

ANNUAL REPORT OF THE GUARDIAN

Period covered by report: _____

1. County and Circuit Court File No:
2. Name:
3. Protected person's date of birth and current age:
4. Name of guardian:
5. Name and address of service provider:

6. What is the protected person's living arrangements?
 Group home or congregate living with 24 hour staff support.
 Independent apartment living with staff on the premises 24 hours or day hours only.
 Independent community living with day services only.
7. Protected person has been in present residence since (date) _____
If moved within past year state reasons for change:
8. As the guardian, I rate the adequacy of the protected person's care as:
 Satisfactory.
 Unsatisfactory, explain:
9. Is the protected person institutionalized? Yes No.
If yes, as the guardian I rate the adequacy of the protected person's treatment or habilitation plan as:
 Satisfactory.
 Unsatisfactory, explain:
10. As the guardian, I believe the protected person is:
 Content with living situation.
 Unhappy with living situation, explain:
11. a. Number of visits with the protected person during this reporting period: _____

b. Nature of any significant visits with protected person:

12. During this reporting period the protected person's mental health has:

Remained the same.

Improved, describe:

Deteriorated, describe:

13. During this reporting period the protected person's physical health has:

Remained the same.

Improved, describe:

Deteriorated, describe:

14. Has the protected person been hospitalized for any reason this reporting period? Yes
 No

If yes, on what dates and the reasons?

15. a. The following vocational and/or daytime services are provided to the protected person:

b. These services are provided by:

16. a. The following educational services are provided to the protected person:

b. These services are provided by:

17. During this reporting period the protected person has participated in the following activities:

Recreational:

Social:

Other:

18. Other information requested by the court or useful in the opinion of the guardian:

19. State the reasons for obtaining guardianship:

20. Does the guardianship continue to be appropriate? Yes No.
If no, state reasons for this conclusion:

Guardian

Date

Guardian

Date