

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE PROBATE COURT
CASE NUMBER: _____

IN THE MATTER OF:

ANNUAL REPORT OF GUARDIAN
(Quarterly/Semi-Annual/Annual)

protected person.

Guardianship Established: _____ **Date of Last Report:** _____

PLEASE ANSWER ALL QUESTIONS ON THIS REPORT. NO QUESTION MAY BE LEFT UNANSWERED. REPORTS WITH UNANSWERED QUESTIONS WILL BE RETURNED.
(Attach additional sheets if necessary. Please type or print in black ink.)
NO WHITE OUT OR PENCIL-THIS IS A LEGAL DOCUMENT

PLEASE ATTACH A CURRENT PHOTO OF THE PROTECTED PERSON

AS GUARDIAN, I SWEAR OR AFFIRM, UNDER THE PENALTY OF PERJURY, THAT THE INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Check all that apply:

- I am a Professional Guardian with _____ active cases.
- The Conservatorship Case Number is: _____
- There is not a Conservatorship associated with this case

RESIDENCE

1. Describe the residential situation where the protected person currently lives:

- Assisted Living (ALF)
 - Facility Name and Contact Person: _____
- Group Home
 - Facility Name and Contact Person: _____
- Intermediate
 - Facility Name and Contact Person: _____
- Private Residence
- Skilled Nursing/CP
 - Facility Name and Contact Person: _____
- Specialized
 - Facility Name and Contact Person: _____
- State Hospital
- Other (explanation required if "other is checked): _____

2. **Beginning with the current residence during the last 12 months.** The PROTECTED PERSON lived or stayed at the following locations:

- a. **Current Residence:**
 - Street Address: _____
 - City: _____
 - How long at this address: _____
 - Why this address: _____
- b. Type of Residence: _____
 - Street Address: _____
 - City: _____
 - How long at this address: _____
 - Why this address: _____
- c. Type of Residence: _____
 - Street Address: _____
 - City: _____
 - How long at this address: _____
 - Why this address: _____
- d. Type of Residence: _____
 - Street Address: _____
 - City: _____
 - How long at this address: _____
 - Why this address: _____

3. Considering the location, cost, and safety, I rate their living arrangement as excellent
 average below average UNSAFE

If any answer is anything besides excellent, please explain and give your plan of action:

4. I believe they are content with the living situation unhappy with the living situation

If you did not answer content, please explain and give your plan of action:

5. I recommend a more suitable living arrangement for the protected person as follows:

- No Changes
- Assisted Living
- Group Home
- Private Residence
- Halfway House
- Skilled Nursing
- In-Home/Sitter
- Hospital
- Rehabilitation Center
- Other: _____

HEALTHCARE

6. What is the Protected Person's diagnosis? _____

7. Has the PROTECTED PERSON has been seen by a physician, dentist, etc, this past year?

Routine examination by Primary Care Physician

Physician's Name and dates of service: _____

Routine examination by Dentist

Dentist's Name and dates of service: _____

Routine examination by Ophthalmologist

Ophthalmologist's name and dates of service: _____

Physical Therapy

Dates of Service: _____

Speech Therapy

Dates of Service: _____

Occupational Therapy

Dates of Service: _____

PROTECTED PERSON retains the right to make his or her own decision

Other/PROTECTED PERSON was not seen by a doctor or dentist this year

(Explanation is required if this box is check) _____

8. List weight of PROTECTED PERSON this year: _____ lbs.

9. What is the PROTECTED PERSON's current health status including any new diagnoses or new health

12. To assist the Court in determining the best interest of the PROTECTED PERSON, please provide the following information:
 (Please rate the ability of the PROTECTED PERSON to engage in activities of daily living or instrumental activities of daily living)

Description	Rating
i. Administration of Medication	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
ii. Bathing	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
iii. Climbing Stairs	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
iv. Doing Laundry	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
v. Dressing	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
vi. Eating	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
vii. Grooming	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
viii. Heavy Chores	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
ix. Light Housekeeping	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
x. Managing Money	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
xi. Prepare Meals	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
xii. Shopping	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
xiii. Toileting	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
xiv. Transferring	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all
xv. Walking Mobility	<input type="checkbox"/> needs no help <input type="checkbox"/> needs some assistance <input type="checkbox"/> cannot do at all

SOCIAL LIFE / ACTIVITIES / RECREATION

13. As Guardian, how would you describe the PROTECTED PERSON's social skills and ability to maintain personal relationships with others?

