



Catholic Charities
Archdiocese of San Antonio, Inc.

Guardianship Program

Volunteer and Outreach Coordinator:
Alexandrea Rodriguez

Court Monitors: Susana El Habibi,
Thomas Soto, Dineen Croft, Gloria Reyna
and Claudine Nikuze

Guardianship of the Person

What is Guardianship?

A legal process that is designed to protect vulnerable persons from neglect, abuse, and exploitation

Who do we serve?

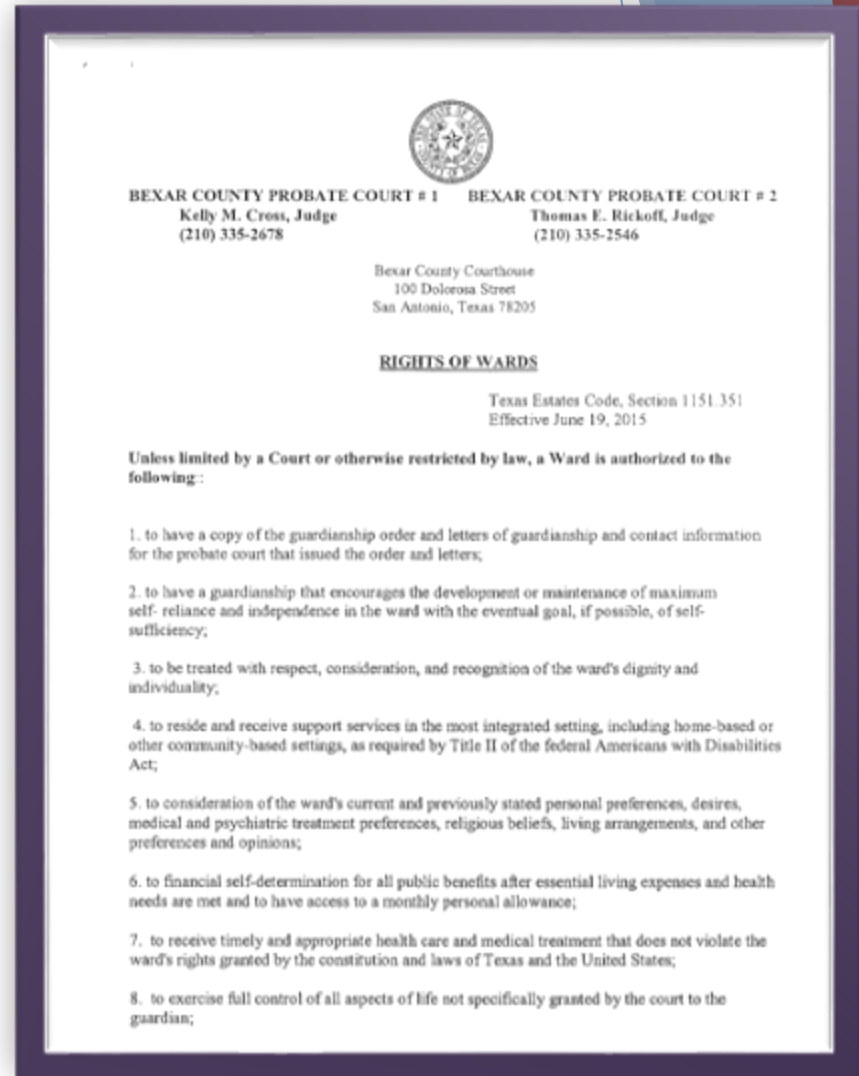
Individuals 18 and older who have been deemed incapacitated by a physician and is not able to make important decisions or handle their personal affairs

Why guardianship?

To protect them from abuse or exploitation

Powers and Duties of the Guardian

- ▶ What are the powers and duties of a guardian?
- ▶ Rights of wards



Court Monitor Program

The background features abstract geometric shapes in shades of blue and red. On the right side, there are several overlapping, semi-transparent shapes in various tones of blue and a deep red. On the left side, there is a solid blue shape. The overall composition is modern and professional.

