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

_____ **through** _____

BEGINNING DATE	**ENDING DATE**
If this is your first report, this is the date you were appointed as guardian.	*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 residential health care facility.

☐ A nursing facility for mental health.

☐ A medical facility, hospital, or psychiatric facility.

☐ A home plus facility.

☐ A nursing home.

☐ A licensed group home.

☐ 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*)

☐ 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): _____.

☐ 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