- High Social Skills, able to maintain friendships
- Moderate Social Skills, able to carry on a conversation
- Low Social Skills, unable to communicate

14. Does the PROTECTED PERSON have any social needs that have not been met? Check all that apply:

- Not applicable; all needs are being met
- Does not enjoy socializing and does not care to socialize
- Has the following unmet needs:

- Adult Day Care
- Counselling
- Respite Care
- Pet therapy
- Homemaker/Personal Care
- Home Delivered Meals/Meal on Wheels
- Senior Center
- Sheltered Workshop
- Transportation Assistance
- Volunteer Services
- Frequent Visits
- Hair/Salon/Nails
- AA/NA
- Religious Services
- Other, please explain:

What steps have been taken to address the unmet social needs:

15. The PROTECTED PERSON's current level of physical activity is excellent good fair poor not applicable

16. During the past year, the activity level for the PROTECTED PERSON:

- Not applicable
- Remained about the same
- Improved/Explain:

Worsened/Explain:

17. For the next reporting period, the Guardian believes the following recreational activities would be beneficial:

- | | |
|---|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Golf Cart |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Exercise, Yoga | <input type="checkbox"/> Moped |
| <input type="checkbox"/> Crafts, Painting | <input type="checkbox"/> Needs are being met |
| <input type="checkbox"/> Games | <input type="checkbox"/> Needs are not being met |
| <input type="checkbox"/> Frequent Visits | Explain: _____ |
| <input type="checkbox"/> Family and Friends | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walking | _____ |
| <input type="checkbox"/> Exercise | _____ |
| <input type="checkbox"/> Books | _____ |

18. Does the PROTECTED PERSON receive any visits from persons affiliated with the following:

- None/Not Applicable
- Members of Church/Synagogue/Mosque
- Senior Center
- Senior Action
- Veteran's Organizations
- Civic Clubs
- Other/Please explain:

19. How often do you visit the PROTECTED PERSON?

- Daily
- Bi-Weekly
- Weekly
- Monthly
- Bi-Monthly
- Quarterly
- Semi-Annually
- Once a year
- I have not seen the PROTECTED PERSON during this reporting period. Please explain:

20. Who else visits with the PROTECTED PERSON?

RESOURCES

21. Does the PROTECTED PERSON receive any Government/Private/Nonprofit Services? If so, please specify name, address, contact person and cost for each (Please attach a separate sheet):

- None/Not Applicable
- DDSN
- ABLE
- Appalachian Council of Aging
- VA
- Home Health
- Private caregivers
- Private Sitters
- Hospice

22. Does the PROTECTED PERSON receive any Government Services? If so, please specify:

- Thrive Upstate
- EBT/Wic
- SNAP
- TANF
- Child Care Assistance
- SSI
- Social Security Disability Income (SSDI)
- VA
- None

23. Are you in control of any tangible property of the PROTECTED PERSON?

Yes (if yes, describe and report on its condition)

- Jewelry
- Furniture
- Vehicle/Boat/Moped
- Guns/Ammunition
- Cash/CD/Money Market/Investment Account
- Real Estate/Homes/Mobile Home
- Bank Account
- Trust
- Other (explain):

No

24. Have you been paid any funds for the care of the PROTECTED PERSON during the reporting time?

- No
 - Yes (list amount and source(s):
-
-

25. Have any assets or items of the PROTECTED PERSON been transferred to you during the reporting time?

- No
- Yes (list items/assets transferred and dates):

26. Does the PROTECTED PERSON have a pre-paid funeral contract? If so, when was it obtained, what funeral home, how much and who paid for the contract?

27. Do you believe the PROTECTED PERSON continues to need a guardian (explain)?

LEGAL

28. Has the **PROTECTED PERSON** been victimized by any internet or telephone scammers? No Yes Please explain:

29. Have you or the **PROTECTED PERSON** been involved in any SC DSS Child or Adult protective proceeding?

- No Yes:

Please explain: _____

30. Have you or the **PROTECTED PERSON** been arrested or convicted of a crime over this reporting period?

- No Yes

31. Has the **PROTECTED PERSON** been a party to any legal proceeding? No Yes

32. Has the **PROTECTED PERSON's** marital status changed since the last reporting period? No Yes

33. Has the **PROTECTED PERSON** executed any estate planning documents?

- None/Not Applicable
- Last Will and Testament
- Trust
- Power of Attorney
- Health Care Power of Attorney
- Living Will

34. If there is no Successor Guardian in place, what steps have you taken, if any, to put a Successor Guardian in place for the **PROTECTED PERSON**?

GUARDIAN OATH

I, _____, the duly appointed (Co) Guardian of the PROTECTED PERSON, do solemnly SWEAR OR AFFIRM, that the responses provided herein are true, complete and accurate. Further, I have not intentionally omitted any material fact affecting the health, welfare, services or resources of the PROTECTED PERSON. I understand that a violation of this oath may result in contempt proceedings in the Probate Court in which I may be removed as Guardian, fined for violating this oath, reported to state/county/federal authorities in charge of the protection of vulnerable adults, and/or incarcerated for willful non-compliance after being placed under a court order for compliance. Further, I understand that I sign this under penalty of perjury as set forth in S.C. Code of Laws.

I have attached _____ pages to this report to supplement my responses.

SWORN to before me this _____ day of _____
_____ 20 _____

Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____

Preferred Telephone: _____
Email: _____
Relationship to protected person: _____

My Commission Expires: _____

-----Co-Guardian-----

SWORN to before me this _____ day of _____
_____ 20 _____

Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____

Preferred Telephone: _____
Email: _____
Relationship to protected person: _____

My Commission Expires: _____