

THE SUPREME COURT *of* OHIO

Establishing a Court Visitor Program *to Monitor Guardianships*



TOOLKIT *for Judicial Use*

Cover Photo Credits

1. iStock/Fat Camera
2. iStock/Fly View Productions
3. iStock/Marina113
4. iStock/PIKSEL
5. iStock/Chinnapong
6. iStock/vorDa

1	2	3
4	5	6

OFFICE OF COURT SERVICES

Stephanie Graubner Nelson

DIRECTOR

CHILDREN & FAMILIES SECTION

David Edelblute

MANAGER

Kyana Pierson

POLICY COUNSEL

Anne Murray

POLICY COUNSEL

Debra Copeland

COURT IMPROVEMENT PROGRAM ANALYST

Renee Bellamy

PROGRAM ASSISTANT

ACKNOWLEDGEMENTS

This guide was developed under the guidance and oversight of the Subcommittee on Adult Guardianship of the Supreme Court Advisory Committee on Children & Families. The subcommittee and the Supreme Court of Ohio wish to extend special recognition to the members of the Workgroup on Court Visitor Programs. These workgroup members dedicated their time, experience, expertise, and energy to drafting this guide.

Court Visitor Program Workgroup Members:

Hon. Dixilene Park, *Stark County Probate Court*

Hon. Jonah M. Saving, *Hocking County Probate/Juvenile Court*

MaryAnn Freedman, *Summit County Public Health Department*

Beverly Laubert, *Ohio Department of Aging*

Teresa Tackett, *Delaware County Probate/Juvenile Court*



Table of Contents

I.	Why Courts Need a Visitor Program	1
II.	Steps to Establishing a Visitor Program	3
III.	Implementing a Visitor Program	7
IV.	Sustaining the Visitor Program	13
V.	Resources	15
VI.	Sample Documents	17



I. Why Courts Need a Visitor Program

Ohio law deems probate courts to serve as the *Superior Guardian* for wards under their jurisdiction.¹ Though courts receive annual reports from guardians about the well-being of the wards, a court visitor program enhances a court's ability to ensure guardians are acting in their wards' best interests and not falling victim to elder abuse, neglect, or exploitation. The continual rise in the number of guardianship cases each year only compounds this problem.

Outside of the guardian reports, courts do not lay official "eyes" on wards unless they employ a court investigator. Court Visitor Program volunteers assist court investigators to ensure that all wards are visited periodically and within a reasonable timeframe.

A Court Visitor Program addresses this need by utilizing staff or volunteers to visit wards on a routine basis. These visits allow the court to observe, by proxy, the interaction between the ward and the guardian in his or her place of residence. The visitor will speak with the ward one-on-one and, in doing so, can speak candidly with the individual regarding any issues related to the guardianship. Even if a ward is non-verbal, the visit by the court visitor ensures a ward is doing well and that the placement is suitable and appropriate. These also serve as a check-in with the guardian to ensure he or she has information or resources needed and is aware of community support services that may be beneficial to the ward.

Court visits benefit not only the court and the ward, but the community as well.

A Court Visitor Program benefits **WARDS** by:

- Confirming a ward's well-being on an ongoing basis;
- Identifying instances of physical or financial abuse, neglect, or exploitation; and
- Reducing the time to address suspected elder-abuse issues to identify perpetrators and move a ward to a safer environment.

A Court Visitor Program benefits **COURTS** by:

- Addressing concerns about serving as *superior guardian* over persons that no one from the court actually sees in years;
- Providing evidence that the ward is where he or she is supposed to be and that the ward's needs are met;

¹ R.C. 2111.50

-
- Exposing guardians who are not adequately caring for their ward so an alternate guardian can be identified (or even consider making a referral for the guardian to be considered for guardianship);² and
 - Allowing the court to disseminate resources or helpful tools to guardians when assistance is requested.

A Court Visitor Program benefits the **COMMUNITY** by:

- Serving as a deterrent for elder abuse of wards and individuals with disabilities in out-of-home facilities;
- Demonstrating that the probate court is proactively working to protect those under guardianship who cannot care for themselves;
- Raising awareness of elder abuse to mobilize community support and resources for those vulnerable individuals; and
- Bolstering support of the community among the volunteers through various luncheons, quarterly meetings, and other functions.

² A side benefit to this is that the visitor has the opportunity to encourage the guardian to think about succession planning, if it is not already in place.

II. Steps to Establishing a Visitor Program

The success of any initiative begins with a solid commitment from all interested parties. Strong judicial leadership is key to netting staff and stakeholder buy-in for a Court Visitor Program.

A. Where to Start

Although no two programs will be identical, there is no need to reinvent the wheel. *Section V- Resources* of this toolkit includes numerous resources available for creating a Court Visitor Program, especially those developed by the American Bar Association’s Commission on Law & Aging.

While all programs are unique to a county’s needs, there are a variety of different models around the state to base your program upon, depending on the amount of resources a court can commit. For example, Stark County Probate Court utilizes volunteers, staff investigators, and college students to conduct periodic visits to wards. Butler County Probate Court has dedicated court staff conduct these visits, whereas Mahoning County Probate Court partners with Youngstown State University to recruit social work students to serve as visitors. Courts are encouraged to resource each other in order to develop a program that best meets their needs and budget. See *Section V – Resources* for a list of existing Court Visitor Programs in Ohio.

B. Engaging Staff

It is essential to have all court staff members on the same page as to the “why” of the program. Though implementing a Court Visitor Program may cause additional work for employees, the program is designed to protect wards and hold guardians accountable for their actions. This should translate into the court staff working with the guardians in a more effective manner and result in less work down the road (e.g., decreasing the number of guardians being removed and new guardians to be appointed).

When engaging court staff, seek their input on defining the need, prioritizing the target population, and establishing policies and procedures. Though strong judicial leadership is essential, it is equally important for staff to share ownership of the program. Ask for their recommendations and feedback, as it is the staff who will carry forth the program’s operation.

A Court Visitor Program demands a lot of effort and commitment. It is important to designate a staff member to oversee the administration of the program. This will help avoid territorial disputes. The staff should share the court’s vision for the program in order to manage it effectively.

C. Target Population

If the probate court experiences financial constraints and/or a lack of visitors, it may be necessary to begin with a small subset of the wards. Courts should prioritize those individuals who may be most in need. Prioritizing different segments of wards under guardianship allows the program to target the most vulnerable population first and provides a solid base on which to expand.

An example priority list for the **POPULATION** is:

- Indigent or Medicaid-dependent wards living in long-term care facilities;
- Wards with developmental disabilities living in family or group settings;
- Wards residing in family settings; and
- Wards living in the community or assisted living.

D. Frequency of Visits

The court's guardianship caseload, program budget, and number of visitors will determine how frequently each ward can be visited. Annual or biennial visits are common. If conducting annual visits, it would be beneficial for the visit to occur six months prior to the due date of the annual report. This allows the court to receive information on a ward every six months. Courts should be flexible in how visits are conducted. It may be necessary to utilize creative alternatives to in-person visits, such as teleconferencing, if there are limitations on the visitors' ability to physically see the ward.

E. Visitor Reports

After deciding what information is important for the visitor to collect, create a simple, easy-to-use report template.³ It is recommended the report include a "Concerns" section for the visitor to detail any potential issues of maltreatment, abuse, neglect, etc. that he or she wants to share with the court. Some courts include a requirement that the visitor obtain input from the ward (either written or oral), residential staff, and the guardian, if present.

³ See Section VI for a Sample Visitor Report Form.

Courts should create a well-defined process of reviewing the reports, addressing concerns, and allowing for follow-up communication or action.

F. Community Collaboration

A Court Visitor Program requires the support of community partners. Reaching out to professionals and the community provides additional perspectives and ideas for the program's goals and procedures. The more stakeholders involved in the process, the wider community support and positive attention the program will receive within your jurisdiction. These partners also help recruit and supply volunteers, an essential component for the success of the program.

Examples of **COMMUNITY PARTNERS** include:

- Faith-based organizations
- Civic service clubs (e.g., Rotary, Lions Club)
- Senior centers and retirement groups
- Non-profit organizations
- County board of developmental disabilities
- Adult protective services
- Local law enforcement

In the event elder abuse is discovered, follow-up support services will be necessary. Having a well-established relationship with social service agencies and other professionals, along with defined processes, will help expedite treatment when issues arise.

Consider creating a limited task force of professionals (both legal and social services), guardians, and citizens to announce the launching of the Court Visitor Program initiative. The task force can recommend goals, provide input on procedures, and identify processes for when visitors encounter issues.

Schedule at least three meetings of the task force – one at the beginning, another around the middle of the project to gauge whether the court is moving in the right direction, and finally once the finished project is ready to launch. Consider convening the task force annually to highlight the benefits of having the program's additional oversight and inform the members of how the program is operating. This serves to maintain the continued support of the community partners.

Once the Court Visitor Program is scheduled to launch, inform nursing and group home administrators that, with the Court's authority, a court visitor will be meeting with them and the wards. This can be done by convening a meeting or sending a letter. Make sure to explain the program's procedures and goals.

G. Informing Guardians

Garnering support from current guardians may prove challenging. The court should explain that the program's overall goal is protecting wards and the increased oversight ultimately will serve to help the guardians fulfill their responsibilities.

III. Implementing a Visitor Program

A. Recruiting Visitors

As mentioned, community partners, civic service entities, and faith-based organizations can assist with the recruitment of volunteers.

- (1) **Qualifications:** Generally, any mature adult aged 18 or older can be a visitor as long as they complete an application and undergo an interview.⁴ Reliable transportation and automobile insurance also are necessary. Additionally, the visitor must have a mechanism for completing and submitting his or her reports to the court in a timely manner.
- (2) **Experience:** Visitors can possess a multitude of professional and life experience. The main thing to look for is a desire to help seniors and those unable to advocate for themselves. Look to college students, nurses, social workers, teachers, retired individuals, and empty nesters as potential visitors.

Note: *It is important to screen for individuals associated with a nursing home. Avoid assigning a visitor to a facility where he or she has a relative currently residing or at which the visitor may have had a negative experience.*

- (3) **Background Checks:** It is of utmost importance that visitors pass a background check and provide references, as these individuals are representing the court in the community.
- (4) **Time Commitment:** Consider asking the visitor to make a minimum one-year commitment.

B. Training Visitors

Training is essential! Visitors who are trained adequately can more confidently and competently carry out their responsibilities. Depending on the level of resources, the court can conduct periodic in-person group trainings, informal one-on-one sessions, or online/pre-recorded trainings for visitors. Develop a training manual for the visitors. See *Sections V – Resources* and *VI – Sample Documents* for additional information.

Regardless of the format, courts should clearly define the responsibilities and expectations of the visitors.

⁴ See Section VI for a Sample Visitor Application.

Court visitors are **RESPONSIBLE** for:

- Completing the visit and reporting forms accurately;
- Relaying questions from wards or guardians to court staff;
- Acting in an ethical manner, maintaining confidentiality, and avoiding anything that would appear to be, or is, a conflict of interest; and
- Reporting potential instances of abuse, neglect, or exploitation to the court.

Judges should consider participating in the training or, at a minimum, welcoming the participants to discuss the program's goals. This demonstrates to the visitors that the judge is invested and appreciates their commitment.

The **TRAINING** should address:

- How to respond to requests from the court about case assignments;
- Importance of conducting the visits in the allotted timeframe;
- How to complete and submit the visitor report;⁵
- How to respond to the court for requests for additional information;
- Importance of confidentiality, ethics, and conflicts of interest;
- Signs of maltreatment, abuse, neglect, and exploitation;
- Safety concerns when conducting visits;
- Process of reporting incidents of abuse, neglect, and exploitation; and
- A general overview of the guardianship process.

The training should walk participants through reviewing a sample case-summary packet and visitor report. There also should be an interactive

5 The more training time spent on discussing the contents of the report, the higher the likelihood that the court will receive quality reports from the visitors.

component demonstrating the types of situations the visitor will encounter. Have the visitors engage in role-play activities with court staff and experienced visitors so they can learn how to handle common scenarios and practice their interviewing skills. Encourage new visitors to shadow an experienced visitor and/or consider having an experienced visitor accompany a new visitor on his or her first visit.

Ongoing training to visitors on a quarterly or annual basis is recommended. Continuing education helps maintain the visitor's confidence level and demonstrates the court's investment in the success of the program. Invite speakers from partner agencies, such as the board of developmental disabilities, mental health, adult protective services, or an area agency on aging, to share how they collaborate to ensure the well-being of wards.

Once a visitor completes the application process and background check, invite them to the probate court. Introduce the visitor to the program staff and those with whom he/she will work. This is an ideal opportunity to make the visitor an identification badge to be worn during visits.

C. Marketing the Program

Formal advertising can be costly and may be out of reach due to budgets. Effective paid advertising requires frequency, which requires money. Courts should work to secure free broadcast and print media stories and interviews about guardians and the need for oversight.

Examples of **COST-EFFECTIVE ADVERTISING** platforms:

- Press releases in the local newspaper;
- Local radio programs or ads;
- Court's website and bulletin board;
- Social media and neighborhood websites;
- Community and senior center;
- Volunteer websites (www.volunteermatch.org)

Courts should create an informational flyer or booklet highlighting the program's mission and contact information.⁶ In addition to placing these around the probate court, they can be distributed to community partners to be posted or placed in their public spaces or websites.

However, word of mouth generally is the most effective marketing mechanism. Judges and court staff should reach out to local faith-based organizations, retirement groups, and service clubs.⁷ They also can contact the social work and psychology departments of local universities for student interns who can earn credit for participation in the program. Make sure to mention the Court Visitor Program in all court speaking engagements and new guardianship trainings. Courts also should engage community partners to join the court for joint presentations.

D. Funding sources

Funding sources for a Court Visitor Program will vary by county. Some courts may be fortunate to be able to allocate general revenue, special projects, or Indigent Guardianship Fund dollars. Another option is to reallocate funds initially appropriated for guardian training or services.

Grants from local community foundations or the federal government (e.g., U.S. Department of Health & Human Services) may be available to help supplement court funds. Smaller grants can be used for training resources, marketing materials, and volunteer recruitment efforts. From a personnel standpoint, courts can begin by identifying an existing employee and reassigning some current responsibilities to another staff member, if possible, until additional monies are available.

As always, look for free resources. One example is to collaborate with the local probation department or sheriff's office to provide free BCI checks for your visitors.

E. The Court's Role in Monitoring the Visitors

Once visitors are trained, it is beneficial to assign court staff or experienced visitors to accompany new individuals for their initial visit or, if there is a concern, to ensure an adequate comfort level. Courts should be thoughtful when assigning wards to visitors. High-intensity cases and problematic wards

⁶ See Section VI for Sample Program Brochure and Poster.

⁷ See Section VI for Sample Recruiting Presentation and Video.

should be identified and handled by court staff or assigned to experienced visitors.

Designated court staff will review all reports, contact the visitor if clarification is needed, and distribute reports to the proper staff within the court. The court should create a well-defined follow-up procedure to address any concerns noted on the visitor's report. This includes notifying the visitor that the concern was addressed with the guardian and that there will be follow-up within a designated timeframe. Similarly, there should be a process developed to inform the guardian of the issue and an appropriate period allotted for the guardian to respond to and/or address the issue.

It also is important to provide ongoing support for the visitors. An example may be providing contact information of relevant persons the visitors can contact when questions arise. Conduct regular meetings inviting different speakers to attend and ensure to include a question-and-answer session. This not only allows the visitors the opportunity to resolve issues they may have, but it also gives the court the chance to address any common problems it is experiencing with visitors.

It is equally important to immediately address quality issues with visitors when they arise (e.g., incomplete reports, late submissions of reports). Courts also should have a procedure in place for guardians or facility administrators to report concerns they have regarding a visitor.

F. Obstacles

Common obstacles include budgetary hurdles, recruiting visitors, infrequent marketing efforts, taking visitors for granted, and not timely responding to the concerns raised in the visitor's report. The success of the court's program hinges on the continued interest of the visitors. Though visitors may be personally committed to the program's mission, the reality is that they have the ability to walk away if they choose. The average volunteer visitor lasts a year or two. Additionally, due to the sporadic nature of incoming guardianship applications, there could be a delay in training for new volunteers until new cases are received.



IV. Sustaining the Visitor Program

Sustaining the Court Visitor Program over time hinges on the ability to recruit and retain visitors. Courts should evaluate the program periodically and ask for feedback and recommendations on how to improve their procedures.⁸ Thoughtfully review what is received and make any necessary changes.

Courts should thoughtfully explore ways to retain visitors. Court staff should periodically touch base with the visitors to make sure there are no outstanding questions and to get a general sense of satisfaction. They also should look for ways to show appreciation for their visitors. Even small gestures go a long way in showing the volunteer that their time and work are appreciated.

Courts can show their **APPRECIATION** by:

- Holding periodic appreciation luncheons or banquets;
- Recognizing the volunteer who completed the most visits within a specific timeframe;
- Recognizing volunteers upon reaching a certain number of visits;
- Giving small gifts or tokens, such as a pin or a reusable bag with the program's logo; and
- Sending a thank-you note, holiday, or birthday card.

⁸ See Section VI for Sample Visitor Evaluation Form.



V. Resources

American Bar Association's Commission on Law & Aging

- [Volunteer Guardianship Monitoring Assistance: Serving the Court & the Community](#)
- [Volunteer Guardianship Monitoring & Assistance: Program Coordinator's Handbook](#)
- [Volunteer Guardianship Monitoring & Assistance: Trainer's Handbook](#)
- [Volunteer Guardianship Monitoring & Assistance: Volunteer's Handbook](#)
- [Sample forms and documents found in the above handbooks](#)

Ohio Association of Area Agencies on Aging (<http://ohioaging.org/>)

- Nonprofit statewide network of area agencies on aging that respond to the needs of older adults by providing education, information, and referral services.

