

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON

USING THIS REVISABLE PDF FORM

1. Copies

Original – submitted to the local Department of Social Services.

2. Prepared by guardian.

3. Preparation details

- a. If you have any questions about this report, please contact your local office of the department of social services.
- b. This report should be completed and submitted to the local department of social services four months after appointment as the guardian and annually thereafter.

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON

DATA ELEMENTS, *Page One*

1. The name of the adult who is the subject of this report.
2. Social security number of the person who is the subject of this report.
3. The name of the circuit court where the guardian who is completing this report was appointed.
4. Age of person who is the subject of this report.
5. The case number assigned by the circuit court where the guardian was appointed.
6. The date the guardian who is completing this report was appointed to serve as guardian for the person who is the subject of this report.
7. The name, address and telephone number of the person who was appointed guardian for the person who is the subject of this report.
8. The name, address and telephone number of the person who was appointed conservator for the person who is the subject of this annual report.
9. Check this box if the same person was appointed as both guardian and conservator. If checked, the name, address and telephone number need not be repeated.
10. Indicate by checking the applicable box whether this is the initial four-month report or an annual report.
11. Insert the date the reporting period began and the date the reporting period ended.
12. Provide information requested.
13. Provide information requested.
14. Provide information requested.

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON

DATA ELEMENTS, *Page Two*

1. Provide information requested.
2. Provide information requested.
3. Provide information requested.
4. Provide information requested.
5. Date signed by guardian completing this report.
6. Signature of guardian completing this report.
7. For the use of department of social services personnel only.

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON
COMMONWEALTH OF VIRGINIA

Name of Incapacitated Person:		
Circuit Court where Guardian appointed:		Age:
Circuit Court Case No.:	Date Appointed:	
Guardian's Name:	
Address:	
Telephone Number:	
Conservator's Name:	
Address:	
Same as Guardian	
Telephone Number:	

Initial four-month report Annual report

The period covered by this report is: to

1. Give the incapacitated person's current address and describe his or her living arrangements:

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2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):.....

Mental:.....

Physical:.....

Social:.....

State any changes in the condition of the incapacitated person in the past year

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3. Describe all medical, educational, vocational and professional services provided to the incapacitated person for the period covered by this report, and state your opinion of the adequacy of the care received by the incapacitated person:

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4. State the number of times you visited the incapacitated person, the nature of your visits and describe your activities on behalf of the incapacitated person (Guardians are required to visit the incapacitated person as often as necessary to know of his or her capabilities, limitations, needs and opportunities):

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5. State whether or not you agree with the current treatment or care plan:

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6. State your recommendation as to the need for continued guardianship, any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes, and any other information useful, in your opinion, to a consideration of the guardianship:

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7. If you incurred expenses in exercising your duties as guardian and if you requested reimbursement or compensation for those expenses, itemize the expenses and list the person(s) from whom you requested reimbursement or compensation.:

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I certify that the information contained in this Annual Report is true and correct to the best of my knowledge.

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DATE

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SIGNATURE OF GUARDIAN

DSS Use Only:	
Date Received: _____	Date Reviewed: _____
_____ REVIEWER'S SIGNATURE AND TITLE	