

IN THE 18th JUDICIAL DISTRICT
DISTRICT COURT OF SEDGWICK COUNTY, KANSAS

In the Matter of the Guardianship of:

Case No. _____
K.S.A. Chapter 59

Individual Subject to Guardianship

REPORT OF THE GUARDIAN OF THE CHILD OR
ADULT SUBJECT TO GUARDIANSHIP

BEGINNING DATE

If this is your first report, this is the date you were appointed as guardian.

through _____

ENDING DATE

The annual reporting date stated in the Order of Appointment

I, (guardian's name) _____, am the Guardian of the above-named individual.

My current mailing address and email are:

Address

City, State, Zip Code

Email address

If my residential address is different than my mailing address, my residential address is:

My annual report is as follows:

General Information

1. The individual's birthdate is (*date of birth*) _____, and the individual is currently (*age*) _____ years old.

2. How often have you visited the individual in the last year?

3. Guardian's Residency: (*check one*)

- One or both guardians are Kansas residents.
- Neither guardian is a Kansas resident. (*check one*)
 - A resident agent is on file with the Clerk of the Court.
 - No resident agent is on file with the Clerk of the Court.

4. Guardianship Alternatives: (*check one*)

- I have talked with the individual about alternatives to guardianship and how the individual could access such supports that may replace guardianship in the future.
- I have not talked with the individual about alternatives to guardianship and how the individual could access such supports because: (*explain why not*)

5. Do you believe the individual still needs a guardian? (*check one*) Yes No
(*Explain why or why not*)

6. The individual's current living address is:

Name of Facility (if applicable)

Address

City, State, Zip Code

7. The individual's current living situation is best described as: (check one)

- Independently in the individual's private home, apartment, or condominium.
- The individual's private home, apartment, or condominium with another person(s). List the names and relationship with Individual of all persons living in this home (*names and relationship*):

- Someone else's private home, apartment, or condominium. List the names and relationship with Individual of all persons living in this home (*names and relationship*):

- An assisted living facility. A home plus facility.
- A residential health care facility. A nursing home.
- A nursing facility for mental health. A licensed group home.
- A medical facility, hospital, or psychiatric facility.
- Other (explain):

What, if any, security measures are applicable to the individual? Please explain:

8. Do you believe the individual is happy with the living arrangement? (check one)

Yes No

(Explain why or why not)

9. Appropriateness of Living Arrangement & Residential Supports. (check all that apply)

The current living arrangement is appropriate as is.

The current living arrangement is appropriate with additional services (*list the additional services needed*)

Once the current medical situation is stable, the individual will return to the individual's previous residence. This is expected to happen on (*estimated date of return*) _____ and the individual will return to live at (*address*) _____.

A higher level of care is needed.
The living arrangement should be changed to: (check all that apply)

<input type="checkbox"/> An assisted living facility.	<input type="checkbox"/> A home plus facility.
<input type="checkbox"/> A residential health care facility.	<input type="checkbox"/> A nursing home.
<input type="checkbox"/> A nursing facility for mental health.	<input type="checkbox"/> A licensed group home.
<input type="checkbox"/> A medical facility, hospital, or psychiatric facility.	
<input type="checkbox"/> Other (explain): _____.	

Another placement would be a more appropriate placement because: (*explain below*)

Physical and Mental Health

10. The individual has the following insurance coverage for medical / dental / mental health services: *(check all that apply)*

Medicare; Medicare Part B; Medicare Part D; Supplemental Plan; Advantage Plan

Medicaid

Veteran Health Benefits

Prescription Drug Coverage (*name of insurer*): _____

Private Health Insurance (*name of insurer*): _____

Other (*explain*): _____

11. The individual's physical health is: (check one)

Good Fair Poor

Describe the individual's overall physical health and physical limitations:

12. The individual's mental/behavioral health is: (check one)

Good Fair Poor

Describe the individual's overall mental/behavioral health:

13. Medical Services. The individual receives the following services: (*check all that apply*)

- Dental visits
- Primary Care Doctor visits
- Prescribed Therapies, *e.g., physical, speech, vocational, etc.*
- Home health care.