Office of the State Long-Term Care Ombudsman (<https://aging.ohio.gov/Ombudsman>)

- Mission is to advocate for excellence in long-term services and supports wherever consumers live.
- State Ombudsman and 12 dedicated regional ombudsman programs work to investigate and resolve complaints, provide information, and advocacy.

Ohio Department of Developmental Disabilities (<https://dodd.ohio.gov>)

- Work to improve the quality of individuals with developmental disabilities by providing education and training, assisting with the coordination of services, and investigating suspected cases of abuse and fraud.
- Provide support for the county boards of developmental disabilities.

Ohio Department of Health (<https://odh.ohio.gov>)

- Conduct annual surveys and review complaints to determine regulatory compliance of nursing home and assisted living facilities.

Ohio Department of Job & Family Services (<https://jfs.ohio.gov>)

- Assist county departments of jobs and family services to provide adult protective services to the elderly who are unable to protect themselves.

Ohio Department of Mental Health & Addiction Services (<https://mha.ohio.gov>)

- Conduct bi-annual surveys of residential facilities (e.g., group homes of certain types) and complaint surveys to determine regulatory compliance.
- Manages the Residential State Supplement program that provides financial assistance to adults with disabilities to help with living arrangements.

VI. Sample Documents

- A. Sample Visitor Application
- B. Sample Background Check Release
- C. Sample Recruiting Presentation
- D. Sample Visitor On-Boarding Checklist
- E. Sample Training Manual
- F. Sample Program Brochure
- G. Sample Program Poster
- H. Sample Program Advertisement
- I. Sample Billboard Advertisement
- J. Sample Visitor Report Form
- K. Sample Visitor Evaluation Form



SAMPLE VISITOR APPLICATION

A guardian is an individual appointed by the Probate Court to protect, make decisions for, and act for a person with physical or mental disabilities. The person who needs a guardian is known as a ward. The purpose of the Court Angel Visitor Program is to provide the Court with a way to obtain current information about the wards and to verify that each is receiving good care. This information will assist the Court in making recommendations or orders for improvements, if necessary.

The Court Visitor:

- Visits the ward's residence, observes conditions, and talks with the ward about his or her needs
- Talks to the guardian and any other caregivers.
- Uses a standard reporting form to record observations and make any recommendations.
- The visit may uncover specific needs, for example:
 - The ward mentions that it has been well over a year since the last medical examination.
 - The guardian is an elderly parent who is now too frail to care for her mentally retarded adult child.

Court Visitor Qualifications:

- Good listening and communication skills, friendliness, and common sense.
- Willingness to use a standard case reporting form.
- Desire to see that persons with serious mental or physical disabilities receive good care.

Training and Support:

- Covers the guardianship process, ward's rights, communicating with wards, what to look for on visits, and available community resources.
- Court Visitors are provided support by the Probate Court staff.
- Follow-up training and quarterly meetings.

Time and Place:

- Suggested minimum time is one day per month.
- Court Visitors pick up their assigned cases at the Court.
- Court Visitors are encouraged to visit wards throughout _____ County.
- Court Visitors may request different cases based upon location or if they feel other factors make the visit too difficult to complete.

Would you like to volunteer?

Please fill out the enclosed application and release and mail to: Insert Court Contact Information

COURT VISITOR VOLUNTEER APPLICATION FORM

_____ County Probate Court

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Today's Date _____

Email _____

Why are you interested in becoming a Court Visitor Volunteer? _____

In what kinds of volunteer activities have you been active or are currently active? None

Organization	Position	Dates
_____	_____	_____
_____	_____	_____

What kinds of life experiences (if any) have you had which relate to this volunteer position?
(e.g. Care of an elderly relative or friend) _____

Are you currently: Retired Seeking Employment Employed Part-Time

Primary occupation/profession: _____

Please describe your employment history:

Name of Employer	Position	Dates of Employment
_____	_____	_____
_____	_____	_____

Please check the highest educational level completed:

High School Some College or technical training College Advanced Degree

Please list any education or courses (if any) which are specifically related to this volunteer position:

Please list two references (non-relatives) who could comment on your ability to do this job:

Name	Relationship to you	Phone Number
<hr/>		
<hr/>		

What form of transportation do you usually use?
(Guardian Visitors must be able to drive themselves to cases)

My own car Rely on others Use Public Transportation

Name of Insurance Carrier _____ Policy # _____

Please feel free to share, in the space below, any additional information you would like the Court to consider.

Signature _____ Date _____
Due to the sensitive nature of this position, the Court may do a records check on qualified applicants.

Return to: **Insert Court Contact Information**

SAMPLE BACKGROUND CHECK RELEASE

RELEASE FOR CRIMINAL BACKGROUND CHECK

_____ County Probate Court

I understand that, as a result of making an application to serve as a Court Visitor Volunteer with the _____ County Probate Court, I am hereby authorizing and requesting the Probate Court, its agents and authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED _____

Printed Name _____

Signature _____

Social Security Number _____

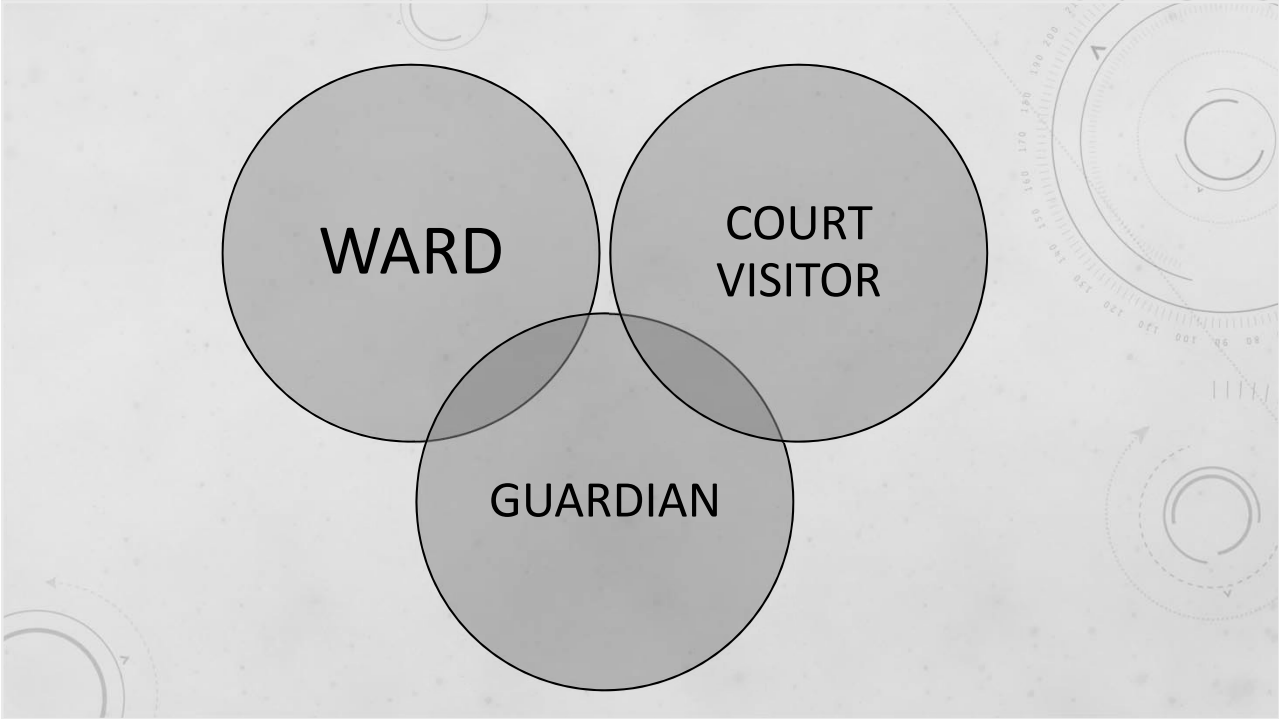


SAMPLE COURT VISITOR PROGRAM RECRUITING PRESENTATION



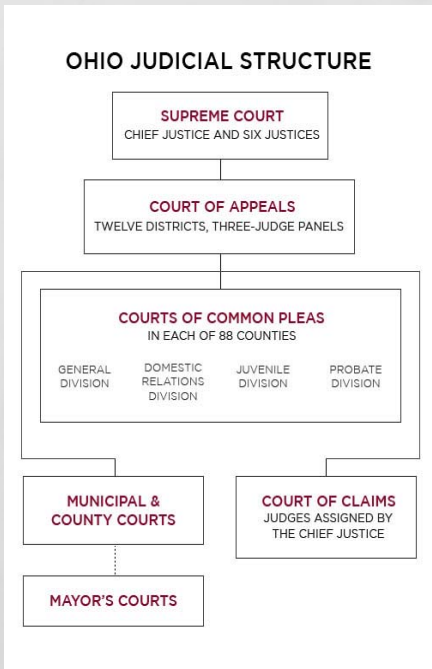
WHAT IS THE COURT VISITOR PROGRAM?

- Volunteer based guardianship monitoring program
- Confirms Wards' well-being
- Ensures Guardians receiving adequate support and are referred to available resources



The **Probate Court** is the Superior Guardian of each Ward.

Guardians report annually to the Probate Court regarding the well-being of the Ward.

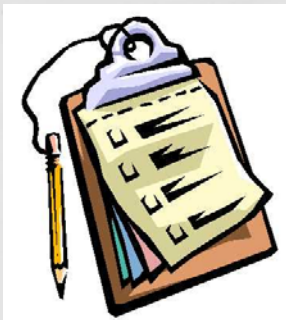


WHO IS A *COURT VISITOR*?

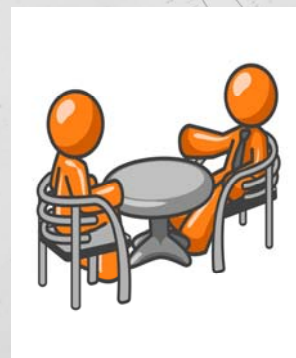


- A Volunteer (age 18+)
- who has a **heart** for _____ **County's** most **vulnerable adult citizens**

STEPS TO BECOME A *COURT VISITOR*



A Volunteer
submits an Application
and attends an
interview



STEPS TO BECOME A *COURT VISITOR*



A Volunteer must pass a background check and attend the required training



WHY DO WE NEED COURT VISITORS?

- More than 47,000 guardianship cases statewide December 2017
- Guardians of the Wards are comprised of family members, friends, or *professional* guardians
- Professional guardians may be social workers or attorneys.

WHY DO WE NEED COURT VISITORS?

- Because abuse and neglect still exist:
- Elder Abuse: Includes **physical** abuse, **emotional** abuse, **sexual** abuse, **exploitation**, **neglect**, and **abandonment**. Perpetrators include children, other family members, and spouses—as well as staff at nursing homes, assisted living, and other facilities.
- Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million elders who are abused each year. **One study estimated that only 1 in 14 cases of abuse are reported to authorities**

WHY DO WE NEED COURT VISITORS?

- Abusers are both women and men.
- In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member.
- Two-thirds of perpetrators are adult children or spouses.

WHAT MAKES AN OLDER OR DISABLED ADULT VULNERABLE TO ABUSE?

- Social isolation and mental impairment.
- Recent studies show that nearly half of those with dementia experienced abuse or neglect.
- Interpersonal violence also occurs at higher rates among adults with disabilities.

WHAT ARE THE WARNING SIGNS OF ELDER ABUSE?

- **Physical abuse, neglect, or mistreatment:** Bruises, pressure marks, broken bones, abrasions, burns.
- **Emotional abuse:** Unexplained withdrawal from normal activities, a sudden change in alertness, or unusual depression; strained or tense relationships; frequent arguments between the caregiver and older adult.
- **Financial abuse:** Sudden changes in financial situations.
- **Neglect:** Bedsores, unattended medical needs, poor hygiene, unusual weight loss.
- **Verbal or emotional abuse:** Belittling, threats, or other uses of power and control by individuals.

WHAT DOES A COURT VISITOR DO?

Court Visitors devote 4 to 8 hours per month by:

- Stopping by the Court to sign out a prepared case summary - complete with information needed;
- Calling the Guardian to make an appointment;
- Visits with and interviews the Guardian and the Ward – a sort of wellness check;
- Returns to the Court to submit the Court Visitor's Report.

WHAT IF SOMETHING'S *NOT RIGHT*?

*If there is an urgent situation,
the Court Visitor notifies the Court
immediately for action.*

*Most of the cases come back with
good reports!*

BECOME A COURT VISITOR

If you – *or someone you know* – would like to become a Court Visitor, know this:

1. You will be volunteering your time for a very special population.
2. You will be fulfilled.
3. You will know that you really ARE making a difference.

CITATIONS:

<http://ohiohopes.org/elder-abuse/reporting-and-how-to-report/>

<https://ncea.acl.gov/whatwedo/research/statistics.html#prevalence>

<http://www.napsa-now.org/get-help/help-in-your-area/ohio/>

<https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/>

Court Visitor Volunteer On-Boarding

Date Completed		Staff Tasked
	Volunteer Application Received	Assistant
	<ul style="list-style-type: none"> • Copy of Volunteer Application given to Judge and Recruiter • Original Application placed in 20__ binder • Assistant prepares letter for Judge to be signed then sent to applicant 	Assistant
	Volunteer Received call/ email that app was received and what to expect for next steps	Recruiter
	Volunteer added to Court Visitor database.	Recruiter
	BCI Letter prepared, signed by Judge and sent	Assistant
	BCI results received and conveyed to Judge and Recruiter	Assistant
	Volunteer called to schedule interview date with Judge _____	Assistant
	Interview completed and conveyed to Recruiter	Assistant
	Volunteer committed to training date on _____	Recruiter
	Training completed	Recruiter
	First visit date set for _____	Recruiter
	<ul style="list-style-type: none"> • Volunteer/ mentor completed first visit • Volunteer can complete additional visits with Court staff if requested • Volunteer can partner with another volunteer to do visits together 	Recruiter
	Volunteer completes first visit independently	Court Visitor
	Follow up on first visit observations, questions	Recruiter
	One Month Follow up with volunteer	Recruiter
	Three Month Follow up with volunteer	Recruiter



STARK COUNTY PROBATE COURT
HON. DIXIE PARK
PROBATE JUDGE



COURT ANGEL
TRAINING MANUAL

Court Angel Job Description

The court angel's job is to monitor the care of individuals with court-appointed guardians. This gives the court first-hand information about people for whom the court has ultimate responsibility. The court angel selects a case, gets necessary information from court files, and makes an appointment to visit the guardian and the individual. After the visit, the volunteer fills out a report indicating the status and any recommendations for action. Court staff then review the volunteer's report to determine whether further action is necessary.

Duties and Responsibilities

- complete initial orientation/training and attend quarterly meetings of volunteers;
- arrange with Court staff a mutually agreeable time to obtain and discuss assignments;
- visit guardian and incapacitated person (and caregiver, if appropriate) and record information as necessary;
- complete and submit case report forms with observations and any recommendations for action;
- follow up on cases as requested by Court staff;
- complete assignments in a timely manner and according to court procedures;
- complete quarterly time sheets;
- notify the program in a timely way of any problems with assignments or absences from the program;
- submit annual volunteer evaluation form.

Qualifications

- good listening skills; friendliness, patience, and tact;
- ability to work cooperatively with a wide variety of individuals, including people with significant physical and mental impairments and varying socio-economic backgrounds;
- willingness to complete case reports on forms provided by the court;
- ability to remain objective and non-judgmental in making reports to the court;
- ability to hold information in confidence;
- strong desire to help people and to further the goals of the monitoring project;
- Willingness to provide own transportation to make visits;
- Pass required background check.

Commitment

- Renewable one-year commitment;
- Contribute 8-10 hours per month;
- flexible schedule.

Records Researcher Job Description

The records researcher reviews guardianship records, as assigned by court staff and checks to find out whether the information is correct. The purpose is to update court records for use by the court staff and the court visitors. Verifying records involves telephoning and letter writing or e-mailing, and requires perseverance and patience. Records researchers perform their tasks at the court on a scheduled basis. They keep records of their work and bring to the attention of the Program Director any problems they encounter.

Duties and Responsibilities

- complete initial orientation/training and attend quarterly meetings of volunteers;
- arrange with Program Director a mutually agreeable schedule to perform tasks;
- review and verify court files or databases of guardianship cases as assigned by coordinator;
- complete assignments in a timely manner and according to court procedures;
- complete quarterly time sheets and report on number of cases researched;
- notify the Program Director in a timely way of any problems with assignments, schedule changes or planned absences from the program;
- submit annual volunteer evaluation form,

Qualifications

- resourceful person with good investigative skills;
- patience and tenacity; attention to detail;
- willingness to learn court procedures and abbreviations used in record keeping;
- strong desire to help people and further the goals of the court monitoring program;
- ability to hold information in confidence;
- pass required background check.

Commitment

- Renewable one-year commitment;
- Contribute 8 – 10 hours per month; scheduled basis.

Court Angel Contract

Volunteer

As a volunteer, I assume certain responsibilities and expect to be accountable for the work that I do. I recognize and agree to the following terms:

1. I will act in accordance with the purpose of the court angel program to ensure that persons under guardianship are receiving good care.
2. I will stay within the limits of the court volunteer role as outlined in the job description. I will avoid any conflict of interest, or appearance of conflict of interest, including financial gain, in carrying out my volunteer duties. I will not become involved with the financial affairs in any of the cases to which I am assigned. I understand that such involvement may be grounds for dismissal.
3. I will treat information regarding incapacitated individuals and families gathered from the court records and my visits with utmost respect for the parties' privacy.
4. I will respect the schedules of court staff and other volunteers, and will call ahead to let them know when I am coming in to work or to pick up assignments. I will notify the court if I need to change my schedule or withdraw from the program.
5. I understand that the program protects me from personal liability for acts performed in carrying out regular and authorized volunteer duties. I understand that the insurance provided in the program does not cover operation of an automobile in performance of volunteer duties and that I must provide such coverage through my own policy.