Confidentiality

- ▶ Catholic Charities Guardianship Program shall maintain a confidential file on each client and protect the contents from unauthorized personnel. 40 TAC 84.1 (d)
- ▶ No client information will be disclosed in a form that identifies the person without the client's consent, unless required by court order or for program monitoring by authorized personnel.

Duties of a Court Monitor

- ▶ Investigates the ward's well-being
- ▶ Monitors guardian's involvement in ward's life
- ▶ Completes assessment of ward's home environment
- ▶ Documents ward's daily activities/hobbies
- ▶ Completes court report to Probate Court Judges
- ▶ Submits timesheet/mileage forms

Commonly Visited Homes

- ▶ Group Homes
- ▶ Private Homes
- ▶ Foster Homes



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Nursing and Assisted living Homes



***Nursing Homes-** Clients who are not able to live independently and require nursing and residential care

***Assisted Living-** Client is fairly independent and can get through the day by themselves.

***No need to ask for income**

MAKING CALLS

- **Hello, my name is _____, I am a court monitor with Bexar County and it is time for _____ yearly court monitor visit. We are currently only conducting virtual visits.**
- **Hello, this is _____ with Catholic Charities. I'm a court monitor that has been appointed by Bexar County to visit with _____, and I was calling to schedule his/her yearly court visit. We are only allowed to conduct virtual visitations at this time due to COVID. Are you familiar with any of the following platforms, Whats app, Facetime, Zoom or Duo?**

If the guardian does not have a platform ask if there is a loved one in the home or someone whom can visit with them to help conduct the visit.

Conducting a Visit

- ▶ Scheduling appointments is required except for nursing homes
- ▶ Verify address
- ▶ Review the exterior of the home and check for hazards
- ▶ Pay attention to your surroundings
- ▶ Meet with guardian or provider and the ward
- ▶ Ward must be present during visit
- ▶ Communicate with the ward
- ▶ Ask questions using the report as a guideline

Tour of Interior

- ▶ Smoke Alarms
- ▶ Ward's bedroom and bathroom
- ▶ Living space
- ▶ Kitchen, pantry, refrigerator

What to look for









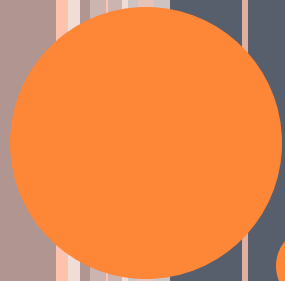


Chronicle / Kend









COURT MONITOR REPORT

THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE NO. _____

GUARDIANSHIP OF	§	IN THE PROBATE COURT
WARDS NAME	§	NO.
INCAPACITATED PERSON	§	BEXAR COUNTY, TEXAS

COURT MONITOR REPORT

PURSUANT TO §1054.104 OF THE TEXAS ESTATES CODE

State of Texas §

County of Bexar §

- Highlighted Sections are the only pieces of information you will leave with today!!!
- Cause No: Odd Number = 1 Even Number = 2

Court Monitor Name: _____

Date of Visit: _____ Time of visit: _____

Ward's Ethnicity (Please circle one): African American Caucasian Hispanic Other

Ward's DOB: _____ Ward's Age: _____

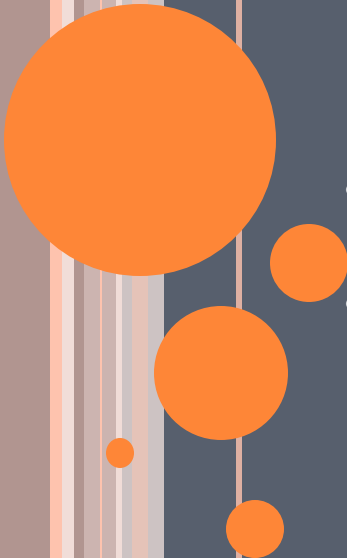
REASON FOR GUARDIANSHIP:

