

Guardianship Questionnaire

This questionnaire is designed to help all parties in an incapacity proceeding gather information that will assist the Court in determining what, if any, rights, power and privileges the Proposed Ward can retain under guardianship. The form may also assist the parties in determining whether alternatives to guardianship, such as a representative payee for government benefits, a power of attorney, or a special needs trust, might solve a problem thereby avoiding the need for guardianship.

This form can be used by the Applicant, the Proposed Ward, the proposed guardian, or any other person who has information that is useful to the Court, such as family or friends of the Proposed Ward or staff of a facility who knows the Proposed Ward well. It should be used by the proposed guardian for the proposed guardian's opinion and to gather the Proposed Ward's answers if the Proposed Ward cannot complete the form him or herself.

Please send these items with this questionnaire or, if unable to send the items, have the following documents readily available during your interview with the Court Investigator:

1. Medication list and the reason this medication is being administered to the Proposed Ward;
2. Enlarged copy of the Proposed Guardian's driver's license (picture must be identifiable);
3. A recent picture of the Proposed Ward or an electronic version of a picture that can be emailed;
4. List of the Proposed Ward's doctors with the reason for seeing each doctor; and
5. Documentation from each of the Proposed Ward's service providers.

BASIC INFORMATION			
(for Proposed Coguardians, each Proposed Guardian should complete this page)			
Applicant or Proposed Guardian (Person completing this form)			
Name	Telephone No.	E-mail Address	
Address			
City	State	Zip Code	County of Residence
TX Driver's License No.	Social Security No.		Date of Birth (xx/xx/19xx)
Relationship to Proposed Ward	Primary Language	Has known Proposed Ward (yrs/mths)	
PROVIDE INFORMATION FOR 2 PERSONS WHO WILL ALWAYS KNOW HOW TO CONTACT YOU:			
Name (1)	Phone No.		
Address	City	State	Zip Code
Name (2)	Phone No.		
Address	City	State	Zip Code
1. Have you ever been arrested? If Yes, when and for what reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you ever been involved with Adult or Child Protective Services? If Yes, when and for what reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Does the Applicant or Proposed Guardian plan to have a WILL or other document naming a successor guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Establishing a Special Needs Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. List all the states in which the Applicant(s) or Proposed Guardian(s) has resided.			
Please indicate your primary reason(s) for applying for guardianship (mark all that apply):			
<input type="checkbox"/> Admission of Proposed Ward to mental health institution		<input type="checkbox"/> Make health decisions for Proposed Ward	
<input type="checkbox"/> Admission of Proposed Ward to nursing home		<input type="checkbox"/> School / Education Reasons	
<input type="checkbox"/> Make day-to-day living decisions for Proposed Ward		<input type="checkbox"/> Other (please explain):	
<input type="checkbox"/> Make financial decisions for Proposed Ward			

Proposed Ward			
Name		Date of Birth	
Address		Telephone No.	
City	State	Zip Code	County of Residence
Social Security No.		Nature of Impairment/Disability/Mental Health Diagnosis	
Race/Ethnicity		Primary Language	Weight and Height
Is there a representative payee for governmental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Payee:	Are there any Powers of Attorney in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> General/Durable <input type="checkbox"/> Health Care/Medical If Yes, who has the POA? If recorded or filed, what county(ies):	Are there any trusts in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Trustees and location of trust:	
Is the Proposed Ward a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Proposed Ward receive any funds paid to him or her by the Veteran's Administration or Veteran's Affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Amount \$ _____	
Indicate all sources and monthly amounts of income the Proposed Ward receives from other government agencies. <input type="checkbox"/> Supplement Security Income (SSI) \$ _____ <input type="checkbox"/> Social Security Retirement Income \$ _____ <input type="checkbox"/> Social Security Disability Income \$ _____ Claimant: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Social Security Dependent Income \$ _____ Rep. Payee: _____ <input type="checkbox"/> Food Stamps \$ _____ <input type="checkbox"/> Other \$ _____ Source: _____		Provide the Propose Ward's Care Provider Name or Facility Contact and Phone Number Facility Name and Address Is the facility <input type="checkbox"/> Licensed or <input type="checkbox"/> Unlicensed The Proposed Ward lives in: <input type="checkbox"/> ICF-MR Group Home <input type="checkbox"/> HCS Home <input type="checkbox"/> Assisted Living Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Care Provider's Home <input type="checkbox"/> Boarding Home <input type="checkbox"/> Proposed Guardian's Home <input type="checkbox"/> Proposed Ward's Own Home <input type="checkbox"/> Adult Foster Care Home <input type="checkbox"/> Independent Living Apartment <input type="checkbox"/> _____ State Supported Living Center <input type="checkbox"/> Other _____	
Attending doctor's name		Attending doctor's address	
		Attending doctor's phone no.	
Does the Proposed Ward have any of the following: <input type="checkbox"/> Spouse Name and Contact Info (if not Applicant): <input type="checkbox"/> Child(ren) Name(s) and Contact Info: <input type="checkbox"/> Sibling(s) Name(s) and Contact Info:			

