**County Human Services**

**2019 ANNUAL REVIEW OF PROTECTIVE PLACEMENT/SERVICES**

**Court File** #

**Name of Ward**: **DOB**: **Age**:

**Facility Name**: **Classification**:

**Address:**

**Contact Information for the facility**:

**Guardian of Person/Relationship**  **Guardian of Estate/Relationship**

**Name**: **Name**:

**Address**: **Address**:

**Phone**: (h) **Phone**: (h)

**How is the guardian kept informed about the ward’s condition**?

 **COUNTY CIRCUIT COURT:**

**Date(s) of Court Orders**:

**Court Orders: Primary Target Group:**

 \_\_Protective services (list): \_\_ Developmental Disability

 \_\_PP/locked Guardianship \_\_ Degenerative Brain Disorder

 \_\_PP/unlocked Guardianship \_\_ Serious and Persistent Mental Illness

 \_\_Guardian of Estate \_\_Other like incapacities (describe):

 \_\_Guardian of Person

List Rights preserved by Court:

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**Functional abilities and disabilities including the need for health, social or rehabilitation services, and the level of supervision needed:**

**What services would need to be in place for the ward to live in a lesser restrictive environment?**

**Do those services exist in the community?**

**Is a lesser-restrictive/ more integrated setting/ services in the ward’s best interests?**

**Comments of the ward and ward’s guardian:**

**RECOMMENDATIONS:**

**Are changes to the placement recommended?**

**Should the protective placement be terminated?**

 The protective placement should not be terminated as Choose an item. is under guardianship. According to the Protective Service or Protective Placement: Standards Chapters 55.08. The individual has a primary need for residential care and custody due to there Choose an item..

 As a result of Choose an item. , the individual is so totally incapable of providing for Choose an item. care or custody as to create a substantial risk of serious harm to Choose an item.. Serious harm may be evidenced by overt acts or acts of omission. The home is able to provide Choose an item. with Choose an item. basic needs and cares.

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**Review period:**

 **Review completed by:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Agency:** (INSERT AGENCY ADDRESS)