Volunteer

Date

Common Problems That Arise After Guardianship Is Established

The problems outlined below are typical of those, which may arise once a guardianship is in place. The situations may relate to the guardians performance, changes in the ward's needs or capacity, problems with management of the estate, or with the venue of the guardianship.

1. Unsuitable living arrangements resulting from the ward's deteriorating capabilities. It may have been all right for the ward to live on her own two years ago, but now she needs supervised care.
2. Ward may be placed in a setting that is unduly restrictive or unsafe. Access to family members may not be restricted or denied without good cause.
3. Gradual decline in the health of the ward residing with a family member may cause health risks for the ward and overload for the family member.
4. Healthcare provided for the ward may be insufficient due to the lack of fund or unwillingness of the guardian or ward to comply with medically recommended treatment.
5. Necessary training or rehabilitation services may be restricted because of limited community services, long waiting lists, or an overprotective guardian.
6. Funds or resources are inadequately utilized. Sometimes conflict arises between two guardians- one responsible for the person, the other for the estate- or the guardian is unaware of the ward's eligibility for public benefits, such as Medicaid.
7. Improper utilization of funds in which:
 - Family members (other than legal dependents) or friends are supported by ward's funds;
 - Ward is charged for items covered by Medicare or Medicaid;
 - Attorneys or guardians may charge unreasonably large fees or make transactions not permissible without court review.
8. When a ward's functioning improves or deteriorates, the guardian does not return to the court to either end the guardianship, increase the powers of the guardian, or impose full guardianship. Expense is often a barrier to this.
9. The Guardian may move the ward to another county or state without informing the court. This affects the court's ability to monitor the guardianship and assure the ward's wellbeing.

How the Court Responds to Issues

If problems arise in a guardianship, the court has a number of means to encourage—and, if necessary, order—changes. The presence of the volunteers will undoubtedly bring some situations to light. Measures that the court can take following the volunteer recommendations include:

- Letter or call requesting information or clarification from the guardian.
- Letter or call advising the guardian of resources or services.
- Follow-up visit by volunteer to discuss resources, services, or possible improvements with guardian.
- Letter requesting the guardian to submit for approval within a designated time a plan for making improvements in specified areas.
- Letter requesting the guardian to take specific actions within a designated time.
- Appointment of court investigator or guardian ad litem for further investigation.
- Referral of the case to another agency, such as adult protective services or the long-term care ombudsman.
- Order for the guardian to appear at a hearing to determine what problems exist and what changes are needed.
- Order placing limitations on guardian's authority.
- If there is a serious emergency, the judge may immediately appoint a new temporary guardian, without a prior hearing.
- Removal of existing guardian and appointment of new permanent guardian.
- Termination of guardianship—restoration to capacity.

The final decision regarding whether action is appropriate will rest with the Probate Judge. The court is initiating this court angel program so it will have better information for decisions affecting persons under guardianship. Even when the court cannot follow a particular proposal, it need and values the firsthand observations and recommendations of the volunteers.

Confidentiality and Conflict of Interest

Incapacitated adults are some of the most vulnerable people in our society. Many of these people lived normal, independent lives until illness, accident or other conditions caused them to lose the ability to care for themselves. Treat these individuals as they should be treated—with dignity and respect, that is the right of every human being.

Confidentiality

The relationship between the court volunteer and the incapacitated person and/or guardian is a professional relationship and one of absolute confidentiality. The volunteer will learn very personal things about the parties and must keep this information confidential. Do not discuss cases with anyone except appropriate court staff. If you are discussing a case in a volunteer meeting, avoid using the person's name.

Volunteers should disqualify themselves from taking cases in which they have personal knowledge of any parties involved. Issues of confidentiality and emotional involvement preclude a volunteer from taking a case in which he or she knows any of the parties. (In small communities, this may be more difficult, but confidentiality must be respected.)

Conflict of Interest

Volunteers should avoid any activity that would create a conflict of interest or the appearance of conflict of interest. For example, volunteers in a profession such as sales should give no suggestions or recommendations from which they or their associates might profit. Volunteers associated with service industries or the long-term care industry should avoid circumstances in which they are recommending services from their employer. Any information gained as a court volunteer should not be used for any purpose except to complete the court assignments. A volunteer should not apply things learned about a case to a future situation from which he or she can profit.

Volunteers should not accept any gifts or loans from an incapacitated person or guardian, nor make any such gifts or loans.

Steps in Handling a Volunteer Court Visitor Case



AT THE COURT



A FILE WILL BE PULLED



A VOLUNTEER WILL INVESTIGATE TO DETERMINE THE CURRENT ADDRESS AND PHONE NUMBER FOR THE GUARDIAN AND WARD

TAKE A BLANK COPY OF THE REPORTING FORM, THE WARD INFORMATION AND THE COURT



A LETTER FROM THE COURT WILL INFORM THE GUARDIAN ABOUT YOUR UPCOMING VISIT



CALL THE GUARDIAN TO SET UP AN APPOINTMENT



VISIT OR CALL THE GUARDIAN TO FILL OUT THE PORTION OF THE REPORTING FORM RELATED TO THE GUARDIAN. IF THE WARD LIVES IN THE SAME HOUSE, VISIT THE WARD IN PRIVATE IF POSSIBLE.



VISIT THE WARD AT THEIR PLACE OF RESIDENCE. ALSO, SPEAK WITH A CARE GIVER IF APPROPRIATE. FILL IN REPORTING FORM.



COMPLETE THE REPORTING FORM AND RETURN TO THE COURT VIA EMAIL OR IN PERSON AND PICK UP NEW CASES.

Where You will Go... Living Arrangements of Persons Under Guardianship

For most of us, our daily routine consists of eating, dressing, bathing, and getting to and from home, office, or school, as well as caring for other personal needs. However, what of the individual who is unable to perform these “activities of daily living” (often called “ADLs”) and “instrumental activities of daily living” (known as “IADLs”) to some extent or who is totally dependent on others? Individuals, who for various reasons are placed in the care of a guardian, often find themselves in just such situations. Are the living arrangements of these individuals suitable for their circumstances?

The following description of housing facilities and daily living needs are designated as a *guide* in determining which living arrangement best suits the person needing care. However, other circumstances and factors, such as financial or social status may also need to be considered.

Housing/ Long-Term Care	Level of Assistance Needed	Primary Financing
<p>Independent Living</p> <p>-Lives in own home or rental unit.</p> <p>-Lives alone or with spouse, adult children, others.</p>	<p>May require in-home community-based services, such as in-home personal care (assistance with activities of daily living), home health care, care management, specialized transportation, or home delivered meals.</p>	<p>Services through area agency on aging under Older Americans Act, programs for individuals with disabilities; Medicaid</p>
<p>Independent Living</p> <p>-Lives in subsidized senior housing.</p>	<p>May require in-home community-based services, such as in-home personal care, home health care, care management, specialized transportation, or home delivered meals</p>	<p>Services through agency on aging, programs for individuals with mental disabilities; Medicaid</p> <p>Housing may be subsidized by HUD</p>
<p>Group Home</p> <p>-Group homes are small, residential facilities located within a community and designed to serve adults with chronic disabilities.</p>	<p>Individual requires continual assistance with activities of daily living and supervision. May require management of behavior that may be dangerous to self or others, such as aggression or tendency to run away.</p>	<p>Medicaid; state funding; private funding</p>

<p>-These homes usually have six or fewer occupants and are staffed 24-hours a day by trained caregivers.</p>		
<p>Assisted Living</p> <p>-Facilities regulated at state level for people, generally older people, who need help with care, but not the 24-hour medical care provided by a nursing home.</p> <p>-Range in size from small residential house to large facility.</p> <p>-Regulated by state law.</p>	<p>Person needs supervision or assistance with activities of daily living, coordination of services, or medication management by trained staff.</p>	<p>Private pay; or Medicaid waiver.</p>
<p style="text-align: center;">Housing/ Long-Term Care</p>	<p style="text-align: center;">Level of Assistance Needed</p>	<p style="text-align: center;">Primary Financing</p>
<p>Nursing Home</p> <p>-Facility provides care to persons who are chronically ill or recuperating, need continuous nursing care and other health services, but not hospitalization.</p> <p>-Regulated by federal and state law.</p>	<p>Person needs trained staff for help with activities of daily living, medication management, or supervision and nursing care.</p>	<p>Private pay; Medicaid; Medicare (limited to short-term rehabilitative services)</p>
<p>ICF-IID</p> <p>-Intermediate Care Facilities for Individuals with an Intellectual Disability</p>	<p>Person with intellectual disabilities needs a protected residential setting with supervision, rehabilitation, evaluation, or care planning</p>	<p>Medicaid</p>

-Institution for the treatment, rehabilitation, supervision of people with intellectual disabilities. -Regulated by federal and state law.		
Hospital -Provides medical care for people who are ill or injured.	Individual requires 24-hour care for a physical illness or injury	Private insurance; Medicare; Medicaid; other public programs
Mental Health Institution -Hospitals specializing in treatment of serious mental illness.	Individual needs psychiatric treatment and therapy. While patients may be admitted on a voluntary basis, involuntary commitment is required when a person poses a danger to themselves or others.	Private and public sources

Volunteer visitors should be alert for inconsistencies between the person’s ability to function and the level of placement—either too restrictive or not protective enough. Also, check the quality of care generally. Your report to the court should note any problems or inconsistencies.

The scenarios below highlight common problems that should be reported to the court.

Independent Living—With Others

Mrs. Moore lives with her son and grandson. Her grandson has a developmental disability and requires constant care. Her son is guardian and receives her Social Security and SSI checks as Representative Payee. When the visitor called on Mrs. Moore, he found that she was not receiving proper care and that the son had been using his mother’s checks to pay his son’s medical bills.

Mr. and Mrs. Nolan have been together for over 60 years and have relied on each other for support. Mr. Nolan has several medical complications and significant memory loss. Mrs. Nolan is his guardian, but now she is beginning to experience mental confusion herself and finds it increasingly difficult to care for her husband.

Group Home

Roger is 20 years old and was diagnosed with schizophrenia. He was released to a group home from a state hospital and has improved significantly. He now wants to get a job and move into a supervised apartment setting. The group home has not assisted him with this transition.

Assisted Living

When Mr. Frank moved into an assisted living, he had just recovered from a fall that left him with severe pain in his left hip. He needed help with medication, bathing, and toileting. After a while, the quality of care began to decline. He had to wait long periods for help in getting to the bathroom. The bathing became irregular. When the guardian visited the facility, she found that staff had been reduced. The facility no longer met his needs.

Nursing Home

Mrs. Vaughn is a chronic alcoholic whose adult children petitioned for guardianship because she was spending all her monthly income on alcohol. She lived at home until poor health led her children to seek nursing home placement. After a few months, her health improved, and she can now perform most of her activities of daily living, and can take medication. She would like to leave the nursing home—but is incontinent and requires supervision. She could probably live in a more independent setting.

Mr. Stanley is no longer able to live independently. A stroke left him paralyzed on the left side. His speech is poor and he is unable to move unassisted. After agonizing, his wife decided a nursing home would be best for him. Mr. Stanley understands why he is in the nursing home, but separation from his family has left him depressed and he has suicidal thoughts. The nursing staff provides for his physical needs, but his emotional state has been neglected.

ICF-IDD (Intermediate Care Facilities for Individuals with an Intellectual Disability)

John is a 49-year-old individual with intellectual disabilities who has resided in an intermediate care facility for many years. His elderly father, who is guardian, feels he has a stable and appropriate placement, where safety is assured. However, the state protection and advocacy agency says the care in the facility is poor and neglect is common. They offer assistance in transitioning John to a smaller, more independent group home. John likes the idea, but his father is troubled.

Hospital

Mr. Stevens is an 80-year-old homeless man who suffered a stroke and was admitted to the hospital for treatment. The court appointed the public guardianship agency to make decisions about medical care. Mr. Stevens now needs care in a nursing home, but the public guardianship agency has not made arrangements for his discharge and placement. The hospital is anxious for him to vacate the bed.

Mental Health Institution

Rebecca has been institutionalized in a state mental hospital for the past five years. After extensive treatment, her condition has improved sharply. She is now able to leave the hospital, providing she has appropriate supervision. However, her case is not up for review for another nine months.

Whom You will See... Learning About People Under Guardianship

Guardianships become necessary when individuals cannot make and communicate decisions about their care and/or their property, and less restrictive options are not available—for example, the person has no advance care planning documents. How well an adult functions is the key to determining whether a guardianship is needed. But often, the rationale stated in the guardianship petition and/or the court order is simply a medical condition, rather than the functional limitations that may be caused by the condition. For example, a guardianship is not necessarily needed because a person has an intellectual disability (a condition), but having such a disability may mean the person cannot make decisions about self-care or property (a function) and, therefore, may need a guardian. The key is the functioning, particularly given the risk involved.

As a volunteer visitor, you will be interviewing people with a wide range of mental disabilities, as well as physical disabilities. This section gives you background on the most common conditions that may cause functional limitations. You may encounter individuals with more than one of these disabilities, and you may see references to a physician's diagnosis for one or more of the disabilities in the person's guardianship case file.

Alcoholism and Substance Abuse

Chronic use of alcohol or drugs can compromise a person's ability to make decisions about his or her care and/or property. In extreme cases, alcohol and drug abuse can lead to dementia, brain damage, mental illness, and death. Rehabilitation may help the person to overcome mental or physical impairments and regain independence. Unfortunately, sometimes the problem is cyclical—with treatment; the person regains independence, and then reverts to a period of alcohol or drug abuse.

Tips for Court Angels: When people suffer from alcohol or substance abuse, sometimes the inability to manage is limited to finances. Such individuals may require only a conservator (guardian of the property) or if public benefits are at issue, a Social Security Administration representative payee.

Dementia, Alzheimer's disease and Other Dementias

According to the National Institute of Health, dementia is a word for a group of symptoms caused by disorders that affect the brain. It is not a specific disease, but a syndrome characterized by decline in memory along with decline in other cognitive abilities. Alzheimer's disease, a specific type of dementia, accounts for 50 percent to 70 percent of dementia cases. Some dementias may be caused by illness or drug reaction, and these possible sources of dementia should be explored before a final diagnosis of Alzheimer's or other dementia is made.

People in the early stages of dementia may not need a guardian or may require only a limited guardianship. However, as the capacity to make decision and care for oneself is gradually lost, a guardianship may become necessary.

Tips for Court Angels: People with Alzheimer's disease or other dementias may be difficult to interview. In earlier stages, long-term memory often remains intact while short-term memory dwindles. Discussion may be confusing, since they are likely to lose track of the conversation or forget where they are or who you are. They may experience paranoia or become agitated during conversation. However, at other times they may appear coherent, so an extended conversation may be necessary to reveal limitations. In the late stages, people with Alzheimer's may be unable to converse with you at all.

Mental Illness

According to the National Alliance on Mental Illness mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Certain *serious* forms of mental illness cause people to lose touch with reality and it interferes with their ability to function. Psychotic symptoms (hallucinations, confusion, and paranoia) may appear because of a chemical imbalance in the brain, drug abuse, illness, a reaction to medication, or severe stress. A traumatic event such as a move to a nursing home may cause psychotic symptoms in some people. A Full psychological and physical evaluation should be done before a label of mental illness is imposed. Many mental illnesses are treated effectively with medication and/or counseling.

Tips for Court Angels: People with psychotic conditions may be hard to interview. Some may hear voices or hallucinate. Some may have delusions or paranoia. You may want to consult with the guardian and/or caregiver for suggestions about visiting the person. Non-judgmental, attentive listening is usually the best course to take. Be alert and use special caution for safety. If you feel unsafe, cancel the visit and notify the Court Angel Program Director.

Intellectual Disabilities

A person with an “intellectual disability” has an IQ between 70-75 or below, as well as significant limitations in adaptive behaviors. Onset occurs before age 18. Developmental disabilities cause a permanent limitation on the ability to function well mentally; however, the level of disability may range widely from mild to profound.

People with intellectual disability and developmental disability often need guardians. A child with such a disability who is turning 18, and whose decisions have been made by parents will need a guardian—often the parent or parents— upon reaching majority.

Tips for Court Angels: Treat adults with intellectual disability as adults and avoid talking down to them. Use their proper names. Communicating may require some extra time and effort. Try to keep your surroundings free from distractions and noise. Establish eye contact and speak slowly, clearly, and expressively. You may need to rephrase certain questions. Ask open-ended and either-or questions, rather than questions that can be answered with a yes or no. Be prepared to wait, do not jump in and try to finish sentences for them.

Strokes; Traumatic Brain Injury

A stroke is a medical emergency that occurs when blood flow to the brain stops. As a result of a stroke, the affected area of the brain is unable to function, leading to limitations on movement, understanding, speaking, or seeing. Some people who suffer a stroke remain clear mentally, but have difficulty expressing their wishes. This condition is called aphasia. Stroke patients who experience mental confusion may need guardianship, but may be restored to capacity upon successful rehabilitation.

A traumatic brain injury is often caused by motor vehicle accidents or military action. Traumatic brain injury (TBI) can cause a wide range of changes affecting thinking, sensation, language, and emotions. Sometimes people with brain injuries need temporary or permanent guardians. Sometimes people recover enough to be restored to capacity.

Tips for Court Angels: People with strokes or head injury may have difficulty communicating and may be very frustrated. Keep your manner encouraging, unhurried, and patient. Ask questions that require only short answers or a nod of the head. Some people may be able to write out their answers or use a sign. Observe the method of communication the person uses or ask the guardian. If the person is in a wheelchair, sit on the same level with him or her.

Physical Limitations

Some severely physically disabled people may require guardianship even when their mental capacity remains intact. A person may require a guardianship if he cannot make or communicate decisions about his care. A physically challenged person who is able to make and communicate decisions probably does not require a guardianship.

