WILKINSON COUNTY PROBATE COURT

STATE OF GEORGIA

IN RE:	)	
	)	
_____,	)	
WARD,	)	Case No.: _____
	)	
_____,	)	
GUARDIAN.	)	

PERSONAL STATUS REPORT

1. I/We, _____ am/are the court-appointed Guardian(s) of the above-named ward.

2. Present age of ward: _____ Date of birth: _____

3. Living Arrangements:
   a. Current physical address of the ward is:
   _____
   b. The ward's current residence is:
   ☐ Own home/apartment
   ☐ Guardian's home/apartment
   ☐ Relative's home/apartment. Name: _____
   ☐ Hospital or other medical facility. Name: _____
   ☐ Nursing/skilled care facility. Name: _____
   ☐ Personal care/assisted living facility. Name: _____
   ☐ Other: _____
   c. The ward has been in the present residence since _____
   If ward was moved within the past year, state the reason for the change:
   _____
   _____
   _____
   d. I/we rate the ward's current living arrangement as:
   ☐ Excellent
   ☐ Average
   ☐ Below Average – Explain:_____
   _____
   _____
   e. I/We believe the ward is:
   ☐ Happy
   ☐ Content
   ☐ Unhappy with the current living situation
   f. I/We recommend a more suitable living arrangement for the ward as follows:
   _____
   _____
   _____
   _____

4. Physical Health:

a. The ward's current general physical condition is:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

b. During the past year, the ward's physical condition has:

- ☐ Remained about the same
- ☐ Improved – Explain: _____

_____

_____

- ☐ Worsened – Explain: _____

_____

_____

c. During the past year, the ward received the following medical treatment (include MEDICAL and DENTAL visits at a minimum):

Date	Doctor	Problem	Treatment

5. Mental Health:

a. The ward's current general mental health is:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

b. During the past year, the ward's mental condition has:

- ☐ Remained the same.
- ☐ Improved – Explain: _____

_____

_____

- ☐ Worsened – Explain: _____

_____

_____

c. During the past year, mental health evaluation and/or treatment by a psychiatrist, psychologist or social worker:

- ☐ Was provided
- ☐ Was not provided

6. Social Activities/Services:

a. The ward's current social condition is:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

b. During the past year, the ward's social condition has:

- ☐ Remained about the same
- ☐ Improved – Explain: _____

_____

_____

- ☐ Worsened – Explain: _____

_____

_____

c. During the past year, the ward has participated in the following activities:

- ☐ Recreational: _____
- ☐ Educational: _____
- ☐ Social: _____
- ☐ Occupational: _____
- ☐ No activities available: _____
- ☐ Ward refused to participate: _____
- ☐ Ward was unable to participate: _____

7. Personal Visits with Ward:

a. During the past year, I/we visited personally with the ward on the following dates/occasions: _____

_____

_____

b. The average amount of time spend on each visit was: _____

c. The last time I/we visited with the ward was on: _____

d. Other family and/or friends that visit with the ward are: _____

_____

_____

8. Activities Performed for Ward:

During the past year, I/we performed the following activities/services/duties for the ward:

_____

_____

_____

_____

_____

9. I/We believe that the ward has the following unmet needs: _____

_____

_____

_____

_____

10. The guardianship:

- ☐ Should continue
- ☐ Should NOT continue – Explain: _____

_____

_____

_____

11. Is the ward capable of expressing any opinions about the guardianship, their needs, or the services of the guardian? ☐ Yes ☐ No If yes, what has the ward said:

_____

_____

_____

_____

12. ☐ I/We also serve as conservator(s) for the ward and the current accounting:
☐ Is filed simultaneously with this report
☐ Was filed earlier on _____
☐ Is not yet due, but will be filed on _____
☐ Has not been filed because _____
☐ Other: _____

13. ☐ I/We do not serve as conservator(s) for the ward, and I/we:
☐ Have NOT received funds for the support, care, education, health and welfare of the ward during the past year.
☐ Have received funds for the support, care, education, health and welfare of the ward during the past year, and the following is a description of the amounts and expenditures of all such funds received during the reporting period: _____

_____

_____

_____

_____

_____

14. Check all boxes that are applicable:
☐ My Ward ONLY receives SSI
☐ My Ward ONLY receives SSDI
☐ My Ward receives a combination of SSI and SSDI
☐ I am my Ward's Representative Payee through the Social Security Administration
☐ My Ward receives income from another source: _____
☐ My Ward has real property (land/house) titled in their name
☐ My Ward has other assets (inheritance, law suit proceeds, etc.)
☐ Other: _____

15. If the ward is a minor, please complete the following:
a. Where is child in school: _____
b. What grade is the child in: _____
c. Does the child have an IEP? ☐ Yes ☐ No If so – Explain: _____

_____
d. Does the child have health insurance? ☐ Yes ☐ No Dental? ☐ Yes ☐ No
e. Insurance Carrier: _____
f. **Attach the most recent report card for the child to this report!**

16. The following is our my/our current contact information:

Printed name of guardian	Printed name of co-guardian
Street address	Street address
City, state, zip	City, state, zip
Mailing address, if different	Mailing address, if different
Home/work/cell number	Home/work/cell number
Email address	Email address

17. Certification:

By signing below, I/we certify that this Personal Status Report is a full and complete accounting of the life of the ward for the current reporting period; that we have fully complied with my/our duties as guardian of the ward as dictated by O.C.G.A. Title 29; and that we have handed or mailed to the ward and/or conservator (if any) a copy of this report.

Signature of Guardian	Signature of Co-Guardian
Date	Date