Appendix Ah: TO BE FILED BY THE GUARDIAN OF THE PERSON WITHIN THIRTY DAYS OF APPOINTMENT. IN THE PROBATE COURT **GUARDIANSHIP OF** § NUMBER ONE FOR TARRANT COUNTY, TEXAS AN INCAPACITATED PERSON INITIAL REPORT OF GUARDIAN OF THE PERSON Under penalty of perjury, I provide the following information to the best of my knowledge: 1.GUARDIAN: (Middle) (Maiden) (Last) (First) Place of Birth: Date of Birth: Drivers' Lic-State Social Security No. Relationship to Ward: Home Address: ____ (City) (State) (Zip Code) (Street) Occupation: Employer: Bus. Address: (City) (State) (Zip Code) (Street) Work Ph () Home Ph (2. GUARDIAN'S SPOUSE: ___ (Middle) (Last) (First) (Maiden) Place of Birth: Date of Birth: Drivers' Lic-State #_ Social Security No. Relationship to Ward: Home Address: (Zip Code) (City) (State) (Street) Work Ph Home Ph (3. RELATIVES WHO WILL ALWAYS KNOW HOW TO CONTACT GUARDIAN: Phone: (Name: Address: (Zip Code) (City) (State) (Street) Phone: (Name: Address: (Zip Code) (Street) (City) (State) 4. WARD: (First) (Middle) (Last) (Maiden) Date of Birth: SSN: Age ____ Address: (Street) (City) (State) (Zip Code) Work Ph Home Ph YOU MUST IMMEDIATELY INFORM THE COURT OF ANY CHANGE IN YOUR ADDRESS OR THE WARD'S. 5. LIVING CONDITIONS AND CIRCUMSTANCES: The Ward resides in: ☐ the Ward's home ☐ the guardian's home ☐ A relative's home (explain below) ☐ a nursing home ☐ a hospital/medical facility ☐ foster/boarding/group home □ other Facility Name: Phone: Other comments:

6. PROPERTY MANGEMENT

	session and control of the large of the larg				ES 🗆 NO 🗆 ES 🗆 NO 🗅	
(If "NO", r Parent (Na Managing The Ward	mark below as applicab utural Guardian) Conservator (a copy of is a beneficiary of a §8	le to Ward's estate Court Order is att 67 Guardianship N	ached)	Y	ES 🗆 NO 🗔 ES 🗆 NO 🗅 YES 🗖 NO 🗀	
(If 'YES,'	give details under #11,	below.)				
MHMR C Phone:	CASE MANAGER: N		Pager: (
Address:			1 4501.			
Addiess.	(Street)		(City)	(State)	(Zip Code)	
BASIS FO	OR INCAPACITY					
□ In	tellectual Disability: [I Mild 🗆 Modera	ite 🛮 Profoui	nd/Severe		
ПС	hronic Mental Illness 🗆	1 Stroke	☐ Head Ir	niury 🔲 🗸	Alzheimer's Dementia	
	ther:	Other Medi	cal Conditions	· <u> </u>		
WARD'S I	MEDICAL HISTORY	and CURRENT	TREATMEN	T INFORMA	ATION	
	al problems/conditions:					
B. Progno	sis for the Ward:		GO	OD 🗖 STABI	LE 🗆 POOR 🗆	
C. Ward's	medical team: (Medic	al providers seen r	egularly)			
Specia		Doctor's name	;	Phone		
_	ary Care					_
Give a bri	ief medical history of th	ne Ward, including	any recent ho	spitalizations	and injuries:	-
Give a on	iei medicai mstory or a	io wara, meraame	,		•	
A. Genera B. On-go	ing medical services the	s physical condition e Ward receives (s	uch as home h	ealth care, etc)	
C. Does t	he Ward have unmet pl	hysical needs? (de	ntures, hearing	aid, glasses,	surgery, therapy)	
D. Guard	ian's Plan for meeting	Ward's unmet phy	sical needs:			
Indicate a	ers for the benefit of the	Programs in whice Ward	h the Ward pa		luding funds payable to	
☐ Social	Source Security					·
Kepr	esentative Payee					
⊔ vetera	ans Administration					
Kepr	esentative Payee					
□ S21 D	isability					
Repr	esentative Payee					
☐ Gover	nment Pension (Specifi	y)				
☐ Rail ro	oad Retirement					
☐ Millita	ry Retirement					
LI Irust .	income (Specify)					
☐ Other	(Specify)					
A. The	Ward "works".			[☐ YES ☐ NO	

B. The Ward is able to participate in planned activit	ies such as outings.	☐ YES ☐ NO
If "YES", describe: C. Transportation to activities is being provided for	the Ward	☐ YES ☐ NO
D. The Ward goes to a senior citizen facility or adul	the ward.	
E. Ward's unmet social needs:F. Guardian's Plan for meeting Ward's unmet social	ıl needs:	
A. The Ward responds to his/her name B. The Ward can communicate verbally. If "NO", how does the Ward communicate? C. The Ward is able to read.		☐ YES ☐ NO ☐ YES ☐ NO
D. The Ward is able to write.		☐ YES ☐ NO
E. The Ward is attending school.		☐ YES ☐ NO
If "YES", name the school and the program of study:	,	
F. The Ward participates in the following programs	•	
G Ward's unmet intellectual needs:	*	
G. Ward's unmet intellectual needs:H/. Guardian's Plan for meeting Ward's unmet intell	lectual needs:	·
		
2. If we will be also attack a summent what agreement of the	Word	
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DECL	ARATION	, and my Country)
My name is	ARATION my date of birth is (State) (Zip Code) (C	, and my Country)
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My name is	MRATION my date of birth is (State) (Zip Code) (Code) (Code) rue and correct.", on the day of Declarant	·
My name is	ARATION my date of birth is (State) (Zip Code) (Code)	·
My name is	ARATION my date of birth is (State) (Zip Code) (Corue and correct." _, on the day of Declarant Printed Name of Declarate	larant
My name is	MRATION my date of birth is (State) (Zip Code) (Control of the Guardian of the requisites and policies	larant F THE PERSON The Person, and the Court, having of the Court and should be
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