Reversible or Temporary Conditions

Sometimes individuals who have experienced temporary conditions find themselves under guardianship and you may need to alert the court that restoration of capacity should be considered. Here are examples of conditions that may cause confusion and diminished capacity, but that often are temporary and reversible: delirium, medication effects, urinary tract infection, transfer trauma (stress caused by relocating from one environment to another), and depression, stress, grief.

Indicators of Abuse, Neglect and Exploitation

To properly assess the situation of the individual under guardianship, the visitor needs a clear understanding of what is meant by “abuse,” “neglect, and “exploitation.”

“Abuse” means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.

“Neglect” means the failure of an adult to provide for self the goods or services necessary to avoid physical harm, mental anguish, or mental illness or the failure of a caretaker to provide such goods or services.

Neglect is categorized as either active or passive. In the case of active neglect, the failure to care for the elderly person is intentional, whereas passive neglect is unintentional, e.g., the caregiver does not provide food for the elderly person because the caregiver is sick.

Key indicators of abuse, neglect, and exploitation are below. These indicators do not necessarily mean that abuse, neglect, or exploitation has occurred, but they are signs that action may be needed. For a court visitor, this means letting the Program Director know right away so he or she can take appropriate action, such as contacting adult protective services, a physician or other health care professional, or law enforcement officers.

Physical Indicators of Abuse/Neglect

- Injury that has not been cared for properly or from implausible cause
- Pain on touching
- Cuts, lacerations, puncture wounds
- Bruises, welts, discoloration
 - Structurally similar to an object
 - Presence of old and new bruises at the same time
- Dehydration and/or malnourishment with or without illness-related cause; loss of weight
- Pallor, sunken eyes, cheeks
- Evidence of inadequate care (e.g., bedsores without adequate medical care)
- Insect or parasite bites
- Evidence of inadequate or inappropriate administration of medication
- Eye problems, retinal detachment
- Poor skin hygiene
- Absence of hair and/or hemorrhaging
- Soiled clothing or bed

- Burns: may be caused by cigarettes, acids, or friction
- Signs of confinement (tied to furniture, locked in a room)
- Lack of bandages on injuries or stitches when injured, or evidence of unset bones

Injuries are sometimes hidden on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room or hospital or health care “shopping” may also indicate physical abuse. The lack of necessary appliances, such as walkers, canes, beside commodes, and the lack of necessities, such as heat, food, water, and unsafe conditions in the home (no railings on stairs, etc.) may indicate abuse or neglect.

Behavioral Indicators of Abuse/Neglect

- Fear
- Withdrawal
- Depression
- Helplessness
- Resignation
- Hesitation to talk openly
- Implausible stories
- Ambivalence/contradictory statement not due to mental dysfunction
- Anger
- Denial
- Non-responsiveness
- Agitation, anxiety

Indicators from the Family/Caregiver

- Problems with alcohol or drugs
- Person does not have opportunity to speak for self, or to see others without the caregiver present
- Obvious absence of assistance, attitudes of indifference, or anger toward the dependent person
- Family member or caregiver “blames” the person (e.g., accusation that incontinence is a deliberate act)
- Aggressive behavior (threats, insults, harassment)
- Previous history of abuse to others

- Flirtations, coyness, etc., as indicators of possible inappropriate sexual relationship
- Social isolation of family, or isolation or restriction of activity of the person within the family unit
- Conflicting accounts of incidents by the family, supporters, victim
- Unwillingness or reluctance to comply with service providers in planning for care and implementation
- Withholding of security and affection

Mental Health Issues

Maintaining mental health is a basic issue of living, regardless of age. The Mental Health Association defines good mental health as (1) feeling good about yourself, (2) feeling good about others, (3) being able to meet the demands of life.

Mental health issues are important for Court Angels to know about because people under guardianship usually experience significant changes and losses in their lives. These losses can affect the person's emotional health. Some of the losses include changes in physical and intellectual capacity, loss of sensory abilities, loss of independence, loss of status and income due to retirement or disability, and the loss of friends and loved ones from death or separation. In addition, sometimes guardianships are imposed because of severe mental illness, which has impaired a person's ability to think rationally.

Mental health needs are generally overshadowed by the attention paid to medical needs. This is particularly true of older and disabled persons, where dementia and depression are considered by some to be normal signs of aging or disability. The National Institute of Mental Health estimates that about one in five person in the United States could benefit from traditional mental health care. For persons over 65, this figure increases to about one in every four persons. For nursing home residents, the risk factor is even greater. In addition to this, another 10% of the population would benefit from services for substance abuse disorders. As Court Angels, you will want to be as sensitive to issues of mental and emotional health as you are to issues of physical health.

The following text describes some of the common mental illness experienced by people under guardianship.

Depression

Depression is an overwhelming feeling of sadness and dejection. It can manifest itself in different levels from having "the blues" to suicidal thought or actions. An enduring period of depression can cause impairment in the person's ability to function. A certain amount of

sadness is normal when a person has suffered a loss. It only becomes a serious problem when the depression is out of proportion to the loss or endures long after the loss is suffered.

Symptoms: The following symptoms may indicate serious problems if they persist over two weeks and/or if they cause an impairment in the person's ability to function:

- Sad, depressed, or "empty" mood
- Loss of interest or pleasure in ordinary activities
- Decrease in sexual drive
- Sleep disturbances (insomnia, early-morning waking, over sleeping)
- Eating disturbances (appetite and/or weight loss or gain)
- Decreased energy, fatigue
- Feeling of pessimism, guilt, worthlessness, helplessness, hopelessness
- Thoughts of death or suicide, suicide attempts
- Change in activity level
- Diminished ability to think and/or concentrate

Depression is sometimes difficult to detect because it can masquerade as "senility" or other conditions. A number of physical problems, including malnutrition, and hypothyroidism, can cause symptoms of depression. Certain medications or drug interactions can also bring about signs of depression.

Prognosis: Usually good. Anti-depressant medications are frequently quite effective in treating even severe depression. Reactive depressions usually run their course after the causal event and a period of grieving has passed.

Contributing to Incapacity: Depression can sometimes mimic dementia. In this way, it can temporarily affect decisional capacity and should be carefully evaluated.

Suicide

Older people have the highest suicide rate of any age group, in particular men over 65 years. According to the Centers for Disease Control, Men aged 85 years or older have a suicide rate of 45.23 per 100,000, compared to an overall rate of 11.01 per 100,000 for all ages. If you suspect that a person is seriously suicidal (speaks of desire to die, has a plan), report this immediately to the guardian, the nurse in charge, the social worker, caregiver—and the court.

Dementia

Dementia is a group of symptoms caused by disorders that affect the brain. It is not a specific disease, but a syndrome characterized by decline in memory along with decline in other cognitive abilities. People with dementia have serious problems with two or more brain functions, such as memory and language. Many different diseases can cause dementia, such as Alzheimer's disease and stroke.

Symptoms:

- Loss of intellect
- Memory loss ranging from mild forgetfulness to severe forgetfulness
- Attention deficit/easily distracted
- Sleep patterns are reversed/ has their days and nights mixed up
- Symptoms are worse at night/ sun downers
- Incontinence
- Trouble learning new tasks
- Impaired judgment
- Poor impulse control
- Language difficulties
- Personality change

A number of reversible conditions, such as hypoglycemia, congestive heart failure infections, thyroid problems, depression, adverse drug reactions, and malnutrition can mimic dementia. It is therefore very important that a person who is experiencing dementia undergo a comprehensive medical examination. Too often, it is assumed a person is just suffering from old age and cannot be helped.

Prognosis: Dementias may be progressive, such as Alzheimer's disease, which progresses in stages. Dementia resulting from multiple small strokes may not be progressive. Disability may recur with each new episode associated with multiple strokes. Dementias associated with brain abnormalities, such as tumors and hydrocephalus, are usually progressive unless surgical treatment is successful.

Contributing to Incapacity: Dementia is a common cause of diminished capacity, often leading to the need for guardians or other surrogate decision makers.

Organic Brain Syndrome

Organic brain syndrome is a term that has been used for years to describe anyone with organic changes in the brain producing dementia. Recent studies have shown that this is a poor diagnosis because the various mental disorders can be classified in relation to their causes (see dementia).

Prognosis: When there is organic brain damage, such as with hardening of the arteries, multiple strokes, or cerebral arteriosclerosis, the disorder is usually slowly progressive.

Contributing to Incapacity: The various dementias that would be included in this broad description have the same significance as other dementias.

Alzheimer's Disease

Alzheimer's is a brain disease that causes problems with memory, thinking, and behavior. Alzheimer's is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 50 percent to 70 percent of dementia cases.

Prognosis: Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Alzheimer's is a progressive disease, where symptoms gradually worsen over a number of years. In its early stages, memory losses is mild, but with late-stage Alzheimer's individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from three to 20 years depending on age and other health conditions.

Contributing to Incapacity: As Alzheimer's disease progresses, it affects memory and other cognitive abilities, as well as the ability to perform tasks in daily life.

Paranoia

Paranoia is a symptom in which a person becomes very suspicious about people and events surrounding him or her. Paranoia is often a symptom of other disease, especially schizophrenia. Paranoid individuals may become dangerous because they become frightened of an individual and unwittingly may do severe harm to the person they think is persecuting them.

Prognosis: Many individuals with paranoid trends have persistent paranoia through life. It may be mild, or when associated with mental disease, may be severe. In some instances, medical treatment or psychotherapy can be helpful.

Contributing to Incapacity: Paranoid individuals can often be very difficult to evaluate and to deal with. They can be so suspicious that they will not trust even their closest companions.

Schizophrenia

Schizophrenia is a mental disorder associated with dramatic personality changes characterized by withdrawal, indifference, and at times delusions, hallucinations, and paranoia. Sometimes a schizophrenic may have multiple personalities. Schizophrenia, when associated with paranoia, may create a dangerous situation, and may result in very bizarre behavior. Such patients should be under the care of a psychiatrist.

Prognosis: The prognosis of schizophrenia has improved in recent years with the use of antipsychotic medications, which sometimes help to relieve some of the severe symptoms of schizophrenia.

Contributing to Incapacity: Serious schizophrenics can present very severe management problems for family and caretakers. Their behavior can be so strange that one is not sure whether the patient's decisions are accurate or inaccurate.

If you ever receive a case you feel uncomfortable visiting for any reason, please do not visit that ward. Just inform the Program Director that the ward was not visited and a new case will be assigned to you.

Medications

People under guardianship are usually experiencing some kind of illness or disability. Often these people take medication to help them. Court visitors do not prescribe drugs, evaluate the appropriateness of medications, or diagnose reactions to drugs. However, visitors should be aware that many of the people you will visit will be taking numerous medications and that sometimes problems arise with these medications. As a visitor, if you suspect a drug-related problem, note your observations in your report to the court.

1. Common Problems with Medications

Noncompliance: When a person refuses to take the medication prescribed.

The incapacitated adult is a 44-year-old male veteran with schizophrenia, who lives at home with his family. The guardian is an attorney. The visitor learns from the family that he will not take medication to control his schizophrenia. The veteran complains about being constantly anxious. He is too afraid to go to the veteran's hospital to pick up his medicine. The family offers virtually no support to the ward. The man's condition is deteriorating rapidly.

Forgetfulness: Memory loss may cause a person to forget to take medication or, it may cause a person to take repeat doses, having forgotten that the doses already have been taken.

Mrs. Jones lives in a small assisted living residence. She takes four different medications: two need to be taken every four hours, one must be taken with meals, and the other is taken upon rising and again at bedtime. One of her medications is an anti-anxiety drug that in normal doses helps keep Mrs. Jones calm. In larger doses, this drug may cause extreme drowsiness or lethargy. Mrs. Jones sometimes forgets which medications she has taken and therefore takes double doses "just to be sure." She often complains of drowsiness and the staff thinks she may have dementia.

Doctors do not coordinate prescriptions: Older patients take about three times as many medications as younger people do. Almost 90 percent of individuals age 65 and older take prescription drugs and, on average, they take about five such drugs, as well as over-the-counter medications. Often different physicians prescribe the drugs. Coordination between physicians is essential to avoid harmful drug interactions.

Mr. Lopez suffered a stroke a few years ago and now lives with his daughter, who is his guardian. He makes regular visits to his internist, a neurologist, and a rheumatologist. The neurologist put Mr. Lopez on a blood thinner and anticlotting drug. The rheumatologist prescribed large doses of aspirin for his arthritis. Mr. Lopez subsequently developed prolonged and severe nausea. His daughter took him to the emergency room where a routine inventory was taken of his medications. It was only because of this incident that Mr. Lopez and his family learned that aspirin, when taken with a blood thinner, could cause nausea and even internal bleeding.

Budgetary constraints: Sometimes needed medication is too expensive for people on fixed incomes to buy. Needed drugs may not be covered under the Medicare Part D plan's "formulary" or list of medications, premiums and deductibles may be high, and plan coverage may change from year to year.

Mrs. O'Toole is a widow whose only source of income is her Social Security check, which totals \$465 per month. She has high blood pressure and was prescribed medication by the doctor at the local clinic. The medication costs \$70 a bottle and is not fully covered by her Medicare plan. Mrs. O'Toole feels she cannot afford to spend her meager funds on this medicine.

Drug reactions: Sometimes reactions to drugs can imitate confusion, depression, weakness, and other behaviors that some people mistakenly attribute to disability or old age. These reactions are usually reversible.

Mrs. Janowski, a nursing home resident, complained of stomach pains and was diagnosed with ulcers. She was prescribed a popular anti-acid medication. Shortly after the medicine was started, Mrs. Janowski became quite agitated and confused. The doctor ordered an anti-psychotic drug for what was thought to be a psychotic episode. A few days after the anti-psychotic drug was started, Mrs. Janowski was moved onto a "restricted" ward. Only persistent intervention by her son led to the discovery that her "psychotic" symptoms were really an adverse reaction to the anti-acid.

Effects of Aging: As our bodies' age and metabolism changes, the effects of drugs can be different, and there may be a need for different dosages, intervals or duration of medications, or there may be some medications that are not appropriate. The "Beers List" is a list of potentially inappropriate prescription drugs for older people.

2. Some Definitions

Adverse drug reaction: An unintended, harmful response to a drug occurring at regular dosage levels. Example: confusion may be the result of an adverse reaction to an antidepressant. Other common adverse reactions to drugs taken by older people include depression, loss of appetite, weakness, drowsiness and lethargy, irregular gait, forgetfulness, tremor, constipation, diarrhea, and difficulty in urinating.

Side effect: An unwanted, predictable pharmacological reaction unrelated to the therapeutic effect of a drug and not due to over-dosage. Example: a side effect of an antihistamine is dry sinuses and mouth.

Overdose: A characteristic but excessive effect of a drug caused by administration of a dose that is larger than the usual therapeutic dose for the patient size and age. It is important to point out that the administration of the "usual dose" of a medication to an older person may still be inappropriately large because of age-related changes in metabolism. Example: residual morning drowsiness may result from an overdose of sleeping medication administered the night before.

3. Characteristics of People at Risk

Person is 75 years of age or older: Numerous physiological changes that generally occur as people age may change the way medications affect this population.

Person is of extremely small physical stature: A specific dose of medication may need to be adjusted to a patient's physical stature.

Person is receiving an excessive number of medications: As the number of medications taken by an individual increases, so do the risks of adverse drug reactions and drug interactions. Forty-six percent of people over age 60 take two or more prescription drugs daily.

Person has developed new symptoms or changes in overall condition after modification of drug therapy: Recent changes in an individual's drug therapy may result in adverse drug reactions that cause new symptoms or significant changes in a person's condition, such as confusion or depression. These changes or new symptoms should not be dismissed simply as characteristics of aging or as the result of age-related changes in physical condition.

Person has developed kidney dysfunction: Kidney function is an important consideration in drug therapy, because many drugs are eliminated from the body through the kidneys. If a person with poor kidney function is given a drug dose that is too high, toxicity may occur. Kidney function declines as people age, and elderly persons may experience acute or chronic conditions that cause further decline in kidney function (e.g., diabetes).

Person is taking high-risk medication: Certain medications taken more frequently by older people are known to be associated with a relatively high degree of toxicity.

Nine Tips for Making a Good Visit

1. If you pick up your cases at the court, call before coming to make sure your cases are ready for you.
2. Read the case file closely, filling out the appropriate filling out the appropriate information on the Reporting Form. A careful reading of the case file will give you background information that will help you prepare for the visit.
3. The court will have already sent the guardian a letter announcing the Court Angel program, so they will expect your phone call.

4. You may want to take more than one Reporting Form in case you want to make draft notes on one copy and turn in the other. Take more than one copy of your Court Order (or other authorizing paper) in case someone asks for a copy.
5. Speak with the guardian over the phone or in person. Have the guardian give you guidance about visiting the ward.
6. Remember, if the guardian is antagonistic or threatening; do not put yourself in jeopardy. Leave and call the Program Director for advice about how to proceed with the case.
7. Whenever possible, meet the ward in private.
8. Meet with others involved in the care of the ward until you feel as if you have a full picture of the ward's situation.
9. Report any serious cases to the Program Director as soon as possible.

Dos and Don'ts of Good Communication

Do:

- Be a good listener. Show genuine interest and concern.
- Look to see if the person is listening or seems confused.
- Be alert to facial expressions. Does the expression match the tone of voice or body language?
- Listen to voice qualities—pitch, volume, rate of speed.
- Be aware of “comfort zone.” Some people (or cultures) prefer close contact, others more distant.
- Put the speaker at ease. Help the person know he or she is free to talk.
- Be honest. Speak directly to the person about difficult things, such as losses or illnesses to affirm the person's feelings.
- Ask the person's viewpoint and use open-ended questions to get responses that are more complete.
- Show empathy. Try to put yourself in the person's place.
- Be patient. Allow the person time to express thoughts.
- Be supportive of feelings, yet maintain objectivity.
- Offer choices or options when appropriate.