The following questions pertain to the Proposed Ward.

LANGUAGE AND COMMUNICATION	PERSONAL HYGIENE
<p>1. Does the person understand and participate in social conversation in his/her primary language (including such topics as sports, family, activities)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Does the person communicate independently with acquaintances in the community? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Can the person understand and respond to verbal communications? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Can the person read and write? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Can the person understand various signs (e.g. keep out, stop, men, women, poison)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>6. Does the person use a communication devise? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>1. Does the person bathe and maintain personal hygiene? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>2. Does the person brush his or her teeth daily and maintain adequate dental care? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>3. Does the person control toilet functions during the day? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>4. When toileting, does the person use proper hygiene? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>5. Is the person able to fully and properly dress and undress him or herself? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>6. Does the person wear clothing appropriate to the weather and/or occasion? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p>
NUTRITION	PERSONAL SAFETY
<p>1. Does the person make reasonable decisions regarding eating (e.g. when, where, and what to eat)? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>2. Is the person able to eat and drink independently? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>3. Is the person able to prepare food that requires cooking and mixing? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>4. Is the person able to prepare food that does not require cooking and mixing? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>5. Does the person know which foods, if any, he or she is unable to tolerate? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>6. If the person has a health condition such as diabetes, is he or she able to follow a prescribed diet? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p>	<p>1. Can the person identify physical or sexual abuse and protect him or herself from personal harm by others? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Can the person identify neglect and know what to do if neglected? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Does the person avoid common environmental dangers, such as oncoming traffic, sharp objects, a hot stove, and poisonous products? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Can the person be left alone for periods up to 24 hours without being at risk? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Can the person use a telephone to contact help in an emergency? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>6. In what areas, if any, might the person be especially vulnerable and need protection? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

CIVIL	INDEPENDENT LIVING
<p>1. Does the person know whom to contact if he or she is being exploited or treated unfairly (e.g. police, DSS, Arc, lawyer, etc.) <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Does the person understand how to obtain legal counsel or advocacy services? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Is the person able to communicate wishes regarding legal documents or services? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Does the person understand the consequences of being charged and convicted of a crime? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Does the person demonstrate a willingness to vote? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>1. Can the person initiate and follow a daily schedule of activities (e.g. when to get up, what to do, and when to go to bed)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Does the person acquire and retain new skills and readily apply them? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Can the person utilize familiar community resources (e.g. post office, stores, bus, bank)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Can the person avoid common dangers when traveling in the community? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Can the person identify his or her address and return home or seek assistance if lost or stranded? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
HEALTH CARE	FINANCIAL
<p>1. Can the person make and communicate choices in regard to medical treatment? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>2. Can the person make and communicate choices in regard to caregivers and assistants? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>3. Does the person know whom to notify of symptoms of illness? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>4. Is the person able to take care of minor health problems such as colds, cuts, etc.? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>5. Is the person able to follow proper instructions in taking prescribed medicine? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>6. Can the person communicate medication problems or needs? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>7. Does the person understand the consequences of not accepting medical treatment? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>8. Can the person reach emergency health care (e.g. calling an ambulance)? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p>	<p>1. Can the person make and communicate decisions to manage a budget? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>2. Does the person know the source and amounts of monetary benefits he or she receives on a weekly, monthly or annual basis? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>3. Can the person identify and make change for \$1, \$5, and \$20? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Can the person adequately maintain a bank account? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>5. Can the person protect and spend small amounts of money? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>6. Does the person understand the concept of a debt? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>7. Can the person identify and resist financial exploitation? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

