



# GUARDIAN OR CONSERVATOR MONTHLY REPORT

Kansas Guardianship Program

3248 Kimball Avenue, Manhattan, KS 66503-0353 (785) 587-8555 [www.ksprog.org](http://www.ksprog.org)

To submit KGP Monthly Reports electronically, contact [cradeke@ksprog.org](mailto:cradeke@ksprog.org) or call 1-800-672-0086

Report Month/Year \_\_\_\_\_

Recruiter/Facilitator \_\_\_\_\_

G or C \_\_\_\_\_

W or C \_\_\_\_\_

Change in address or phone of Guardian or Conservator \_\_\_\_\_

Change in address of Ward or Conservatee \_\_\_\_\_

### PERSONAL INVOLVEMENT WITH WARD or CONSERVATEE (W or C)

1. Number of visits with w or c \_\_\_\_\_ If none, please explain \_\_\_\_\_
2. Approximate number of phone calls and/or written communications with or regarding w or c \_\_\_\_\_
3. Approximate hours per month devoted to guardianship or conservatorship responsibilities \_\_\_\_\_

### ADVOCACY AND PROTECTIVE SERVICES PROVIDED Check box and provide written comments.

1. Health Care [Physical/Mental Health]     Remained the same     Improved     Changed/Worsened

2. Residential Supports and Services     Meets the person's needs     Changes Needed     Other

3. Day Supports and Services     Meets the person's needs     Changes Needed     Other

4. Note Special Events or Activities \_\_\_\_\_

### FINANCIAL INFORMATION    Not Conservator

1. Income Benefit Source(s)     Social Security Benefit \$ \_\_\_\_\_     Railroad Benefit \$ \_\_\_\_\_

VA Benefit \$ \_\_\_\_\_     Pension \$ \_\_\_\_\_     Other \$ \_\_\_\_\_

2. Who serves as payee?     Guardian or Conservator     Payee Program     Service Provider

3. Bank \_\_\_\_\_     Checking Account Balance \$ \_\_\_\_\_     Date \_\_\_\_\_

Savings Account Balance \$ \_\_\_\_\_     Date \_\_\_\_\_

4. Irrevocable Burial Trust/Cert of Deposit \$ \_\_\_\_\_    Supplemental Needs Trust \$ \_\_\_\_\_

### ASSISTANCE NEEDED FROM KGP