How often? _____

- Full-time nursing care
- Hospice care

14. Mental/Behavioral Health Services. The individual receives the following services:

Specialist	Frequency

15. Are you aware of all the prescription medications taken by the individual?

(*check one*):

- Yes
- No

16. Care Needs. The individual's personal care needs are:

(check all that apply)

- No assistance is needed in performing activities of daily living.
- Personal caregivers are needed. Caregivers are needed an average of (number) _____ hours per week. Caregivers provide assistance with the following activities of daily living (*explain what assistance is provided, such as housekeeping, bathing, meal preparation, etc.*)

- Assistance with medication is required.

- 24-hour assistance is needed.

17. Medical / Mental Health Needs. The individual requires the following additional medical or mental health examinations to determine necessary and/or ongoing treatment needs:

(describe any additional medical tests/appointments that are needed)

18. Abuse / Neglect. Are you aware of a report of abuse or neglect toward the individual made since the last guardian report?

No

Yes

Do you believe or suspect the individual has been abused or neglected since the last guardian report?

No

Yes

Describe the abuse / neglect and any steps taken to address the abuse / neglect:

What agencies have been notified of the abuse / neglect?

Law Enforcement

Child or Adult Protective Services

Long Term Care Ombudsman

None

What was the outcome of the investigation?

Education

19. (check one)

- The individual is not enrolled in school.
- The individual is enrolled in school. The individual attends (*name of school*)

***Be prepared to submit grade and attendance if requested by the judge.**

20. The individual had the following accomplishments and/or problems in school last year:
(Describe or write "N/A")

Activities & Recreation

21. The individual's recreation and social condition is: (check one)

- Good
- Fair
- Poor

22. Please identify and describe the individual's recreation and social activities, *for example*, Community activities; Group outings; Family gatherings; Work and/or training program; Events at assisted living facility or nursing home; School activities; Recreational sport activities; Other social activities.

If the answer is None, please explain why the individual is not participating in any activities.

Financial Information

23. (check one)

- The individual's estate is less than \$25,000. The guardian is not managing the individual's estate.
- The individual's estate is less than \$25,000. The Annual Financial Report of the Guardian is completed and attached to this Report.
- The individual's estate is more than \$25,000. The finances are managed by *(name of individual handling the estate)*

Individual's Wishes

24. Conversations with the individual: (check one)

- I have communicated with the individual about care preferences. The individual's care preferences are:

- I have not communicated with the individual about care preferences. (*explain why you have not asked about the individual's wishes*)

25. Honoring Wishes: (*check one*)

I am honoring the individual's wishes.

I have not been able to honor the individual's wishes because: (*explain*)

Miscellaneous

26. I believe the individual has the following unmet needs: (*describe*)

27. I would like the court to know the following: (*briefly state anything else that you would like the court to know, or write "N/A"*)

28. CONFLICT OF INTEREST

Is there any potential conflict of interest including any personal or agency interest of the proposed guardian that may be perceived as self-serving or adverse to the position or best interest of the individual? If yes, describe:

29. COMPENSATION/FEES

Do you, as the guardian, request compensation or reimbursement of expenses?

No

Yes

If yes, please state the amount of compensation and/or reimbursement of expenses requested, identify the source of the funds from which the compensation and/or reimbursement can be paid, and provide documentation in support of compensation (*i.e., hours log*) or the reimbursement of expenses (*i.e., proof of a payment of the expense*).

NOTE: the Court must approve any compensation or reimbursement of expenses before the guardian may be paid or reimbursed.

VERIFICATION OF GUARDIAN

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

DATED (month) _____ (day) _____, 20____.

Signature of Guardian

Return completed form to:

**District Court – Probate Department
Probate Clerk’s Office
1900 East Morris #175
Wichita, KS 67211**