Intellectual Disabilities Alzheimer's Disease Chronic Alcohol/Drug Abuse

Chronic Mental Illness Head Injury Senile Dementia

Minor Other _____

Briefly describe ward's medical history: _____

- 
- What is the Diagnosis of the ward?
 - Ask if Ward has any other medical history

WARD INFORMATION:

Ward resides in:

- own home
- guardian's home
- relative's home
- State hospital
- group home _____
- State Supported Living Center
- nursing home _____
- personal care/foster home _____

Ward's Address: _____

Ward's Phone Number: _____

Date of Admission: _____ Reason for move if less than a year: _____

How much does ward receive per month?: _____

How much does ward pay per month? (If applicable): _____

THIS DOCUMENT CONTAINS SENSITIVE DATA

GUARDIAN INFORMATION:

Guardian's Name & Address: _____

Guardian's Phone Number: _____ Relationship to ward: _____

How often does Guardian visit?: _____

Date of the most recent visit by the Guardian: _____

Date of last annual report filed: _____

If ward does not live with Guardian and staff cannot provide a time for the most recent visit: Call the guardian.

PHYSICAL AND MENTAL HEALTH OF WARD:

The ward is: *(check all that apply)*

able to communicate using voice able to communicate using non-verbal gestures

able to walk with aid or assistance unable to communicate

bedridden wheelchair-bound

List the name for ward's treating physician(s): _____

Date of ward's most recent medical exam: _____

Date of ward's most recent dental exam: _____

Date of ward's most recent eye exam: _____

List date and reason for hospitalization in last 12 months (if applicable): _____

Describe any recommended treatment and did ward receive treatment?: _____

LIVING CONDITIONS OF THE WARD:

Description of ward's living conditions and circumstances of ward: _____

ized?

THIS DOCUMENT CONTAINS SENSITIVE DATA

Is the living area cluttered? _____ If yes, is this a safety hazard? _____

Are there signs of rodent/insect infestation? _____

Are there any odors in the residence associated with animals or human feces, urine, sickness, rotting food, etc.? _____, if yes, please explain _____

Is there an ample supply of food in the home? (pertains to group, private, foster and board and care homes) _____

Is the refrigerator clean? (pertains to group, private, foster and board and care homes) _____

If no, please explain _____

Are there working smoke alarms in the home? (pertains to group, private, foster and board and care homes) _____ Are fire extinguishers available? _____

- This section does not pertain to **Nursing Homes**
- When checking for food:
 - Ask the Ward to show you the fridge and what types of snacks they like? (Helpful Tip)

THIS DOCUMENT CONTAINS SENSITIVE DATA

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Are there signs of rodent/insect infestation? _____

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If no, please explain _____

Are there working smoke alarms in the home? (pertains to group, private, foster and board and care homes) _____ Are fire extinguishers available? _____

at types of

WARD'S SOCIAL, INTELLECTUAL, AND EDUCATIONAL CONDITION:

Name of day program (if applicable): _____

Name of School (if applicable): _____

Name of Paid Work Programs (if applicable): _____

Interests: _____

- **Helpful Advice:**
 - Always ask your questions to the Ward, if they are unable to answer they will let you know and Guardian

LIST ALL INDIVIDUALS CONTACTED DURING VISIT AND THEIR RELATIONSHIP TO WARD:

- First and Last name of whoever you spoke with.
- Ask for title if not relative or guardian

THIS DOCUMENT CONTAINS SENSITIVE DATA

Cause No. _____ Guardianship of _____

COURT MONITOR RECOMMENDS THE FOLLOWING ACTION BY THE COURT:

_____ No further action needed

_____ Ward should be visited again on _____

Reason: _____

_____ Letter or call advising guardian of resources

_____ Other: _____

Additional Comments: _____

Judge.

