

KANSAS GUARDIANSHIP PROGRAM

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GUARDIAN • CONSERVATOR MONTHLY REPORT

Month _____ Year _____ R/F _____

G or C: _____

W or C: _____

New Address: Guardian or Conservator _____

New Address: 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) 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 _____

1. Please describe medical, social, educational, vocational and other professional supports and services received by the ward or conservatee. Comment on any changes or problems as well as advocacy and protective services provided. Note any satisfactions or frustrations.

2. FINANCIAL INFORMATION Not Applicable [complete if you are: Conservator Representative Payee]

a) Identify source(s) of income or benefits?

Social Security Veterans Benefits Railroad Benefits Pension Employment/ Other _____

Amount _____ per month

b) Identify who serves as payee for income or benefits?

Guardian or Conservator Provider of Supports and Services A Payee Program Other _____

c) Name of Bank _____ Checking Account Savings Account

d) Checking Balance _____ as of Date _____ Savings Balance _____ as of Date _____

3. Comments or suggestions regarding support, assistance and training you need from the KGP.