Do not:

- Do all the talking
- Change the subject when the person is discussing troubling topics, such as death and dying.
- “Tune out” or selectively hear problem statements.
- Be argumentative or critical.
- Ask “why” or “how come” questions that put the person on the defensive.
- Be inattentive or insensitive to the person’s concerns or needs.
- Assume the role of “neighborhood friend” when the person reveals personal information.
- Get angry over statements made.
- Interrupt, start for the door, or walk away before the person is finished expressing concerns.
- Shuffle paper, doodle, tap, or otherwise seem inattentive.
- Cut short the amount of time spent.
- Give legal advice.

Note: Maintaining eye contact often helps communication. However, in some cultures it is considered threatening or disrespectful.

Communicating With People with Disabilities

Etiquette considered appropriate when interacting with people with disabilities is based primarily on respect and courtesy. Outlined below are tips to help you in communicating with persons with disabilities.

a. General Tips for Communicating with People with Disabilities

- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
- If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.

- Relax. Do not be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Do not be afraid to ask questions when you are unsure of what to do.

b. Tips for Communicating with Individuals Who Are Blind or Visually Impaired

- Speak to the individual when you approach him or her.
- State clearly who you are; speak in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Never touch or distract a service dog without first asking the owner.
- Tell the individual when you are leaving.
- Do not attempt to lead the individual without first asking; allow the person to hold your arm and control her or his own movements.
- Be descriptive when giving directions; verbally give the person information that is visually obvious to individuals who can see. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.

c. Tips for Communicating with Individuals Who are Deaf or Hard of Hearing

- Gain the person's attention before starting a conversation (i.e., tap the person gently on the shoulder or arm).
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use short, simple sentences. Avoid smoking or chewing gum.
- If the individual uses a sign language interpreter, speak directly to the person, not the interpreter.
- If you telephone an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat the reason for the call and who you are.
- If you do not have a Text Telephone (TTY), dial 711 to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.

d. Tips for Communicating with Individuals with Mobility Impairments

- If possible, put yourself at the wheelchair user's eye level.
- Do not lean on a wheelchair or any other assistive device.

- Never patronize people who use wheelchairs by patting them on the head or shoulder.
- Do not assume the individual wants to be pushed—ask first.
- Offer assistance if the individual appears to be having difficulty opening a door.
- If you telephone the individual, allow the phone to ring longer than usual to allow extra time for the person to reach the telephone.

e. Tips for Communicating with Individuals with Speech Impairments

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back.
- Be patient. Take as much time as necessary.
- Try to ask questions that require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish her or his sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

f. Tips for Communicating with Individuals with Cognitive Disabilities

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Be prepared to repeat what you say, orally or in writing.
- Offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible, and supportive. Take time to understand the individual and make sure the individual understands you.

Remember: Relax.

- Treat the individual with dignity, respect, and courtesy.
- Listen to the individual.
- Offer assistance but do not insist or be offended if your offer is not accepted.

Tips for Working with Individuals from Other Cultures

Make a conscious effort to approach each person as an individual.

- Do not operate on assumptions; avoid myths and stereotypes.
- Avoid the assumption that if an individual's country of origin is outside the U.S. the person will have problems speaking English.
- Find out what the issues and needs are for the individuals with whom you will be working.
- Include others from the individual's community in the discussion, if appropriate.
- Be honest, sincere, and sensitive.
- Be aware of cultural backgrounds, customs, and values of the persons with whom you are interacting. Also, be aware that cultures have widely differing values and behavioral standards about family involvement, decision-making, and health care.
- Sometimes an over-friendly approach may be seen as a put-down.
- If a person tries to avoid eye contact, follow the lead. In some cultures, direct eye contact may be interpreted as confrontational, disrespectful, or rude.
- Be careful about touching other people. Develop a relationship and then evaluate what is appropriate.
- Learn to listen.
- Be flexible, patient and tolerant. There may be a period of testing.
- Do not give up. Keep trying.

Glossary of Common Medical Terms

Alzheimer's Disease

Alzheimer's is a brain disease that causes problems with memory, thinking, and behavior.

Alzheimer's is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 50 percent to 70 percent of dementia cases. See

http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp.

Prognosis: Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Alzheimer's is a progressive disease, where symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from three to 20 years depending on age and other health conditions (see http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp).

Contributing to Incapacity: As Alzheimer's disease progresses, it affects memory and other cognitive abilities, as well as the ability to perform tasks in daily life.

Anemia

Anemia indicates a lower than normal hemoglobin in the blood and lower than normal red blood cell count. The most common causes of anemia in aging are blood loss, poor-nutrition, or poor absorption of iron.

Prognosis: The prognosis, generally, is good with treatment and the anemia should be controlled.

Contributing to Incapacity: If severe, anemia can decrease the capacity of the brain to function well.

At Risk

This is a common term used by geriatricians to indicate that people, especially frail elders, are susceptible to periods of confusion when placed under physical or mental stress.

Prognosis: Confusion of this type is intermittent, not progressive, and disabling only during the period of confusion.

Contributing to Incapacity: Capability of function can be markedly disturbed in stressful situations. People could unwittingly or purposely put an individual under stress that causes confusion.

Brain Tumor

Brain tumors are growths that occur in different portions of the brain. Some brain tumors may be removed surgically. Malignant brain tumors usually cannot be removed, do not respond well to treatment, and frequently progress rapidly to death.

Prognosis: Benign tumors, fair to good. Malignant tumors, poor to fatal.

Contributing to Incapacity: Brain tumors, especially in certain locations, can cause mental confusion similar to the confusion that occurs with other forms of dementia.

Cerebral Arteriosclerosis

This is a condition of hardening of the arteries in the brain. The disorder causes plaques to form in blood vessels that have become stiffened with aging, leading to marked diminution in blood flow to the brain. Clotting of blood in these small vessels can be a cause of multiple small strokes.

Prognosis: Variable. Arteriosclerosis may persist for many years or, with multiple strokes, may lead to periodic episodes of confusion and eventually to death.

Contributing to Incapacity: The confusion occurring with cerebral arteriosclerosis can mimic the confusion that is seen with other forms of dementia. It is usually not progressive, but may be associated with periodic recurrent episodes. The resulting diminished abilities can be both physical and mental, and frequently is a cause for institutionalization.

Comatose

Comatose is a state in which a person is unconscious and unaware of surroundings. A person can be comatose as a terminal event with many illnesses, or may be comatose as a result of alcohol, drugs, stroke, or medical disorders, such as diabetes.

Prognosis: In most comatose states, the person may recover from the coma with treatment and may then have an essentially normal life. Comas, such as seen in terminal liver disease, are fatal.

Contributing to Incapacity: Persistent comas eliminate the possibility of the patient making any decisions and a surrogate is required. In temporary comas, the individual usually will return to normal function.

Confusion

Confusion is a state in which the person experiences loss of memory, as well as diminished awareness of environment, time (of day, year, or month), and presence or absence of friends or relatives. May result from multiple causes, many of which are reversible.

Prognosis: Varies widely, depending on cause.

Contributing to Incapacity: Severe confusion indicates lack of capacity; but it is important to be alert to temporary or reversible causes of confusion, such as urinary tract infections, effects of medication, or delirium.

Congestive Heart Failure

Congestive heart failure is a term that physicians use any time the heart is not functioning adequately to take care of normal or even excessive physical activity. The condition is common in older individuals, but in most instances can be well controlled with medication and does not always indicate a serious problem. In a severe state, it is quite serious. Congestive failure should be described indicating whether it is mild, moderate, or severe. The physician should explain the extent of the disability.

Prognosis: Mild to moderate congestive heart failure carries a good prognosis with adequate treatment. Severe congestive heart failure may be fatal.

Contributing to Incapacity: The severe congestive heart failure patient will be totally incapacitated physically and mentally, and in need of round-the-clock support to take care of daily activities. Mental function is not affected in the mild to moderate condition.

Delirium

Delirium indicates a state of temporary total confusion frequently associated with agitation, restlessness, and, at times, hallucinations. Older people on medications, using alcohol, or following surgery are particularly susceptible to delirium. Delirium also may be triggered by an illness associated with fever and by extreme anxiety.

Prognosis: Delirium is usually temporary and does not produce a permanent problem.

Contributing to Incapacity: States of delirium can be misinterpreted to indicate a serious mental disorder when, in reality, the condition is usually temporary.

Delusion

A delusion implies a belief in something that is contrary to fact or reality. Delusions are misconceptions in which people may believe things are happening that are not. Delusions can be frightening or they can be fantasies such as delusions of grandeur.

Prognosis: Delusions may occur with serious mental illness and, as such, the prognosis is not good. Delusions without other symptoms may not be a serious problem.

Contributing to Incapacity: Delusions may contribute to diminished capacity, especially when associated with other problems and when they are obvious to other people.

Dementia

Dementia is a group of symptoms caused by disorders that affect the brain. It is not a specific disease, but a syndrome characterized by decline in memory along with decline in other cognitive abilities. People with dementia have serious problems with two or more brain functions, such as memory and language. Many different diseases can cause dementia, such as Alzheimer's disease and stroke.

Prognosis: Dementias may be progressive, such as Alzheimer's disease, which progresses in stages. Dementia resulting from multiple small strokes may not be progressive. Disability may recur with each new episode associated with multiple strokes. Dementias associated with brain abnormalities, such as tumors and hydrocephalus, are usually progressive unless surgical treatment is successful.

Contributing to Incapacity: Dementia is a common cause of diminished capacity, often leading to the need for guardians or other surrogate decision makers.

Depressions

Depression may be considered intrinsic or reactive. Intrinsic depression is a state of depression that occurs spontaneously without any obvious reasons and has been shown to have some chemical manifestations in the brain that affect the person's mood. Reactive depression is the depression that occurs because of a life situation, such as loss of a child or spouse, loss of health, loss of income.

Prognosis: Usually good. Anti-depressant medications are frequently quite effective in treating even severe depression. Reactive depressions usually run their course after the causal event and a period of grieving has passed.

Contributing to Incapacity: Depression can sometimes mimic dementia. In this way, it can temporarily affect decisional capacity and should be carefully evaluated.

Developmental Disability

See “Intellectual Disability.”

Frail Elderly

Frail elders are older individuals who have physical or mental disabilities that may interfere with the ability to live independently and perform the activities of daily living, often over age 85.

Prognosis: People in this state will usually deteriorate gradually and are especially susceptible to stress, infections, injury, and disturbances of circulation.

Contributing to Incapacity: Frail older people may or may not have diminished decisional capacity. It is important not to equate advanced age and frail physical condition with decisional incapacity.

Functional

Functional means a disturbance in the body not associated with a diseased tissue or organ. Many functional disorders such as an irritable bowel, forms of mild depression, drinking disorders, anxiety, are examples of functional states.

Prognosis: Usually good since the functional disorders are progressive and individuals can learn with help, sometimes with medication, to control functional abnormalities.

Contributing to Incapacity: Individuals with functional disorders often become more severely incapacitated if an organic disorder, such as a stroke, heart attack, or senility, also develops.

Global Cognitive Impairment

Global cognitive impairment indicates disturbance of total brain function, including memory deficit, inability to understand, lack of judgment, and lack of ability to recognize or understand one's surroundings.

Prognosis: Global cognitive impairment usually indicates a very severe progressive mental disorder.

Contributing to Incapacity: Global cognitive impairment invariably leads to total loss of judgment capability. There is loss of ability to compare or make decisions, or of being able to understand situations. This condition usually is associated with total incapacity.

Hallucination

Hallucination is an apparent perception of sights or sounds that are not actually present. Hallucinations may occur in a delirium, but they may also occur with certain functional disorders, especially schizophrenia, and organic disorders of the brain. Hallucinations are commonly associated with drugs, excessive use of alcohol and, especially in the elderly, illnesses associated with fever.

Prognosis: The prognosis depends on the condition associated with the hallucination and may be serious when present with mental illness or organic disorders of the brain.

Contributing to Incapacity: Observers of individuals hallucinating will usually associate the hallucinations with serious mental impairment, which may be correct, or the hallucinations may be associated with a temporary condition.

Immobility

Immobility indicates the lack of an individual to utilize the extremities in meaningful movement. Immobility may mean a lack of ability to walk or the lack of the ability to do things with the

arms and hands. The most common cause of immobility is stroke, but other problems, such as severe arthritis, can immobilize an individual.

Prognosis: Most such problems are permanent and often progressive.

Contributing to Incapacity: Immobility is a very significant cause of incapacity and, when severe, causes problems in the ability of the individual to survive without considerable support.

Incontinence

Incontinence is the loss of the ability to control the urine output and sometimes the bowel control is lost.

Prognosis: Newer techniques have helped patients to learn the control of bladder and bowel, but the presence of incontinence associated with mental problems adds to a poor prognostic outcome.

Contributing to Incapacity: Incontinence is probably the most significant abnormality that leads to institutionalization of the older incapacitated person and, when associated with mental deterioration, the condition is a serious problem.

Intellectual Disability

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. Intellectual functioning refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One measurement of intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning. See American Association on Intellectual and Development Disabilities, <http://www.aaid.org/>.

Memory Deficit

Memory deficits occur in normal aging. Benign memory loss of aging implies minor memory changes, such as forgetting where one leaves keys or glasses. Serious memory loss is forgetting what they are used for, getting lost, etc. Older people with memory deficit may retain reasonably good judgment abilities. Judgment enables persons to make rational decisions.

Prognosis: Memory loss does not necessarily imply a poor prognosis and many individuals who have primary memory deficit may retain judgment ability and make reasonable decisions.

Contributing to Incapacity: The ability to make good judgments is important to anyone's capability to function in the world. If the memory deficit is the only deficit, a person with poor memory function may not be severely handicapped.

Multiple Sclerosis

Multiple Sclerosis (MS) is a neurological disorder that affects adults of all ages.

Usually it begins in the second, third, or fourth decade of life, but can occur later.

This disease affects various areas of the nervous system and may produce mild disability and even death. Symptoms may include anything from disturbance of vision to almost complete paralysis of all the extremities along with changes in sensation throughout the body.

Prognosis: The outlook is variable. Usually if the onset of the disorder is mild, the disease does not progress rapidly. Even the moderately severe cases do not progress inevitably, but can have remissions and recurrences. Acute severe cases may be fatal within a few weeks.

Contributing to Incapacity: Mild Multiple Sclerosis is well tolerated. Many patients with MS, however, can be totally incapacitated physically, but are seldom affected from the standpoint of intellectual function.

Normal Pressure Hydrocephalus

This disorder is not common, but when present can produce a dementia similar to the other dementias. It is due to a constriction in the tube that drains the fluid from the fluid portion of the brain into the spinal canal, causing an enlargement of the ventricles (the fluid-containing sacs within the brain). This condition can be diagnosed by a CT scan and treated by a surgical procedure.

Prognosis: When discovered at a reasonably early stage the prognosis is good, even though surgery is necessary.

Contributing to Incapacity: Far advanced hydrocephalus often produces irreversible brain changes, but when treated early, the patient may perform normally after surgery with a procedure called a shunt.

Organic

The term organic means change in tissue structure in the body or in identifiable blood chemistry changes. Examples of diseases associated with tissue damage are arthritis, Alzheimer's disease, and stroke. Disorders such as diabetes, kidney, and liver disease are characterized by significant abnormalities in the blood chemistry.

Prognosis: Many of the organic disorders are treatable and even though not all are cured, many can be controlled with surgery or medications.

Contributing to Incapacity: Older people, especially the frail elderly, frequently have multiple organic changes. Multiple organic problems in the elderly lead to marked disability and incapacity. When not controlled, organic diseases can lead to total incapacity and death.

Organic Brain Syndrome

Organic brain syndrome is a term that has been used for years to describe anyone with organic changes in the brain producing dementia. Recent studies have shown that this is a poor

diagnosis because the various mental disorders can be classified in relation to their causes (see dementia).

Prognosis: When there is organic brain damage, such as with hardening of the arteries, multiple strokes, or cerebral arteriosclerosis, the disorder is usually slowly progressive.

Contributing to Incapacity: The various dementias that would be included in this broad description have the same significance as other dementias.

Paranoia

Paranoia is a symptom in which a person becomes very suspicious about people and events surrounding him or her. Paranoia is often a symptom of other disease, especially schizophrenia. Paranoid individuals may become dangerous because they become frightened of an individual and unwittingly may do severe harm to the person they think is persecuting them.

Prognosis: Many individuals with paranoid trends have persistent paranoia through life. It may be mild, or when associated with mental disease, may be severe. In some instances, medical treatment or psychotherapy can be helpful.

Contributing to Incapacity: Paranoid individuals can often be very difficult to evaluate and to deal with. They can be so suspicious that they will not trust even their closest companions.

Parkinson's Disease

Parkinson's Disease is a disorder that usually has its onset in late life, but can begin in the second and third decades. It is primarily a disease of the nerves and muscles producing a severe tremor and muscle rigidity, which flattens the facial features and causes disturbance in walking. The mental function is not affected until the disease is very far advanced. Most individuals with Parkinson's disorders seem to be unusually bright.

Prognosis: With new treatment, methods (drug therapy); the outlook in Parkinson's has improved tremendously, both in relation to function and life expectancy. Now individuals with Parkinson's can look forward to a normal life expectancy and maintain function for many years.

Contributing to Incapacity: Even with good treatment, Parkinson's disorders can sometimes be totally disabling. Individuals may end up in wheelchairs or in nursing homes. In the far advanced stages, mental capacity may be decreased.

Pernicious Anemia

Pernicious Anemia (PA) is a specific type of anemia that is related to a deficiency in vitamin B12 and folic acid. Pernicious anemia was previously a fatal disorder until the discovery of liver extract and, eventually, vitamin B12, which now can control the disorder completely. When not controlled, PA causes the person to have a markedly deficient amount of iron and red blood in the system. The disease can affect the nervous system, producing changes in the ability to walk and producing numbness in the extremities, especially the feet.

