

Appendix Ah: TO BE FILED BY THE GUARDIAN OF THE PERSON WITHIN THIRTY DAYS OF APPOINTMENT.

GUARDIANSHIP OF _____ No. _____ § IN THE COUNTY COURT
 _____ § AT LAW TWO
 AN INCAPACITATED PERSON § WALLER COUNTY, TEXAS

INITIAL REPORT OF GUARDIAN OF THE PERSON

Under penalty of perjury, I provide the following information to the best of my knowledge:

1. GUARDIAN:

Date of Birth: _____ (Last) (First) (Middle) (Maiden)
 Place of Birth: _____
 Social Security No. _____ Drivers' Lic-State _____ # _____
 Relationship to Ward: _____
 Home Address: _____
 _____ (Street) (City) (State) (Zip Code)
 Employer: _____ Occupation: _____
 Bus. Address: _____
 _____ (Street) (City) (State) (Zip Code)
 Home Ph () _____ Work Ph () _____

2. GUARDIAN'S SPOUSE:

Date of Birth: _____ (Last) (First) (Middle) (Maiden)
 Place of Birth: _____
 Social Security No. _____ Drivers' Lic-State _____ # _____
 Relationship to Ward: _____
 Home Address: _____
 _____ (Street) (City) (State) (Zip Code)
 Home Ph () _____ Work Ph () _____

3. RELATIVES WHO WILL ALWAYS KNOW HOW TO CONTACT GUARDIAN:

Name: _____ Phone: () _____
 Address: _____
 _____ (Street) (City) (State) (Zip Code)
 Name: _____ Phone: () _____
 Address: _____
 _____ (Street) (City) (State) (Zip Code)

4. WARD:

SSN: _____ (Last) (First) (Middle) (Maiden)
 Date of Birth: _____ Age _____
 Address: _____
 _____ (Street) (City) (State) (Zip Code)
 Home Ph () _____ Work Ph () _____

YOU MUST IMMEDIATELY INFORM THE COURT OF ANY CHANGE IN YOUR ADDRESS OR THE WARD'S.

5. LIVING CONDITIONS AND CIRCUMSTANCES: The Ward resides in:
 the Ward's home the guardian's home A relative's home (explain below)
 a nursing home a hospital/medical facility foster/boarding/group home
 other _____
 Facility Name: _____ Phone: _____
 Other comments: _____

6. PROPERTY MANGEMENT

I have possession and control of the Ward's estate. YES NO
(If "YES") I was appointed Guardian of the Estate. YES NO
(If "NO", mark below as applicable to Ward's estate)
Parent (Natural Guardian) YES NO
Managing Conservator (a copy of Court Order is attached) YES NO
The Ward is a beneficiary of a §867 Guardianship Management Trust YES NO
(If 'YES,' give details under #11, below.)

7. **MHMR CASE MANAGER:** Name: _____
Phone: _____ Pager: (____) _____
Address: _____
(Street) (City) (State) (Zip Code)

8. **BASIS FOR INCAPACITY**
 Intellectual Disability: Mild Moderate Profound/Severe
 Chronic Mental Illness Stroke Head Injury Alzheimer's Dementia
 Other: _____ Other Medical Conditions: _____

9. **WARD'S MEDICAL HISTORY and CURRENT TREATMENT INFORMATION**

A. medical problems/conditions: _____
B. Prognosis for the Ward: GOOD STABLE POOR
C. Ward's medical team: (Medical providers seen regularly)
Specialty Doctor's name Phone
Primary Care _____

Give a brief medical history of the Ward, including any recent hospitalizations and injuries:

10. **PHYSICAL CONDITION of the Ward:**

A. Generally describe the Ward's physical condition: _____
B. On-going medical services the Ward receives (such as home health care, etc) _____
C. Does the Ward have unmet physical needs? (dentures, hearing aid, glasses, surgery, therapy)
D. Guardian's Plan for meeting Ward's unmet physical needs: _____

9. **FINANCIAL CONDITION OF THE WARD:**

Indicate any Government/Social Programs in which the Ward participates, including funds payable to the Ward or to others for the benefit of the Ward

Source	Received Per Month	Value
<input type="checkbox"/> Social Security Representative Payee _____	_____	_____
<input type="checkbox"/> Veterans Administration Representative Payee _____	_____	_____
<input type="checkbox"/> SSI Disability Representative Payee _____	_____	_____
<input type="checkbox"/> Government Pension (Specify) _____	_____	_____
<input type="checkbox"/> Rail road Retirement _____	_____	_____
<input type="checkbox"/> Military Retirement _____	_____	_____
<input type="checkbox"/> Trust Income (Specify) _____	_____	_____
<input type="checkbox"/> Other (Specify) _____	_____	_____

A. The Ward "works". YES NO

If "YES", give name of employer or workshop and describe employment _____

B. The Ward is able to participate in planned activities such as outings. YES NO

If "YES", describe: _____

C. Transportation to activities is being provided for the Ward. YES NO

D. The Ward goes to a senior citizen facility or adult care facility. YES NO

E. Ward's unmet social needs: _____

F. Guardian's Plan for meeting Ward's unmet social needs: _____

10. The INTELLECTUAL/EDUCATIONAL CONDITION of the Ward is as follows:

A. The Ward responds to his/her name YES NO

B. The Ward can communicate verbally. YES NO

If "NO", how does the Ward communicate? _____

C. The Ward is able to read. YES NO

D. The Ward is able to write. YES NO

E. The Ward is attending school. YES NO

If "YES", name the school and the program of study: _____

F. The Ward participates in the following programs: _____

G. Ward's unmet intellectual needs: _____

H. Guardian's Plan for meeting Ward's unmet intellectual needs: _____

11. ADDITIONAL CONCERNS, recommendations and/or comments concerning the Ward which I wish to share with the Court: _____

12. If possible, please attach a current photograph of the Ward.

DECLARATION

"My name is _____, my date of birth is _____, and my
address is _____
(First) (Middle) (Last)
(Street & Apt #) (City) (State) (Zip Code) (Country)

"I declare under penalty of perjury that the foregoing is true and correct."

Executed in _____ County, State of _____, on the _____ day of _____, _____.

Declarant

Printed Name of Declarant

ORDER APPROVING INITIAL REPORT OF GUARDIAN OF THE PERSON

On this day, came on to be considered the Initial Report of the Guardian of the Person, and the Court, having considered the same, finds the Report complies with the requisites and policies of the Court and should be approved;

It is therefore ORDERED, ADJUDGED AND DECREED that the Initial Report of the Guardian of the Person be and it is hereby APPROVED;

SIGNED _____

Judge Presiding

Rev: 6/15/13