State of Wisconsin Probate Court County

In the Interest of:

Name of Proposed Ward

Case Number(s): Case Number

D.O.B.: MM/DD/YYYY

**COUNTY COMPREHENSIVE EVALUATION**

By

Enter Agency Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: Click or tap to enter a date.

Prepared By: Your name

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| --- | --- |
| 1. **Current Address and Care Providers** | §55.11(1)(a) |
| Ward[[1]](#footnote-1): Proposed Ward’s Name Address: Street  City, State, Zip.  Was the ward interviewed personally?  YES  NO  If no, why not: Click or tap here to enter text.  Where was the ward interviewed? Click or tap here to enter text.  *A proposed ward’s rightful refusal to participate in a court-ordered evaluation will not obstruct a guardianship and protective placement proceeding. Due process requires that the examining professional, when confronted with an uncooperative individual, engage in an independent review of all records that are available. Due process prevents the examining professional from regurgitating the opinions of others without independently confirming the facts those opinions are based upon. Walworth County v. Therese V., 2003 WI App. 223.*  Person or agency having care or custody:  NA, Enter Name of Facility or Family Member  Current Type of Residence:   |  |  | | --- | --- | | Independent Living | ICFMR | | Supported Apartment | Rehabilitation Facility | | AFH | Hospital | | CBRF | Other: Other | | Skilled Nursing Facility |  | | |
| 1. **Current Services Provided** | §55.11(1)(b) |
| If yes, check all that apply:  Private Pay  Title 19 / Medicaid  Family Care  IRIS  VA Benefits  Other: Explain  Is the ward enrolled into long-term funded care?  YES  NO  If yes:  Name: Click or tap here to enter text.  Agency: Click or tap here to enter text.  Address: Street  City, State, Zip.  Phone Number: Click or tap here to enter text.  Does the ward have a representative payee?  YES  NO  If yes:  Name: Click or tap here to enter text.  Agency: Click or tap here to enter text.  Address: Street  City, State, Zip.  Phone Number: Click or tap here to enter text.    Current Services:  Below is a list of services that the proposed ward is receiving at the time of the completion of this form. Examples of these services include, but are not limited to: case management, in-home care, transportation, DVR training, etc.  The following are referenced by abbreviations below:   * County Disability Services Division: “DSD” * County Department on Aging: “DOA” * Long-Term Funded Care: “LTFC”  |  |  |  | | --- | --- | --- | | Name & Function of Service: | Provided By: | In Place Before Petition? | |  | DSD / DOA  LTFC  Self or Family | YES  NO | |  | DSD / DOA  LTFC  Self or Family | YES  NO | |  | DSD / DOA  LTFC  Self or Family | YES  NO | |  | DSD / DOA  LTFC  Self or Family | YES  NO | |  | DSD / DOA  LTFC  Self or Family | YES  NO | |  | DSD / DOA  LTFC  Self or Family | YES  NO | |  | DSD / DOA  LTFC  Self or Family | YES  NO |   Services that are targeting the specific concerns that lead to the filing of the petition:  List those services. Should include \*all\* professional treatment and services. For example: supportive home care, transportation, meals on wheels, chore services, etc. | |
| 1. **Review of Records** | §55.11(1)(b) |
| Medical History:  Sources Reviewed: Click or tap here to enter text.  Available Diagnoses: Click or tap here to enter text.  Summary of Issues: Click or tap here to enter text.  Psychological History:  Sources Reviewed: Click or tap here to enter text.  Available Diagnoses: Click or tap here to enter text.  Summary of Issues: Click or tap here to enter text.  Basis for the Guardianship:   |  |  | | --- | --- | | Degenerative Brain Disorder | Serious and Persistent Mental Illness | | Developmental Disability | Other-like Incapacities |   Social History:  Marital Status:   |  |  | | --- | --- | | Never Married  Married  Separated | Divorced  Widowed |   Family in the area: Click or tap here to enter text.  Family outside of the area: Click or tap here to enter text.  Family involvement: Click or tap here to enter text.  Other areas of support: Click or tap here to enter text.  Other considerations: Include language, religious, or cultural information that may affect the current situation.  Vocational History:  Include as much information as you can, including employers, length, and titles.  