Prognosis: With treatment, the condition should be well controlled.

Contributing to Incapacity: If treated, there should be no incapacity related to pernicious anemia.

Schizophrenia

Schizophrenia is a mental disorder associated with dramatic personality changes characterized by withdrawal, indifference, and at times delusions, hallucinations, and paranoia. Sometimes a schizophrenic may have multiple personalities. Schizophrenia, when associated with paranoia, may create a dangerous situation, and may result in very bizarre behavior. Such patients should be under the care of a psychiatrist.

Prognosis: The prognosis of schizophrenia has improved in recent years with the use of antipsychotic medications, which sometimes help to relieve some of the severe symptoms of schizophrenia.

Contributing to Incapacity: Serious schizophrenics can present very severe management problems for family and caretakers. Their behavior can be so strange that one is not sure whether the patient's decisions are accurate or inaccurate.

Sensory Changes in the Body

Sensory changes are the most common physical changes that occur with aging. Sensory changes may involve hearing, vision, the olfactory sense (the sense of smell), inability to recognize thirst, changes in taste and touch, and, frequently, loss of sense of equilibrium. Older individuals do not have loss of all of these functions. Some may not lose any. Some may lose one or two of these functions, but such losses can affect health. For example, if one has loss of taste and smell, appetite is impaired. If one does not recognize thirst, one can easily become dehydrated.

Prognosis: Sensory changes are common in aging, and unless severe, do not seriously incapacitate an individual and are not progressive.

Contributing to Incapacity: They usually do not contribute to incapacity.

Stress

Stress is a condition in which the body and the mind of the individual can be affected by events in one's life, which can be either pleasant or extremely difficult. Constructive stress occurs in the lives of most of us, and most individuals react favorably by performing well under stress, e.g., actors and athletes perform better because of stress. On the other hand, stress can be disabling. Among the most stressful situations causing problems are the stresses resulting from the loss of spouse, or especially for an older individual, and the stress of being forced to move one's residence, especially against a person's will. Many life situations may cause severe stress.

Prognosis: Individuals who handle stress well in youth usually handle stress well with aging. People who do not handle stress well can suffer and develop severe depression. Frequently

physical reactions, such as elevated blood pressure, occur because of adverse reactions to stress.

Contributing to Incapacity: Older individuals, especially frail individuals, may perform very badly under stress. Individuals should not be judged adversely when they are in a very stressful situation. They should be re-evaluated when stress can, if possible, be eliminated or somewhat reduced.

Stroke

Stroke is the most common physical cause of disability in older individuals. Stroke is usually a result of a blood clot in an artery in the brain, leading to disability, such as the loss of the use of all the muscles on one side of the body, sometimes loss of speech and, when massive, can be fatal.

Prognosis: When the individual has recovered from a stroke, the initial damage does not usually progress, but there may be a recurrence of stroke.

Contributing to Incapacity: The degree and size of the stroke determines the incapacity. Some individuals, after stroke, have minor disabilities. Others may have such severe disability that they are confined to a wheelchair. With multiple strokes, mental function can deteriorate, but usually with a single stroke, the person remains clear mentally, but because of speech deficit may have a problem in expressing himself.

Vitamin B12 Deficiency

B12 is a vitamin that specifically prevents the progression of, and helps to control the blood in, patients with pernicious anemia. There has been some evidence that a deficiency of vitamin B12 may contribute to senile dementia. Patients with dementia should be tested for B12 deficiency.

Prognosis: The outlook for treatment of individuals with a deficiency of B12 is very good.

Contributing to Incapacity: Treated individuals with B12 deficiencies should not have any incapacity.

Telephone Numbers

The following people are available to assist you or to answer any questions you may have. If you have any doubts or concerns, do not hesitate to call:

Jeanie Warfield

Court Angel Volunteer Recruiter

Work: 330-451-7744

Cell: 330- 663-6885

Theresa Wolf

Court Investigator

Work: 330-451-7955

Bonnie Kiener

Court Angel Volunteer Coordinator

Work: 330-451-7739

Name of Volunteer _____

REPORTING FORM
COURT ANGEL PROGRAM
SUMMARY REPORT TO THE COURT

In the matter of _____

Case # _____

First Name

Last Name

In this section, record your overall assessment of the ward's care by checking one of the options in the chart. If you indicate that further action is needed, please specify in the comments section what that action should be.

Ward's overall care is:	No further action recommended	Further action needed
Superior	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
Marginal	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable	<input type="checkbox"/>	<input type="checkbox"/>

Definitions of care levels:

Superior:

Care level is better than adequate; beyond meeting the basic needs of the ward; extra assistance is provided. May be exemplary in one or more ways.

Satisfactory:

Care is adequate to meet housing, socialization, and if applicable, habilitation needs of the ward.

Marginal:

Overall care is less than adequate but not dangerous to the ward.

Unacceptable:

Inadequate care is causing or about to cause a serious negative effect on the ward's health or welfare; remedial action is necessary.

VOLUNTEER RECOMMENDS THE FOLLOWING ACTION BY THE COURT:

1. No further action required

Specific comments by volunteer:

2. Ward should be visited again on

____ / ____ / ____

3. Letter or call requesting information from the Guardian.

-
4. Letter or call advising Guardian of resources
 5. Letter requesting plan for improvements from Guardian.
 6. Ltr. requesting Guardian take action within a specific time.
 7. Appoint volunteer or GAL for further investigation.
 8. Referral to another agency (APS, DDS).
 9. Order Guardian to appear at hearing.
 10. Emergency appointment of new Guardian
 11. Removal of Guardian – new Guardian appointed
 12. Termination of guardianship/restoration.
 13. Other
-

Court Use only

1. No action needed.
 2. Action needed; agree with volunteer recommendations
 3. Action needed; different from volunteer recommendations
 4. Action recommended; no action needed
-

PROBATE COURT

REPORT OF VISITS

I. FILE REVIEW

Instruction: This information should be completed during your interview of the file at the Court. Some questions from the visit with the Ward section may also be answered from the information found in the file (e.g. age.)

1. Year guardianship established: _____

2. Guardianship of: Person only Estate Only

Person and Estate Other

3. Reason given for guardianship:

a. Mental retardation and other developmental disabilities

b. Dementia (including Alzheimer's disease and related disorders)

c. Chronic mental illness

d. Chronic alcohol or drug use

e. Head injury or stroke

f. Other

g. Can't determine

4. If any periodic report is required, is it current?

	Current		Date last report filed:
Report of:	Yes	No	
Person	<input type="checkbox"/>	<input type="checkbox"/>	
Estate	<input type="checkbox"/>	<input type="checkbox"/>	

5. Any problems evident from the file review (e.g. family conflict, disparity between financial status and level of care of the ward?)

II. INFORMATION FROM GUARDIAN: Date of Contact

_____ / _____ / _____

Instructions: In this section, you will gather information about the relationship between the guardian and the ward. The questions will give you specific answers; your observations will be recorded at the end of the section.

GUARDIAN'S NAME:

Address _____ City _____ State _____

Telephone Number _____

6. Guardian of: Person Estate Both

7. Guardianship relationship to the ward:

- a. spouse
- b. parent of ward
- c. child of ward
- d. other relative
- e. friend
- f. private attorney
- g. public guardian or agency
- h. other

8. Does the ward live with the guardian? Yes No

9. If not, how many times does the guardian visit with the ward each month? _____

10. On average, how long is the visit (in minutes)? _____

11. What does the guardian do for the ward? Check all that apply

- a. Manage financial affairs
- e. Provide necessities

b. Housekeeping

f. Take on outings

c. Provide transportation

g. Bathe

d. Feed

h. Provide continuous care

List anything else:

12. What is the guardian's view of the ward's overall situation, including any significant changes in physical health, intellectual functioning, emotional health, and living situation that have occurred over the past year?

13. Does the guardian feel that the guardianship should continue? Yes No

14. Any changes needed in this guardianship?

15. Has eligibility for such programs as Social Security, Medicare, Medicaid, SSI, or food stamps ever been checked? Yes No

16. Does the guardian need assistance, whether from the court or from a community agency?

If so, please specify.

17. Guardian's current assessment of the ward: (check a rating box for each category.)

	Excellent	Satisfactory	Fair	Poor	Don't Know
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Any special approach volunteer should take in visiting ward?

19. Visitor: Please record any observations about the relationship between the guardian and the ward that you feel would be useful for the court to know.

III. VISIT WITH THE WARD Date of Visit / /

Instructions: The visitor should always make an effort to visit with the ward face-to-face and privately. Other sources of information about the ward include the guardian, caregivers, facility staff, relatives, and friends. Remember, you may need to talk to more than one person to get a full picture of the ward’s situation. The questions will give you specific information; you will also record your observations/impressions at the end of this section.

20. To whom did you speak to get the information for this section and how much time does he/she spend with the ward per week? If you spoke with more than one person, check all that apply.

	Person spoken to:	Time person spends with the ward per week in minutes:
<input type="checkbox"/>	Ward	
<input type="checkbox"/>	Guardian	
<input type="checkbox"/>	Caregiver	
<input type="checkbox"/>	Facility Staff	
<input type="checkbox"/>	Relative	
<input type="checkbox"/>	Friend	
<input type="checkbox"/>	Other	

INFORMATION ABOUT THE WARD

21. Age: _____

22. Sex: Female Male

23. Marital Status:

- a. Married
- b. Single
- c. Widow/er
- d. Separated
- e. Divorced
- f. Unknown

LIVING SITUATION

24. Ward resides in:

- a. own home
 - b. guardian's home
 - c. relative's home
 - d. nursing home
 - e. group home (board & care, certified residential facility)
 - f. hospital/state hospital
 - g. other
-

25. If ward resides in a facility:

Name of facility: _____ Phone (if applicable): _____
Address: _____ City: _____ State _____ Zip _____

26. Ward has been a resident since: _____

27. If ward moved in the past year, state number of times and reasons: _____

28. What services are provided by the guardian or the facility? Examples (check all that apply and list any not mentioned here):

- | | |
|-----------------------------------------------------|------------------------------------------------|
| a. <input type="checkbox"/> administer medicine | g. <input type="checkbox"/> help with feeding |
| b. <input type="checkbox"/> help with bathing | h. <input type="checkbox"/> day care program |
| c. <input type="checkbox"/> help using the bathroom | i. <input type="checkbox"/> nursing care |
| d. <input type="checkbox"/> physical therapy | j. <input type="checkbox"/> help with grooming |
| e. <input type="checkbox"/> 24-hour supervision | k. <input type="checkbox"/> recreational needs |
| f. <input type="checkbox"/> help with dressing | l. <input type="checkbox"/> other |

Comments: _____

29. Visitor: Please record your observations of any problems in the living environment and rate its quality. Take into account such things as conditions of residence and furnishings, safety, handicapped accessibility, and staffing level.

Excellent Satisfactory Fair Poor

Comments: _____

DAILY ACTIVITIES

30. Aside from meals and personal care, how does the ward spend the day? _____

31. How often does the ward leave the residence? _____

32. For what purpose? _____

33. Are the ward's recreational, socialization, and rehabilitation needs being met? Yes No

Any unmet needs? _____

PHYSICAL HEALTH/EMOTIONAL HEALTH

34. Does the ward have any conditions that impede communication? Yes No

35. If so, please specify:

a. hearing impairment

e. mentally ill

b. speech impediment

f. mental retardation

c. unwilling to speak

g. comatose

d. foreign language speaker

h. other

36. How is the ward's physical health?

Excellent Satisfactory Fair Poor

37. Ward is is not under regular care by a primary physician.

Doctor's Name: _____

38. How many times has the doctor seen ward on an outpatient basis in the past year? _____

Last visit _____ / _____ / _____ How many times has the ward been hospitalized in the past year? _____

39. Medications prescribed: None 1-4 5-9 10 or more

40. Any problems with medications? (e.g. ward needs assistance or refuses to take medications, medications prescribed by multiple doctors):

41. If there has been any major improvement of a decline in the ward's physical health in the past year, please describe:

42. Please describe any significant medical diagnoses or conditions affecting the ward's health which the court should know about: (Do not restate reason for guardianship unless there has been a change.)

43. Within the past year, had the ward experienced any traumatic events or mayor disruptions or changes? (e.g. death of a spouse, admission to a nursing home, abuse, major illness)

Yes No

If Yes, please describe

44. Is ward under regular care of a mental health professional? (e.g. psychiatrist, psychologist, social worker, Counselor): Yes No Please specify: _____

45. Does the ward take any medications specifically for the treatment of mental illness? _____

Any problems with these medications?

46. Have there been any major improvements or declines in the ward's emotional health in the last year?

Yes No If yes, please describe: _____

47. Is the ward in need of additional treatment or services not now provided for physical or emotional health

Conditions? Yes No Please specify: _____

INTELLECTUAL FUNCTIONING

48. Is the ward able to make decisions? Yes No If yes, in what areas? _____

49. Has the ward's intellectual capacity changed in the past year? Yes No

If yes, has it Improved declined? If improved, is the guardianship the least restrictive alternative for the ward? Yes No

GUARDIANSHIP

Visitor: Ask these questions of the ward directly, whenever possible. If for some reason you cannot speak to the ward, answer these questions yourself using the information you gathered and the observations you have made.

50. Who answered the questions? Ward Visitor

If visitor, what prevented ward from answering? _____

Questions for the ward:	Yes	No	Can't Judge
Is ward satisfied with living situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ward satisfied with the care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ward satisfied with caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the ward feel that the guardianship is still needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the ward satisfied with the guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------------	--------------------------	--------------------------	--------------------------

51. If the ward answers "No" to any of these questions, please elaborate: _____

52. Are there any changes requested by the ward? _____

53. Volunteer's assessment of the ward's: (Check a rating box for each category.)

	Excellent	Satisfactory	Fair	Poor	Don't Know
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Time spent on this case: _____ Hour(s)

PLEASE RETURN TO THE SUMMARY PAGE (PAGE 1) TO MAKE YOUR RECOMMENDATIONS TO THE COURT.

**STARK COUNTY PROBATE COURT
GUARDIAN-VISITOR QUARTERLY TIME SHEET FOR 2016**

Name _____

____ 1st Qtr (Jan-Mar) ____ 2nd Qtr (Apr-Jun) ____ 3rd Qtr (Jul-Sep) ____ 4th Qtr (Oct-Dec)

All time spent by Guardian-Visitors (even time in the office reviewing files) should be reflected on this quarterly time sheet.

Month _____		Month _____		Month _____	
Date	Time Spent	Date	Time Spent	Date	Time Spent
1	_____	1	_____	1	_____
2	_____	2	_____	2	_____
3	_____	3	_____	3	_____
4	_____	4	_____	4	_____
5	_____	5	_____	5	_____
6	_____	6	_____	6	_____
7	_____	7	_____	7	_____
8	_____	8	_____	8	_____
9	_____	9	_____	9	_____
10	_____	10	_____	10	_____
11	_____	11	_____	11	_____
12	_____	12	_____	12	_____
13	_____	13	_____	13	_____
14	_____	14	_____	14	_____
15	_____	15	_____	15	_____
16	_____	16	_____	16	_____
17	_____	17	_____	17	_____
18	_____	18	_____	18	_____
19	_____	19	_____	19	_____
20	_____	20	_____	20	_____
21	_____	21	_____	21	_____
22	_____	22	_____	22	_____
23	_____	23	_____	23	_____
24	_____	24	_____	24	_____
25	_____	25	_____	25	_____
26	_____	26	_____	26	_____
27	_____	27	_____	27	_____
28	_____	28	_____	28	_____
29	_____	29	_____	29	_____
30	_____	30	_____	30	_____
31	_____	31	_____	31	_____

SEEKING HELP AND ADVICE Community Services in Stark County

Many services exist throughout the community to address the needs of the affected older adult, persons with developmental disabilities and/or mental illness, and their families. Selecting the right service requires a reasonable amount of time and attention. The selection process includes:

1. communicating information about the ward. It is important to give an accurate and comprehensive picture of the ward's condition and situation; and
2. outlining your own expectations. State your wishes and instructions clearly at the outset.

A guardian's responsibilities can be very demanding, and you are encouraged to be aware of, and care for, your own needs as well as the needs of the ward. As a caregiver and guardian, your duties may be especially difficult if you are a close family member. Therefore, it is important to have an effective support system in place in the event your situation be-comes overwhelming.

The following list of agencies or resources is a sample of what is available to assist you with your special needs and those of your ward throughout the management of the guardianship. Special attention has been given to caregiver services designed as coping mechanisms to help prevent caregiver stress.

If you are not sure what help you or your ward need, or who can best provide help, call **InfoLine** at **(330) 491-9997** or **211**. InfoLine's trained counselors offer 24-hour information and referral services from a comprehensive and extensive list of resources.

