would you prefer to be Successor Guardian in the event you could no longer serve?**  N/A | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | Other: | | | | | | | | | | | | |
| Guardian has: | | WILL & TESTAMENT naming Successor | | | | | | | | | Special Needs Trust set-up for Ward | | | | | | | | |
| Does the Guardian(s) know to contact the Court when contact information or residence of either Ward or Guardian changes? | | | | | | | | | | | | | | | | | | | |
| Yes | | No. If no, did the visitor explain?  Yes | | | | | | | | |  | | | | |  | | | |