EMPLOYMENT	OTHER INCOME
<p>1. Can the person make and communicate choices in regard to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the person express knowledge of or demonstrate skills required at job sites (neatness, punctuality, getting along with others)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the person able to use several approaches to finding a job (e.g. going to an employment agency, responding to ads, and using contacts)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With assistance/prompting</p> <p>4. Does the person have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employer: _____ Monthly Income: \$ _____ Ave. number of hours worked per week: _____</p> <p>5. Does the person interact appropriately with co-workers and authority figures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Indicate all sources and monthly amounts of income:</p> <p><input type="checkbox"/> Teacher's Retirement Fund \$ _____</p> <p><input type="checkbox"/> IRA or 401(k) Payments \$ _____ Source: _____</p> <p><input type="checkbox"/> Other Retirement Income \$ _____ Source: _____</p> <p><input type="checkbox"/> Child Support \$ _____</p> <p><input type="checkbox"/> Oil and Gas Royalties \$ _____</p> <p><input type="checkbox"/> Annuities \$ _____</p> <p><input type="checkbox"/> Rental Property Payments \$ _____</p> <p><input type="checkbox"/> Other \$ _____ Source: _____</p> <p><input type="checkbox"/> Other \$ _____ Source: _____</p>
ASSETS AND PROPERTY	ADAPTIVE EQUIPMENT AND ACTIVITIES
<p>1. Does the person own or have an interest in any real property/land/houses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the total value of the person's interest in the real property? \$ _____</p> <p>2. Does the person have any bank accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the total amount of the person's funds in the accounts? \$ _____</p> <p>Provide bank names:</p> <p>3. Does the person own any stocks, bonds, or other investments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the total value of the person's investments? \$ _____</p> <p>4. List other major assets owned by the person and the value of each.</p>	<p>1. Indicate all adaptive equipment used:</p> <p><input type="checkbox"/> Wheel Chair <input type="checkbox"/> Walker <input type="checkbox"/> Lift <input type="checkbox"/> Cane <input type="checkbox"/> Standing Frame <input type="checkbox"/> Bath Chair <input type="checkbox"/> Communication Device <input type="checkbox"/> Other _____</p> <p>2. Indicate activities in which the person participates:</p> <p><input type="checkbox"/> School _____ <input type="checkbox"/> Day Program _____ <input type="checkbox"/> Vocational Workshop _____ <input type="checkbox"/> Volunteers at _____ Hours volunteered per week _____ <input type="checkbox"/> Special Olympics _____ <input type="checkbox"/> Other _____</p> <p>No activities because _____</p> <p>3. Briefly describe how the person spends his or her weekends:</p>

RELATIONSHIPS	SERVICES RECEIVED OR AWAITING
<p>1. Can the person make and communicate choices in regard to residence and roommates? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>2. Is the person able to maintain shelter that is safe, adequately heated and ventilated? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p> <p>3. Can the person evacuate the premises in the case of fire or other danger? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>With assistance/prompting</p>	<p>Indicate services the person receives:</p> <p><input type="checkbox"/> Dept of Assistive and Rehabilitation Services <input type="checkbox"/> Dept of Aging and Disability Services <input type="checkbox"/> MetroCare Services Describe _____ _____</p> <p><input type="checkbox"/> CLASS <input type="checkbox"/> Community Based Alternatives (CBA) <input type="checkbox"/> Home & Community Services (HCS) Agency _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid Long Term Care <input type="checkbox"/> Other Describe _____ _____</p> <p>List waiting or interest lists for which the person is registered:</p>

Regardless of ownership, please list all weapons (including firearms, machetes, nunchuks, etc.) contained in the Proposed Ward's residence and describe how each weapon is secured. If extra room is need, please attach additional sheets or use the back of this form.

Describe all animals located in the Proposed Ward's residence, whether the animals are dangerous, and how the animals are secured.

Please provide any other information you believe would be helpful for the Court Investigator. If extra room is need, please attach additional sheets or use the back of this form.

By signing below I am confirming that this information is true and correct to the best of my knowledge.

Signature

Printed Name

**You may return this form and the requested photo by US Mail to:
Dallas County Probate Court Investigator's Office, Room 217, 509 Main Street, Dallas, Texas 75202
OR Scan and e-mail this completed form and the requested photo to: CIadmin@dallascounty.org**

The required Court Investigator interview and site visit will not be scheduled until this form is completed and sent with the requested documents to the Court Investigator's Office. Thank you for your timely attention to this matter.