OATH OF COURT MONITOR

I have personally visited or observed the Ward for the purpose of making this report. I hereby swear under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge.

Signed this _____ day of _____, 20__

Court Monitor Signature

Court Monitor Name (Please Print)

SWORN TO AND SUBSCRIBED BEFORE ME, on this the ___ day of _____, 20__.

Notary Public in and for the State of Texas

FOR COURT USE ONLY

Notes on court action taken:

- _____ No action needed
- _____ Send letter to attorney regarding
 - _____ Delinquent annual account
 - _____ Insufficient bond
 - _____ Need to file an Inventory
 - _____ Issue Show cause
- _____ Remove guardian/appoint new guardian
- _____ Refer to another agency (APS, DOS)
- _____ Termination of guardianship/restoration of ward

It is ordered that the Court Visitor is hereby released.

Signature of Reviewer (Court Staff/Judge)

_____/_____/_____
Date

This will not be signed until you meet with Catholic Charities to turn in report.

Key Reminders

- ▶ Blue ink only!!!
- ▶ Sign reports when you meet with us
- ▶ Do not leave anything blank
- ▶ Date of Admission
- ▶ Do not need income for assisted living or nursing homes
- ▶ Ward must be present
- ▶ Assign roles

Annual report packet

The background features abstract geometric shapes in shades of blue and red. A large, dark red shape is positioned on the right side, partially overlapping a blue shape. The blue shapes are various polygons and lines, some overlapping each other, creating a layered effect. The overall design is clean and modern.

Catholic Charities
Archdiocese of San Antonio, Inc.
Guardianship Services
Caritas Legal Services
Wills, Powers of Attorney



110 Bandera Rd.
San Antonio, TX 78228
Tel.: 210-455-6105
Fax: 210-568-2822
Toll Free: 800-222-1294
www.ccaosa.org

Annual Report Packet

Guardian acknowledges receipt of the following:

1. Bill of Rights of the Ward
2. JBCC Registration Form
3. Duties as Guardian of the Person
4. Sample Annual Report on Condition and Well-Being of Ward
5. Copy of blank Annual Report provided on the court's website, which includes where to file the annual report from the court's website.
6. **Your qualification date is _____.**
***You have a grace period of 60 days (and no later!!) after your qualification date to submit your annual report.**

Signed on _____ day of _____, 20__.

Guardian

Catholic Charities
Staff/Volunteer



BEXAR COUNTY PROBATE COURT # 1 BEXAR COUNTY PROBATE COURT # 2
Kelly M. Cross, Judge Thomas E. Rickoff, Judge
(210) 335-2678 (210) 335-2546

Bexar County Courthouse
100 Dolores Street
San Antonio, Texas 78205

RIGHTS OF WARDS

Texas Estates Code, Section 1151.351
Effective June 19, 2015

Unless limited by a Court or otherwise restricted by law, a Ward is authorized to the following:

1. to have a copy of the guardianship order and letters of guardianship and contact information for the probate court that issued the order and letters;
2. to have a guardianship that encourages the development or maintenance of maximum self-reliance and independence in the ward with the eventual goal, if possible, of self-sufficiency;
3. to be treated with respect, consideration, and recognition of the ward's dignity and individuality;
4. to reside and receive support services in the most integrated setting, including home-based or other community-based settings, as required by Title II of the federal Americans with Disabilities Act;
5. to consideration of the ward's current and previously stated personal preferences, desires, medical and psychiatric treatment preferences, religious beliefs, living arrangements, and other preferences and opinions;
6. to financial self-determination for all public benefits after essential living expenses and health needs are met and to have access to a monthly personal allowance;
7. to receive timely and appropriate health care and medical treatment that does not violate the ward's rights granted by the constitution and laws of Texas and the United States;
8. to exercise full control of all aspects of life not specifically granted by the court to the guardian;

Your Duties as Guardian of the Person

#1: Be the Ward's Advocate

You are often required to speak on behalf of your Ward. You should protect your Ward by:

- **Meeting the Ward's Needs.** Make all final decisions for the Ward in residential, medical, and other matters. (As a Guardian, you cannot place the Ward in an in-patient psychiatric hospital.) By statute, you have a duty to provide care, supervision, and protection for your Ward and to provide your Ward with clothing, food, medical care, and shelter as completely as the Ward's resources permit.
- **Visiting Regularly.** The Court expects guardians to visit their wards at least once a month.