ABUSE—CHILD

Court Appointed Special Advocates (CASA)	330-451-7914
CASA/Guardian Ad Litem (GAL) 110 Central Plaza S., Suite 436, Canton, Ohio 44702	330-451-7786
United Way	211
Child Abuse Hotline	330-455-5437
Child and Adolescent Behavioral Health 4641 Fulton Dr., N. W. Canton, Ohio 44718	330-454-7917
Canton Community Kidsummit Against Drugs 1227 Gross Ave., N.E., Canton, Ohio 44705	330-453-1155
Stark County Department of Job & Family Services Children Services Division Child Abuse & Neglect (Hotline to Report Incidents of) 402 2 nd St., S.E., Canton, Ohio 44702	330-451-8032 or 800-233-5437
Stark County Department of Job & Family Services 221 3 rd St., S. E., Canton, Ohio 44702	330-452-4661
Commquest Services of Stark County: Alliance Office - 1207 W. State St., Suite M, Alliance, Ohio 44601 Main Office - 625 Cleveland Ave N.W., Canton, Ohio 44702 Goodwill Industries - 408 9 th St. S.W., Canton, Ohio 44707 Massillon Office - 412 Lincoln Way E., Massillon, Ohio 44646	330-821-8407 330-455-0374 330-994-1443 330-833-8516

ABUSE—DOMESTIC

Domestic Violence Project (Canton/Massillon) 24 hr. Hotline PO Box 9459, Canton, Ohio 44711-9459	330-453-7233 330-445-2000
Domestic Violence Shelter of Alliance	330-823-7223

ABUSE—ELDER

Phoenix Rising Behavioral HealthCare & Recovery 624 Market Ave. N., Canton, Ohio 44702	330-493-4553
Direction Home Akron Canton Area on Aging & Disabilities 1550 Corporate Woods Parkway, Uniontown, Ohio 44685	800-421-7277

ABUSE - SUBSTANCE

Alcohol & Drug Addiction Services Board of Stark County 800 Market Ave. N., Canton Ohio 44702	330-453-8811
Alcoholics Anonymous 4125 Hills & Dales Rd., N. W., #4006, Canton Ohio 44708	330-491-1989
Heartland Behavioral Healthcare Hospital 3000 Erie St. S., Massillon Ohio 44646	330-833-3135
Community Restoration Centers of Stark County, Inc.:	
1200 Market Ave. S., Canton Ohio 44707	330-453-7335
432 E. Tuscarawas St., Canton, Ohio 44707	330-543-8401
Coleman Crisis Services 2421 13 th St., N.W., Canton Ohio 44708	330-452-6000
Vantage Aging 2279 Romig Rd., Akron Ohio 44320	330-253-4597 or 800-554-5335
Edwin Shaw Hospital for Rehabilitation 4389 Medina Rd., Copley, Ohio 44321	234-815-5100
Glenbeigh Hospital & Outpatient Centers	800-234-1001
CommQuest Recovery and Prevention Services:	
Alliance Outpatient, 1207 W. State St., Alliance Ohio 44601	330-821-8407
Canton Outpatient, 1341 Market Ave. N., Canton Ohio 44714	330-453-8252
Deliverance House, 1711 Spring Ave., N. E., Canton Ohio 44702 (Women's Residential Services)	330-454-6800
Wilson Hall, 1680 Nave Rd., S. E., Massillon Ohio 44646 (Men's Residential)	330-830-8740
130 1 st St., N.W., Massillon Ohio 44647	330-833-0234
North Canton Playhouse - Spotlight on Youth 1127 East Maple St., North Canton Ohio 44720	330-494-3423
Stark County TASC, Inc. 624 Market Ave. N., Canton Ohio 44702	330-479-1912

ACTIVITIES

Meyers Lake YMCA 1333 North Park Ave., N. W., Canton Ohio 44708	330-454-9018
Foltz Community Center 224 North Wood St., East Canton Ohio 44730	330-488-6500
J.B. Stearn Community Center 2628 13 th St., S. W., Canton Ohio 44710	330-455-3921
JRC Learning Center 1731 Grace Ave., N. E., Canton Ohio 44705	330-455-3873
Make A Way, Inc. 227 3 rd St., S. E., Massillon Ohio 44646	330-837-0650
Adults: Mental Illness/Mental Retardation/Disabilities/Loneliness North Canton Community Building YMCA 200 South Main St., North Canton Ohio 44720	330-499-2587
Salvation Army Alliance 57 West Main St., Alliance Ohio 44601	330-823-5188
Salvation Army Canton 420 Market Ave. S., Canton Ohio 44702	330-453-0158
Salvation Army Massillon 315 6 th St., N. E., Massillon Ohio 44646	330-833-6473

ADULT DAY CARE

Allay Senior Care of Meyers Lake 3328 13 th St., N. W., Canton Ohio 44708	330-454-6914
Catholic Charities of Stark County 800 Market Ave. N, Suite 1150, Canton, Ohio 44702	330-491-0896
Catholic Charities of Stark County Adult Day Services East 2308 Reno Dr., Louisville Ohio 44641	330-875-7979
JRC Adult Day Center 3300 Parkway St., N.W., Canton, Ohio 44708	330-454-3471
SarahCare of Belden Village 6199 Frank Ave., N. W., Suite D, North Canton Ohio 44720	330-244-2599

McKinley HealthCare Center 800 Market Ave. N., Canton Ohio 44702	330-456-1014
Senior Independence Adult Day Center 349 Lindy Lane Ave., N. W., North Canton Ohio 44720	330-498-0424
St. Joseph Senior Living 2308 Reno Dr., Louisville, Ohio 44641	330-875-5562 or 800-660-4332
The Landing of Canton 4550 Hills & Dales Rd., N. W., Canton Ohio 44708	330-477-5727

CASE MANAGEMENT

Area Agency on Aging 1550 Corporate Woods Pkwy., Suite 100, Uniontown Ohio 44685	800-421-7277
Guardian Support Services, Inc. 408 9 th St., S.W., Canton, Ohio 44707	330-437-3720
Stark County Board of Mental Retardation & Developmental Disabilities 2950 Whipple Ave., N. W., Canton Ohio 44708	330-477-5200
Stark County Mental Health & Addiction Recovery 121 Cleveland Ave., S.W., Canton Ohio 44702	330-455-6644

DENTAL SERVICES

Canton Community Clinic 2725 Lincoln St. E., Canton Ohio 44704	330-454-2000
Good Samaritan Community Health Center 1390 S Arch Ave., Alliance Ohio 44601	330-821-3961
Stark County Dental Society 6200 Frank Ave., N.W., Canton, Ohio 44720	330-305-6637
Lifecare Family Health & Dental Center, Inc. 820 Amherst Rd., N.E., Massillon Ohio 44646	330-454-2000

DISABLED SERVICES

The ARC of Ohio 2717 S. Arlington Rd., Akron, Ohio 44312	234-571-5689
-------------------------------------------------------------	--------------

TRIAD Deaf Services 408 9 th St., S.W., Suite 2100, Canton, Ohio 44707	330-768-7272
Easter Seals of Northern Ohio 1915 N. Ridge Rd., Lorain, Ohio 44055	440-324-600
Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. 408 9 th St., S.W., Canton Ohio 44707	330-454-9461
ICAN Housing 1214 Market Ave. N., Canton Ohio 44714	330-455-9100
Make-A-Way 227 3 rd St., S. E., Massillon Ohio 44646	330-837-065
Philomatheon Society of the Blind, Inc. 2701 Tuscarawas St. W., Canton Ohio 44708	330-453-9157
Pilot Dogs, Inc. 625 West Town St., Columbus Ohio 43215	614-221-6367
Stark County Board of Mental Retardation & Developmental Disabilities 2950 Whipple Ave., N.W., Canton Ohio 44708	330-477-5200

EDUCATION / LITERACY

Adult Community Education Department, Canton City Schools 116 McKinley Ave., N. W., Room 214, Canton Ohio 44702	330-438-2559
Adult Career & Technical Education Center Practical Nurse Program	330-438-2556 330-438-2556 ext. 301
Kent State University Stark Campus Senior Guest Program	330-499-9600
Malone University 2600 Cleveland Ave., N. W., Canton Ohio 44709	800-521-1146
Mount Union College 1972 Clark Ave., Alliance Ohio 44601	330-823-6586
Stark State College 6200 Frank Ave., N.W., Canton Ohio 44720	330-494-6170
Walsh University 2020 Easton St., N.W., North Canton Ohio 44720	330-499-7090
ABLE (Adult Basic Literacy Education)	330-438-2559

EMPLOYMENT

ABCD Training & Placement Services
1225 Gross Ave., N.E., Canton Ohio 44705 330-455-6385

Goodwill Community Campus
408 9th St. S.W., Canton, Ohio 44707 330-454-9461

H.I.R.E. "55" (Helping Individuals Reach Employment)
J.R. Coleman Adult Resource Center
1731 Grace Ave., N. E., Canton Ohio 44705 330-452-0488

Pyramid Career Services
Community Services of Stark County, Inc.
625 Cleveland Ave., N. W., Canton Ohio 44702 330-455-0374

Pyramid Training Services Inc.
6363 Promway N. W., North Canton Ohio 44720 330-305-6786

Senior Employment Center
3825 13th St., S. W., Canton Ohio 44710 330-479-0874

Ohio Means Jobs
822 30th St., N. W., Canton Ohio 44709 330-433-9675

FINANCIAL ASSISTANCE

First Commonwealth Bank:

100 Central Plaza S., Canton Ohio 44702 330-280-5200

3465 Massillon Rd., Uniontown Ohio 44685 800-355-2227

Consumer Protection Agency, Ohio 800-282-0515

Home Energy Assistance Program (HEAP)

Stark County Community Action Agency 330-454-1850 or
201 5th St., N. W., Canton Ohio 44702 866-223-1242

Homestead Exemption
Stark County Auditor's Office
110 Central Plaza S., Suite 220, Canton Ohio 44702 330-451-7323

Internal Revenue Service 330-588-4417 or
201 Cleveland Ave., S. W., Canton Ohio 44702 800-829-1040

Ohio Department of Taxation	800-282-1780
Social Security Administration 1370 Market Ave. N., Canton Ohio 44714	330-489-4457 or 800-772-1213 TTY330-489-4492
Stark County Community Action Agency (SCCAA) The Bliss Tower, 217 2 nd St., N.W, 4 th Floor, Canton Ohio 44702	330-454-1676

FOOD - EMERGENCY / NUTRITION

Akron-Canton Reginal Food Bank 350 Opportunity Pkwy., Akron Ohio 44307	330-535-6900
Alliance Neighborhood Center 405 S. Linden Ave., Alliance Ohio 44601	330-829-0673
EBT- The Ohio Direction Card	866-386-3071
Food Site Locations - United Way of Greater Stark County	221 or 330-455-4636
Meals on Wheels - Alliance YWCA	330-823-1840
Meals on Wheels - Canton/Westbrook Park	330-456-4797
Meals on Wheels - North Canton	330-494-0366
Meals on Wheels of Stark and Wayne Counties 2363 Nave St., S. E., Massillon Ohio 44646	330-832-7220 or 800-466-8010
Salvation Army 420 Market Ave S, Canton Ohio 44702	330-455-6667

GERIATRIC ASSESSMENT SERVICES

Akron City Hospital (Center for Senior Health) 525 East Market St., Akron Ohio 44304	330-375-4100
Center for Healthy Aging 265 West Main St., Suite 102, Kent Ohio 44240	330-678-9210

HEALTH & WELLNESS PROGRAMS

Alzheimer's Association 408 Ninth St., S.W., Suite 3400, Canton Ohio 44707	330-966-7343
American Cancer Society nearest Fairlawn Office 3500 Embassy Pkwy., Suite 150, Fairlawn Ohio 44333	330-396-5800

American Diabetes Association Nearest 4500 Rockside Rd., Suite 380, Independence Ohio 44131	216-328-9989
American Heart Association, Stark County Division 1575 Corporate Woods Pkwy., Suite 150, Uniontown Ohio 44685	330-396-5800
American Lung Association 7720 Rivers Edge Dr, Suite 126, Columbus Ohio 43235	614-279-1700 or 800-LUNG-USA
American Red Cross of Stark County 408 9 th St., S.W., Unit 1800, Canton Ohio 44707	330-453-0146
Arthritis Foundation, Northeastern Ohio 30775 Bainbridge Rd., Suite 210, Solon Ohio 44139	216-359-7152
Aultman Institute - Sharon Lane Health Information Center Aultman Hospital Main Lobby, 2600 6 th St., S.W., Canton Ohio 44710	330-363-3333
Canton Community Clinic 2725 Lincoln St. E., Canton, Ohio 44704	330-454-2000
Vitalant Ohio (formerly LifeShare) 4119 Tuscarawas St. W., Canton Ohio 44708	330-489-1076
Coleman Crisis Services 2421 13 th St., N.W., Canton Ohio 44708	330-452-6000
Home Instead Senior Care 805 N. Main St., Rear, North Canton Ohio 44720	330-305-9500
Goodwill Industries:	
Ken Weber Community Campus 408 9 th St., S. W., Canton Ohio 44707	800-942-3577
West Tuscarawas location - 4510 W. Tuscarawas St., Canton Ohio 44708	330-479-8222
Goodwill Speech and Audio Services 408 9th St., S. W., Canton Ohio 44707	330-942-3577

HEALTH DEPARTMENTS

420 Market Ave., North Canton Ohio 44702	330-489-3231
537 East Market St., Alliance Ohio 44601	330-821-7373
111 Tremont Ave., S.W., Massillon Ohio 44647	330-830-1710
7235 Whipple Ave., N.W., North Canton, Ohio 44720	330-493-9904

Myasthenia Gravis Foundation Ohio Chapter 126 Gnau Ave., S.W., Massillon Ohio 44646	330-834-9066
National Association for Continence (NAFC)	800-BLADDER
National Association of HIV Over Fifty 23 Miner St., Boston Massachusetts 02115	617-262-5657
National Multiple Sclerosis Society Ohio Buckeye Chapter 6155 Rockside Rd., Suite 202, Independence Ohio 44131	800-344-4867
Ohio Senior Health Insurance Information Program (OSHIP) 50 W. Town St., Third Floor, Suite 300, Columbus Ohio 43215	800-686-1578
Aultman Physician Center 2600 6 th St., S. W., Canton Ohio 44710	330-452-9911
Primetime Program - Aultman Hospital 2600 6 th St., S. W., Canton Ohio 44710	330-363-6262
Rehabilitation Services Commission 816 30 th St., N.W., Canton Ohio 44709	330-438-0500
Senior Friends - Easter Seals Northeast Ohio 1915 N. Ridge Rd., Lorain Ohio 44055	440-324-6600
Senior Friends - Mercy Medical Center 1320 Mercy Dr., N.W., Canton Ohio 44710	330-489-1215
The Kidney Foundation of Ohio 2831 East Prospect Ave., Cleveland Ohio 44115	216-771-2700
The Salvation Army:	
Alliance, 57 West Main St., Alliance Ohio 44601	330-823-5188
Canton, 420 South Market Ave., Canton Ohio 44702	330-453-0159
Massillon, 315 6 th St., N. E., Massillon Ohio 44646	330-833-6473
Beacon Charitable Pharmacy 408 9 th St., S.W., Canton, Ohio 44707	330-445-1087
U.S. Department of Health and Human Services 200 Independence Ave., S. W., Washington, D.C. 20201	877-696-6775
The Greater Stark County Urban League 1400 Sherrick Rd., S.W., Canton, Ohio 44707 Lifecare Family Health & Dental Center Inc.	330-754-1576

820 Amherst Rd., N. E., Massillon Ohio 44646

330-809-6384

HEARING CARE

TRIAD Deaf Services Inc.

408 9th St., S.W., Canton Ohio 44707

330-768-7272

Hearing Loss Association of America

79910 Woodmont Ave., Suite 1200, Bethesda Maryland 20814

301-657-2248

HOME HEALTH SERVICES / HOMEMAKER SERVICES

Area Agency on Aging

Passport and Care Coordination

1550 Corporate Woods Parkway, Suite 100, Uniontown Ohio 44685

330-896-9172 or

800-421-7277

Carestar (Nearest Cleveland)

4141 Rockside Rd., Suite 120 Seven Hills, Ohio 44131

800-442-1857

Caring Hands Inc.

885 South Sawburg Road, Alliance Ohio 44601

330-821-6310

Community Caregivers Inc.

1531 Edison St., Hartsville Ohio 44632

330-877-8900 or

800-837-9152

Hanson Services Inc.

3250 West Market St., Suite 307E, Akron Ohio 44333

330-836-2020 or

877-315-HELP

Toll Free

Home Care, Mercy Medical Center

4369 Whipple Ave., Canton, Ohio 44718

234-203-3211

Home Helpers in Home Care

3730 Whipple Ave., N.W., Suite 400, Canton, Ohio 44718

330-892-9329

Home Instead Senior Care

805 N. Market St., Rear, North Canton Ohio 44720

330-305-9500

Stark County Board of Mental Retardation & Developmental Disabilities (SCBMRDD)

2950 Whipple Ave., N. W., Canton Ohio 44708

330-477-5200

Stark County Department of Job & Family Services

221 3rd St., S. E., Canton 44702

330-452-4661

West Stark Family Services Inc.