Educational History:   |  |  | | --- | --- | | Elementary  8th Grade  Some High School  High School Diploma or GED  Technical School | Some College  Bachelors  Graduate School  Doctorate |   Retention of Rights Under §54.25(2)  Reviewed the Guardianship Psychological Evaluation:  YES  NO  Do you support the examiner’s recommendations?:  YES  NO  If no, why not: Click or tap here to enter text.  If no, which rights should be retained:   |  |  | | --- | --- | | Rights that should be retained in its entirety: |  | | Execute a will | Register to vote or vote in an election | | Serve on a jury |  | |  |  | | Rights that should be retained with consent of the guardian: |  | | Consent to marriage | Consent to sterilization | | Apply for an operator’s / driver’s license | Consent to organ, tissue, or bone marrow | | Apply for a fishing license | donation | | Apply for any other license under Ch. 29 | Apply for any other license under §54.25, | |  | Specifically: Click or tap here to enter text. | | |
| 1. **Least Restrictive Environment** | §§55.11(1)(c), (4) & 55.12(3) |
| 1. Are Protective Services only sufficient to meet the ward’s needs:   YES  NO  Why: Click or tap here to enter text.   1. Is Protective Placement recommended:   YES  NO  Why: If you are not recommending protective placement, explain why not. If you are recommending protective placement, you need to explain: 1) how the ward has a primary need for care and custody, 2) as a result of their impairment, how is the ward so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious harm to self or others if not protectively placed. Serious harm may be either overt acts or omissions of care. It is helpful to explain what exactly the ward needs assistance with (for instance, stating “total care” or “needs assistance with ADLs” may not provide enough information to the court.   1. Recommended Type of Residence (check all that apply):  |  |  | | --- | --- | | Independent Living | ICFMR | | Supported Apartment | Rehabilitation Facility | | AFH | Hospital | | CBRF | Other: Other | | Skilled Nursing Facility |  |  1. Does the individual require (check all that apply):  |  |  | | --- | --- | | a locked facility | 24/7 supervision | | monitored egress | 1:1 supervision | | wander guard | 2:1 supervision |   If any in (d) are yes, reasoning: Click or tap here to enter text.   1. Is the current placement the least restrictive environment and in the least restrictive manner consistent with the needs of the individual?   YES  NO   1. If no, does the individual need a more  or less  restrictive placement?   Why: This explanation can include considerations of the resources of the county department, if applicable. | |
| 1. **Factors Considered** | §§55.11(1)(c) & 55.12(4) |
| 1. Health needs of the individual   Click or tap here to enter text.   1. Social needs of the individual   Click or tap here to enter text.   1. Rehabilitative services   Click or tap here to enter text.   1. Level of supervision needed   Click or tap here to enter text.   1. Reasonableness of the placement given the cost and actual benefits in the level of functioning to be realized by the individual   Click or tap here to enter text.   1. Limits of available state and federal funds and of county funds required to be appropriated to match state funds   Click or tap here to enter text.   1. Reasonableness of the protective placement given the number of individuals, or projected individuals, who will need protective placement given the limited funds available   Click or tap here to enter text. | |
| 1. **Special Considerations of Developmental Disabilities** | §§55.11(5), (6) |
| Does the ward have a developmental disability?  YES  NO  *If no, this section does not apply.*  *If yes, please see “Special Considerations” attachment.* | |

Respectfully submitted,

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| --- | --- |
| Prepared by: Name | Reviewed and approved by: Name |
| Title& Agency | Unit Supervisor, Aging and Disability Resource Center |
| Phone Number | Phone Number |
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Date: Date:

Click or tap to enter a date. Click or tap to enter a date.

1. This form refers to the subject of the guardianship proceeding as “ward,” regardless of a pending final determination. [↑](#footnote-ref-1)