#2: Submit Annual Report*

The Guardian of the Person's Annual Report reports the Ward's condition to the Court.

- The Annual Report is required by law.
- Failure to file this report can result in your removal as Guardian.
- Provide as many details as possible, using the form provided by the Court.
- Complete & sign before a notary, and mail to

Bexar County Clerk's Office
Attn: Probate Clerk
100 Dolores #108
San Antonio, TX 78205-3683

Annually

#3: Cooperate with the Court Visitor

The Court's goal is to have a Court Visitor visit the Ward once a year to assess the Ward's physical condition & living conditions. The Ward may be visited more or less frequently.

- The Court Visitor will want to speak with the Guardian, too.
- If you can't meet with the Court Visitor during the Court visit, the Court Visitor will attempt to contact you by phone.

#4: Report Address Change

The Court needs the current address and phone number for the Ward & the Guardian.

If the you or the Ward moves, send a **NOTICE OF ADDRESS CHANGE** with the case number to

Bexar County Clerk's Office
Attn: Probate Clerk
100 Dolores #108
San Antonio, TX 78205-3683

You cannot move the ward into a more restrictive care facility unless you first give at least 7 business days' notice to the Court except in case of emergency.

You may not move to another state or be absent from this state for more than three months without Court permission. If the Ward moves from this County, consult with the Court about whether the guardianship should be transferred.

#5: Submit Final Report*

A Final Report must be filed:

- when the Ward dies (include a copy of the death certificate);
- when a minor Ward turns 18 years old;
- if the Court accepts your resignation as Guardian.

Complete, sign under penalty of perjury, and mail a Final Report to the Bexar County Clerk's Office to the address in box #2. Use the same Court-provided form as for the Annual Report, but write in near the top of the first page, "Final Report"

Sample- Answer all Questions

File after
your
anniversary
date but no
later than 60
days after

No. Your Case Number

IN THE MATTER OF § IN THE PROBATE COURT
 THE GUARDIANSHIP OF § NO. One
Name of Ward §
 AN INCAPACITATED PERSON § BEXAR COUNTY, TEXAS

ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD

The qualification date can be found on your Letters of Guardianship. This date does not change.

Guardian's or Co-Guardians' Full Name(s), Guardian of the Person of
Name of Ward, ("Ward"), in the above case,
 presents this report as of Anniversary Date of Qualification, 20 ,
 on the Ward's physical and mental well-being and condition:

This changes each reporting year.

If you have an email address, please provide here.

1. Guardian's present address: Full Address- Street- City- State- Zip

* No PO Box Addresses

Date Guardian qualified: Original Qualification Date

Day phone: () Evening phone: ()

E-mail address: _____

Relationship to Ward: Parent, Friend, Sibling, Attorney

Please Give an Emergency Contact for Guardian:

Name: This must be someone who the Court can contact in the event of an

Address: emergency for you!

Telephone: _____

During the past reporting year have you (the guardian) been convicted of a felony or a misdemeanor? Yes No

If YES, please explain _____

During the past reporting year have you (the guardian) been the subject of an investigation by Adult and/or Child Protective Services? Yes No

If YES, please explain _____

Are you a Texas Certified Guardian? Yes No

If YES, please provide your Texas CG Number _____

If you are a Private Professional Guardian, an employee of a guardianship program or the Department of Aging and Disability Services, or required to be certified by the Texas Judicial Branch Certification Commission (TJBCC), were you the subject of an investigation by the TJBCC during the last reporting period? Yes No
 If yes, please explain: This question only applies to paid Professional Guardians

