

SAMPLE REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON
COMMONWEALTH OF VIRGINIA
 VA. CODE § 64.2-2020

Name of Incapacitated Person:	Phillip Jones		
Address of Incapacitated Person:	123 Forever Road, Williamsburg, VA 23188		
Circuit Court where Guardian appointed:	James City County	Age:	28
Circuit Court Case No.:	00-000		
Date of Order of Appointment:	6/30/2012	Date Qualified by Clerk:	7/1/2012
Guardian's Name:	Joseph and Sandra Jones		
Address:	123 Forever Road Williamsburg, VA 23188		
Telephone Number:	(757) 000-0000		
Conservator's Name:		
Address:		
<input checked="" type="checkbox"/> Same as Guardian		
Telephone Number:		

Initial four-month report Annual report Final report

REASON FOR FILING FINAL REPORT

The period covered by this report is: 11/1/2021 to 10/31/2022

1. Describe the incapacitated person's living arrangements, including a specific assessment of the adequacy of such living arrangement:

Phillip Jones currently resides with his parents in Williamsburg, VA. Phillip is supported by his parents where he attends social events, church and enjoys woodworking with his father and painting abstract art. He is thriving under this supported environment.

2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):

Phillip is stable and receiving appropriate support for his mental, physical, and social needs.

Mental: Intellectual disabilities, anxiety

Physical: Hearing impairment (right side)

Social: Friends through Arc of Greater Williamsburg, his siblings and church members.

State any changes in the condition of the incapacitated person in the past year:

Unremarkable surgery to his right ear, trying to restore hearing. Anxiety - throughout the pandemic Phillip's anxiety escalated, resulting in increasing medication and therapy sessions. He has begun "tapping" to reduce anxiety.

3. Describe all medical, educational, vocational social, recreational and professional services and activities provided to the incapacitated person for the period covered by this report, and state your opinion of the adequacy of the care received by the incapacitated person. The information required by this subdivision shall include (i) the specific names of the medical providers that have treated the incapacitated person and a description of the frequency or number

of times the incapacitated person was seen by such providers; (ii) the date and location of and reason for any hospitalization of such incapacitated person; and (iii) a description of the educational, vocational, social, and recreational activities in which such incapacitated person participated:

Medical: PCP, Dr. Michael Fitz – 5 appointments; Counselor, Loren Abbott – 8 appointments; Otolaryngologist, Dr. Michael Jacobs - 2 appointments; Hospitalization, Sentara Hospital Williamsburg – Outpatient Surgery Center, right ear restorative procedure – 4/18/2022; Educational: Vocational training, Wheels 4 Work program; Social Activities: Arc of Greater Williamsburg; Recreational: Buddy Baseball.

4. State whether or not you agree with the current treatment or care plan:
(Option 1) Phillip enjoys his daily activities due to his current treatment plan. We feel this plan is appropriate and meets his needs.

(Option 2) There have been challenges staying on his regular treatment schedule due to the pandemic, however, the plan is adequate for his care.

5. State your recommendation as to the need for continued guardianship, any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes:

I recommend that guardianship in its current state remain as Phillip continues to need significant support with this medical, health, social, housing and employment decisions. No changes to guardianship required, at the time of appointment, we have a standby guardian in place should I not be able to fulfill my appointment as guardian.

6. If you incurred expenses in exercising your duties as guardian and if you requested reimbursement or compensation for those expenses, itemize the expenses and list the person(s) from whom you requested reimbursement or compensation:

(Option 1) I am not interested in reimbursement at this time.

(Option 2) Medical Expenses: Payments of fees (deductibles and psychologist)

Co-pay deductible PCP - 5 visits, \$40.00 = \$200.00

Co-pay deductible Psychologist - 8 visits, \$40.00 each = \$320.00

Total reimbursement requested by Conservator = \$520.00

7. State the name of any persons whose access to communicate, visit, or interact with the incapacitated person has been restricted and the reasons for such restriction:

(Option 1) There currently have not been any restrictions placed on visitors, nor have any interactions with Phillip been concerning.

(Option 2) Due to a recent incident regarding a relative asking Phillip for money, we have restricted one-on-one visits with his cousin Joseph, only allowing visits during family events.

8. Provide a self-assessment as to whether you feel you can continue to carry out the powers and duties imposed upon you by Virginia Code § 64.2-2019 and as specified in the court's order of appointment pursuant to Virginia Code § 64.2-2009:

Per the Court Order dated June 30, 2012, I was appointed by the Courts to carry out the following duties: Make medical decisions, handle Social Security benefits (Representative Payee), make funeral arrangements, act as a personal representative for day to day living decisions and monitor all Medicaid and Medicare benefits, currently and in the future. At this time, I feel I can uphold these responsibilities without concerns.

9. Unless the incapacitated person resides with you, provide a statement of the frequency and nature of any (i) in-person visits from you with the incapacitated person over the course of the previous year and (ii) visits over the course of the previous year from a designee performing such visit. If any visit described in this section is made virtually, please specify. If no visit was made within a 120-day period, describe any challenges or limitations in completing such visit. If the incapacitated person resides with you, state as such:

(Option 1) Phillip resides with his parents/guardians, interactions occur daily.

(Option 2) Philip resides in a group home with likeminded peers. It is difficult for the guardian to visit regularly due to the location, however, Phillip's brother visits as designee, in-person, to ensure he is receiving accommodations to support his limitations and offer enrichment opportunities. Justin, designee, visits once a month. His guardian visits virtually to verify Phillip's well-being.

10. Provide a general description of the activities taken on by you for the benefit of the incapacitated person during the past year:

I arrange all of Phillip's medical appointments, his work program, and social activities (Arc of Greater Williamsburg, Aktion Club and church) by providing transportation and supporting him to make decisions on a daily basis. I continuously research other medical and mental health options, including additional educational or work opportunities.

11. Provide a statement of whether the incapacitated person has been an alleged victim in a report of abuse, neglect, or exploitation made pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2, to the extent known, and whether there are any other indications of abuse, neglect, or exploitation of such incapacitated person:

There have been no abuse, neglect or exploitation concerns.

12. Provide any other information useful in your opinion:

Due to Phillip's intellectual disability and significant anxiety, Phillip may become combative when placed in unfamiliar settings, resulting in challenges with his vocational training. He has not been successful with vocational training due to his limitations with verbal comprehension and outbursts brought on by anxiety. Phillip continues to work with CSB for behavioral support services, in hopes that these behaviors will decrease in nature, however, there continues to be a significant gap between ability and expectations.

I certify that the information contained in this Annual Report is true and correct to the best of my knowledge.

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DATE

SIGNATURE OF GUARDIAN

DSS Use Only:	
Date Received:	Date Reviewed:
_____ REVIEWER'S SIGNATURE AND TITLE	

Court Use Only:	
Date Received: Clerk

SAMPLE