No. _____

IN THE MATTER OF § IN THE PROBATE COURT
THE GUARDIANSHIP OF §
 §
 §
 §
AN INCAPACITATED PERSON § BEXAR COUNTY, TEXAS

ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD

_____, Guardian of the Person of _____, ("Ward"), in the above case, presents this report as of _____, 20____, on the Ward's physical and mental well-being and condition:

1. Guardian's present address: _____
Date Guardian qualified: _____
Day phone: (____) _____ Evening phone: (____) _____
E-mail address: _____
Relationship to Ward _____
Please Give an Emergency Contact for Guardian:
Name: _____
Address: _____
Telephone: _____

During the past reporting year have you (the guardian) been convicted of a felony or a misdemeanor? Yes No
If YES, please explain _____

During the past reporting year have you (the guardian) been the subject of an investigation by Adult and/or Child Protective Services? Yes No
If YES, please explain _____

Are you a Texas Certified Guardian? Yes No
If YES, please provide your Texas CG Number _____

If you are a Private Professional Guardian, an employee of a guardianship program or the Department of Aging and Disability Services, or required to be certified by the Texas Judicial Branch Certification Commission (TJBCC), were you the subject of an investigation by the TJBCC during the last reporting period? Yes No
If yes, please explain: _____

(Updated: 06/01/18)

Office Use Only: Date Filed: _____ File #: _____



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Guardianship Registration Form

Please Type or Print Legibly

Registration Forms Can Be Submitted to One of the Following:

P O Box 12066, Austin, TX 78711-2066, or 205 W. 14th St., Ste. 600, Austin, TX 78701, or Fax # 512-463-1117, or Email: theguardianregistration@tscourts.gov.

(All fields must be completed. Notifications to registrants will be sent via email.)

Guardian's Information			
Name of Guardian: (Last, First, Middle)			
Physical Address:			
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone:	Cell Phone:		
Primary Email:	Alternate Email:		
All Former Names Used by Guardian:			
Were you appointed guardian before June 1, 2018?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this a temporary Guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Qualification Date:	Case Number:		
Date of Birth (mm/dd/yyyy):			

Person Under Protection (Ward)			
Name of Proposed Ward:			
Physical Address:			
City:	State:	Zip Code:	
Primary Phone:	Alternate Phone:		
Gender:	Date of Birth (mm/dd/yyyy)		
<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Emergency Contact Information			
Name:	Relationship:	Phone Number:	

Guardian's Attorney			
Name of Attorney:			
Bar Number:			
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone:	Alternate Phone:	Fax:	
Primary Email:	Alternate Email:		

Positive feedback

“Meeting new people”

“The wards were so friendly”

“Spending time with the families”

“Some have very touching stories”

“It was rewarding”

“Be yourself, smile, and respectful”

“Enjoy it, take in new aspect of community health”

“Don't schedule visits during clinical days”

“Don't schedule visits during clinical days”

Caritas Legal Services

VOLUNTEER OPPORTUNITY

Guardianship Program

Volunteers make a difference! When you help us help others, you receive:

- ▶ Flexible Hours
- ▶ Community Service Hours
- ▶ Mileage Reimbursement

Volunteer Court Monitors Needed!

Volunteer court monitors are needed to visit individuals who have been placed under a guardianship due to physical and/or mental disabilities. Volunteers report to the court about the safety and well-being of the client and their living environment.

Volunteers must pass a criminal background check and attend training.

Catholic Charities Partners with:



For more information, call (210)455-6105

Caritas Legal Services
110 Bandera
San Antonio, TX 78228
www.ccaosa.org

Thank You!

Catholic Charities

Guardianship Program

110 Bandera Rd. 78228

Telephone: (210) 455-6105

Volunteer and Outreach Coordinator: Dre Rodriguez

Court Monitors: Susanna, Dineen, Gloria, Thomas, and Claudine