42 1st St., N. E., Massillon OH 44646

330-832-5043

HOSPICE

Alliance Visiting Nurse Association and Hospice 885 South Sawburg Rd., #106, Alliance Ohio 44601	330-596-6400
Aultman Home Care & Hospice 2821 Woodlawn Ave., N. W., Canton Ohio 44708	330-479-4800
Community Hospice- Stark Office 4912 Higbee Ave., N.W., #100, Canton, Ohio 44718	330-493-0126
Mercy Medical Center Hospice 4369 Whipple Ave., N.W., Canton, Ohio 44718	234-203-3211

HOUSING - DISABLED

Alliance for Children & Families 624 Scranton Ave., Alliance Ohio 44601	330-821-6332
Alliance Housing for the Elderly 449 East Main St., Alliance Ohio 44601	800-304-7152
Integrated Consumer Assistance Network (I CAN) 1214 Market Ave. N., Canton, Ohio 44714	330-455-9100
Siffrin Residential Association/MRDD 3688 Dressler Rd., N. W., Canton Ohio 44718	330-478-0263
HEAP/SCCAA Stark County Community Action Agency 1366 Market Ave N., Canton, Ohio 44714	330-454-1676
Information & Referral (United Way)	211

HOUSING - HOME OWNERSHIP

Habitat For Humanity - Alliance Area 470 E. Broadway St., Alliance Ohio 44601	330-823-2448
Habitat For Humanity - Greater Canton Inc. 1400 Raff Rd., S.W., Suite A, Canton Ohio 44710	330-915-5888

HOUSING - REHABILITATION HEALTH CARE

Akron General Edwin Shaw Rehabilitation 1500 Canton Rd., Akron Ohio 44312	330-784-1271
------------------------------------------------------------------------------	--------------

Laurels of Canton 2714 13 th St., N. W., Canton Ohio 44708	330-456-2842
Aultman Woodlawn 2821 Woodlawn Ave., N. W., Canton Ohio 44708	330-479-4800
Canterbury Villa of Alliance 1785 Freshley Ave., N. E., Alliance Ohio 44601	330-821-4000 or TTY 800-750-0750
Jackson Ridge Rehabilitation and Care 7055 High Mill Ave., N. W., Canal Fulton Ohio 44614	330-854-4545
Hanover Healthcare Center Inc. 435 Avis Ave., N. W., Massillon Ohio 44646	330-837-1741
Laurels of Massillon 2000 Sherman Circle, N. E., Massillon Ohio 44646	330-830-9988
Belden Village Healthcare 5005 Higbee Ave., N. W., Canton Ohio 44718	330-492-7835
McCrea Manor Court & Rehabilitation Center 2040 McCrea St., Alliance Ohio 44601	330-823-9005
McKinley Health Care Center 800 Market Ave. N., Canton, Ohio 44702	330-456-1014
Pines, The Healthcare Center 3015 – 17 th St., N. W., Canton Ohio 44708	330-454-6508
Regional Center for Detox & Recovery (ReCOR) 1660 Nave Rd., S. E., Massillon Ohio 44646	330-837-9411
RoseLane Nursing & Rehabilitation/ Sprenger Health Care 5425 High Mill Ave., N. W., Massillon Ohio 44646	330-833-3174
Rose Lawn Gardens 11999 Klinger Ave., N. E., Alliance Ohio 44601	330-823-0618
Shady Lawn Skilled Nursing & Rehabilitation 15028 Lincoln Way E., Dalton Ohio 44618	330-828-2278

HOUSING - DISCRIMINATION

Fair Housing Department Stark County 201 – 3 rd St., N. E., Suite 201, Canton, Ohio 44702	330-451-7775
---------------------------------------------------------------------------------------------------------	--------------

HOUSING – EMERGENCY / HOMELESS

Domestic Violence Project P.O. Box 9459, Canton Ohio 44711	330-445-2000
24 hr. Hotline	330-453-7233 (453-SAFE)
Greater Stark County Urban League 1400 Sherrick Rd., S.E., Canton, Ohio 44707	330-754-1576
Homeless Hotline	330-452-4363
Salvation Army:	
57 West Main St., Alliance Ohio 44601	330-823-5188
Alliance Emergency Shelter 420 Market Ave., South Canton Ohio 44702	330-821-6332 330-453-0159
YMCA - Alliance 205 S. Union Ave., Alliance, Ohio 44601	330-823-1930
YWCA - Alliance 239 E. Market St., Alliance, Ohio 44601	330-823-1840
YMCA - Downtown Canton 420 3 rd St., N. W., Canton Ohio 44702	330-458-2403
YWCA - Downtown Canton 231 6 th St., N. E., Canton Ohio 44702	330-453-7644

HOUSING - LOW INCOME / PUBLIC

Lionel H. Newsom Tower 449 East Main St., Alliance, Ohio 44601	330-823-4004
Stark Metropolitan Housing Authority (SMHA) Central Office, 400 East Tuscarawas St., Canton Ohio 44702	330-454-8051

LEGAL SERVICES

Community Legal Aid	866-584-2350 (Toll Free)
Lawyer's Referral Service—Stark County Bar Association 116 Cleveland Ave., N. W., Canton OH 44702	330-453-0686

Legal Aid Services 401 Market Ave. N., Suite 103, Canton Ohio 44702	330-456-8361
Long Term Care Ombudsman (Area Agency on Aging) 1550 Corporate Woods Pkwy., Suite 100, Uniontown Ohio 44685	800-421-7277
Disability Rights Ohio 200 Civic Center Dr., Suite 300, Columbus Ohio 43215	614-466-7264 or 800-282-9181
Pro Seniors 7162 Reading Rd., Suite 1150, Cincinnati Ohio 45237	513-345-4160
Stark County Prosecutor 510 Stark County Office Building, 110 Central Plaza S. Canton Ohio 44702	330-451-7897
Stark County Veterans Service Commission 2955 Wise Ave., N.W., Canton Ohio 44708	330-451-7457
Veterans Administration Regional Office 1240 East 9 th St., Cleveland Ohio 44199	800-827-1000

LONG -TERM CARE ASSISTANCE

Alliance Visiting Nurse Association and Hospice 885 South Sawburg Ave., Alliance Ohio 44601	330-596-6400
Aultman Hospice 2821 Woodlawn N. W., Canton Ohio 44708	330-479-7450
Direction Home District 10B, 1550 Corporate Woods Parkway, Uniontown Ohio 44685	800-421-7277
Guide to Choosing a Nursing Home	800-633-4227
Department of Health and Human Services:	
Health Insurance Association of America 601 Pennsylvania Ave., N. W., South Building, Suite 500, Washington, DC 20004	202-778-3200
Hospice of Stark County, Inc. 4912 Higbee Ave., NW, Suite 100, Canton, Ohio 44718	330-493-0126
Mercy Medical Center Hospice 4369 Whipple Ave., N.W., Canton, Ohio 44718	234-203-3211

Nursing Aide Registry Program:

Ohio Department of Health
246 North High St., P.O. Box 118, Columbus Ohio 43216 800-582-5908

State of Ohio Long Term Ombudsman
Ohio Department of Aging
246 N. High St., 1st Fl., Columbus Ohio 43215 800-282-1206

Visiting Nurse Service and Affiliates
930 Amherst Rd., Massillon Ohio 44646 330-837-6873

MEDICAL CARE

Alliance Pregnancy Center
75 Glamorgan St., #103, Alliance Ohio 44601 330-821-7283

My Community Health Center
2600 7th St., S. W., Canton Ohio 44710 330-363-6242

Canton City Health Department
420 Market Ave. N., Canton Ohio 44702 330-489-3231

Canton Community Clinic
2725 Lincoln St. E., Canton Ohio 44704 330-454-2000

ONE Health Ohio
1390 S. Arch Ave., Alliance, Ohio 44601 330-821-3961

Margaret B. Shipley Child Health Clinic
919 Second St., N. E., #1132, Canton Ohio 44704 330-453-3386

Massillon City Health Department
111 Tremont Ave., S.W., Massillon, Ohio 44647 330-830-1710

Mercy Ambulatory Care Center
1320 Mercy Drive N. W., Canton Ohio 44708

Internal Medicine 330-489-1000
OB/GYN 330-471-5952

Planned Parenthood of Stark County 330-456-7191 or
2663 Cleveland Ave., N. W., Canton Ohio 44709 800-230-PLAN

Pregnancy Choices
4500 22nd St., N.W., Canton, Ohio 44708 330-455-7500

Primetime Seniors Program at Aultman 2600 6 th St., S. W., Canton Ohio 44710	330-363-6262
Stark County Department of Job & Family Services 221 3 rd St., S. E., Canton Ohio 44702	330-452-4661
Total Living Center 2221 Ninth St., S. W., Canton Ohio 44706	330-455-3663

MEDICARE ASSISTANCE

Medicare Automated Phone System	800-633-4227 or 877-486-2048 TTY
Medicare Patient Publications Available	800-633-4227

MENTAL HEALTH

Canton Community Clinic, Inc. 2725 Lincoln St. E., Canton Ohio 44704	330-454-2000
Catholic Charities of Stark County 800 Market Ave., N., Canton Ohio 44702	330-491-0896
Center for Behavioral Health at Massillon 875 Eighth St., N. E., Massillon Ohio 44646	330-830-4458
Coleman Professional Services 400 Tuscarawas St. W., #200, Canton Ohio 44702	330-438-2400
Community Services of Stark County 625 Cleveland Ave., N. W., Canton Ohio 44702	330-455-0374
Community Services of Stark County - Alliance Outpatient 1207 West State St., Alliance Ohio 44601	330-821-8407
NAMI - Stark County Affiliate of National Alliance of Mental Illness 121 Cleveland Ave., S.W., Canton, Ohio 44702	330-455-6264
Northeast Ohio Behavioral Health Ltd.:	
2795 Front St., Suite A., Cuyahoga Falls, Ohio 44221	330-945-7100
213 Market Ave. N., Suite 200, Canton Ohio 44702	330-494-5155
Mental Health & Recovery Board of Portage County 155 E. Main St., Kent, Ohio 44240	330-673-1756

Phoenix Rising Behavioral Healthcare and Recovery Inc. 624 Market Ave. N., Canton Ohio 44702	330-493-4553
CommQuest Recovery and Prevention Services, Canton Outpatient 1341 Market Ave. N., Canton Ohio 44714	330-453-8252
Recovery Options Inc. 470 E. Market St., Alliance, Ohio 44601	330-823-3300
Stark County Mental Health & Addiction Recovery 121 Cleveland Ave., S.W., Canton, Ohio 44702	330-455-6644
Total Living Center 2221 Ninth St., S. W., Canton Ohio 44706	330-455-3663

INTELLECTUAL/DEVELOPMENTAL DISABILITIES

ARC of Ohio Northeast Office 2717 S. Arlington Ave., Suite E, Akron, Ohio 44312	234-571-5689
------------------------------------------------------------------------------------	--------------

PEDIATRIC SERVICES

Aultman Family Medicine 4319 Hills & Dales Rd., N.W., Canton, Ohio 44708	330-478-6333
Canton Community Clinic Inc. 2725 Lincoln St. E., Canton Ohio 44704	330-454-2000
Margaret B. Shipley Child Health Clinic 919 Second St., N. E., #1132, Canton Ohio 44704	330-453-3386
Massillon City Health Department 111 Tremont Ave., S.W., Massillon Ohio 44647	330-830-1710
Stark County Health Department 7235 Whipple Ave., N. W., North Canton, Ohio 44720	330-493-9904

PRESCRIPTION ASSISTANCE

Catholic Charities of Stark County 800 Market Ave. N., Canton Ohio 44702	330-491-0896
Community Services of Stark County, CommQuest Services Inc. 625 Cleveland Ave., N. W., Canton Ohio 44702	330-455-0374
Health Maintenance Organizations (HMO'S) in Medicare	800-MEDICARE 800-633-4227

Medicaid Consumer Hotline	800-324-8680
Medicare - Patient Publications Available	800-633-4227
Beacon Charitable Pharmacy 408 Ninth St. S.W., Canton, Ohio 44707	330-445-1087
Lifecare Family Health & Dental Center, Inc. 820 Amherst Rd., N. E., Massillon Ohio 44646	330-454-2000

PROTECTIVE SERVICES

Adult Protective Services 400 Tuscarawas St. W., Suite 200, Canton Ohio 44702	330-438-2400
Direction Home Akron/ Canton Area Agency on Aging & Disabilities 1550 Corporate Woods Pkwy., Suite 100, Uniontown Ohio 44685	330-896-9172 or 800-421-7277
Stark County Board of Developmental Disabilities 2950 Whipple Ave., N. W., Canton Ohio 44708	330-477-5200
Stark County Department of Job & Family Services 221 3 rd St., S. E., Canton Ohio 44702	330-452-4661

RECREATION

Eric Snow Family YMCA 420 3 rd St., N. W., Canton Ohio 44702	330-458-2403
Jewish Community Federation 2631 Harvard Ave., N. W., Canton Ohio 44709	330-445-2410
Canton Friendship Center 432 30 th St., N. W., Canton Ohio 44709	330-453-8776
Bridge Point Community Services 309 45 th St., S. W., Canton Ohio 44706	330-484-3644
Meyers Lake YMCA 1333 North Park Ave., N. W., Canton Ohio 44708	330-454-9018
Foltz Community Center 224 North Wood St., East Canton Ohio 44730	330-488-6500
J.B. Stearn Community Center 2628 13 th St., S. W., Canton Ohio 44710	330-455-3921

JRC Learning Center 1731 Grace Ave., N. E., Canton Ohio 44705	330-455-3873
Paul & Carol David YMCA of Jackson Twp. 7389 Caritas Cir. N. W., Massillon Ohio 44646	330-830-6275
Dr. John T. Huston John D. Brumbaugh Nature Center of Mt. Union College 16146 Daniel St., N. E., Minerva, Ohio 44657	330-823-7487
Lake Community YMCA 428 King Church Ave., S. W., Uniontown Ohio 44685	330-877-8933
Louisville Area YMCA 1421 South Nickelplate Ave., Louisville Ohio 44641	330-875-1611
Make A Way. Inc. 227 3 rd St., S. E., Massillon Ohio 44646	330-837-0650
Massillon Parks & Recreation 505 Erie St. N., Massillon Ohio 44646	330-832-1621
Minerva Area YMCA 687 Lynnwod Dr., Minerva Ohio 44657	330-868-5988
North Canton Community Building YMCA 200 South Main St., North Canton Ohio 44720	330-499-2587
Senior Olympics Canton Region 1414 Market Ave N., Canton, Ohio 44714	234-650-1512
Stark County Park District 5712 12 th St., N. W., Canton Ohio 44708	330-477-3552
State Parks:	
Jackson Bog State Nature Preserve 7984 Fulton Dr., N. W., Massillon Ohio 44646	614-265-6561
Quail Hollow State Park 13480 Congress Lake Ave., Hartville Ohio 44632	330-409-8096
Massillon Family YMCA 131 Tremont St., S. E., Massillon Ohio 44646	330-837-5116

SENIOR CENTERS

Alliance Senior Citizens Center 602 West Vine St., Alliance Ohio 44601	330-821-3348
Canal Fulton—Northwest Stark Senior Citizens 853 Locust St., Canal Fulton Ohio 44614	330-854-6307
Eric Snow YMCA Senior Program 420 3 rd St., N. W., Canton Ohio 44702	330-458-2403
Jewish Community Federation 432 30 th St N. W., Canton, Ohio 44709	330-445-2410
JRC Learning Center 1731 Grace Ave., N. E., Canton Ohio 44705	330-455-3873
Salvation Army Senior Citizens Center 420 Market Ave. S., Canton Ohio 44702	330-453-0159
Massillon Senior Center 39 Lincoln Way W., Massillon Ohio 44647	330-837-2784
Minerva Senior Center 1200 Valley St., Minerva Ohio 44657	330-868-6004
North Canton City Hall 145 North Main St., North Canton Ohio 44720	330-499-2052
North Canton Recreation Department Senior Center 845 West Maple St., North Canton Ohio 44720	330-499-2052
North Canton YMCA 200 South Main St., North Canton Ohio 44720	330-499-2587

SENIOR SCAM INFORMATION

Better Business Bureau Wise Giving Alliance	703-247-9321
Federal Trade Commission's Identity Theft Hotline	877-382-4357
Federal Trade Commission for the Consumer	877-382-4357 or TTY 866-653-4261

Fraud Departments of the 3 Major Credit Bureaus
to Place a Fraud Alert on your Credit File:

Equifax Fraud Division PO Box 740256, Atlanta Georgia 30348	800-525-6285 or 866-478-0030 TDD
Experian Fraud Division P.O. Box 9554, Allen, Texas 74013	888-397-3742
Trans Union Fraud Division P.O. Box 2000, Chester, Pennsylvania 19016	800-680-7289
Know Fraud	877-987-3728
Medicare Fraud	800-633-4227 or TTY 800-377-4950
National Do Not Call Registry	800-382-1222
National Fraud Information Center	800-876-7060 800-FTC-HELP 877-ID-THEFT
Ohio Attorney General's Office Consumer Protection Division - Complaints	800-282-0515
Social Security Administration's Fraud Hotline P.O. Box 17768, Baltimore Maryland 21235	800-269-0271
U.S. Postal Inspection Service, Northeast Ohio P.O. Box 5726, Cleveland Ohio 44101	216-443-4022

SUPPORT GROUPS

United Way of Greater Stark County - Information and Referral 24/7 Help: Call 2-1-1 or Text Zip Code to 898-211	330-491-0445
AARP	888-687-2277
ALS Care Project 4450 Belden Village St., N. W., Suite 216, Canton Ohio 44718	330-497-1792
Transplant Recipients International Org. (TRIO) Akron Canton Chapter 1529 19 th St., N. E., Canton Ohio 44714	330-453-8214
Al-Anon	330-438-9511
National Alliance on Mental Illness	800-950-6264

Alcoholics Anonymous: 4125 Hills & Dales, Suite 400B, Canton Ohio 44708	330-491-1989
Alzheimer's Association - Greater East Ohio Area Chapter 408 9 th St., S. W., Suite 3400, Canton Ohio 44707 Alzheimer's Association - 24/7 Helpline	330-966-7343 or 800-441-3322 800-272-3900
Alliance Caregiver Support Group - 24/7 Helpline 70 W. Streetsboro St., Suite 201, Hudson, Ohio 44236	800-272-3900 330-650-0552
Early Stage Support Group (call Chapter Office for times and locations)	
American Cancer Society 10501 Euclid Ave., Cleveland, Ohio 44106	888-227-6446
American Lung Association of Ohio 5755 Granger Rd., Suite 905, Independence Ohio 44131	216-524-5864
Aultman Cancer Society	330-363-6285
Canton Hearing Center 4421 Whipple Ave., N.W., Canton, Ohio 44718	330-244-9881
SarahCare of Belden Village 6199 Frank Ave., N.W., North Canton, Ohio 44720	330-244-2599
Diabetic Support Mercy Medical Center	330-489-1484
Dialysis Support - DaVita Mercy Canton Dialysis 1320 Mercy Drive N.W., Canton, Ohio 44708	866-544-6741
Fresenius Kidney Care Stark County Dialysis 2835 Tuscarawas St. W., Canton, Ohio 44708	800-881-5101
Domestic Violence Project – Canton Hotline (24 hr.) P.O. Box 9459 Canton, Ohio 44711	330-453-SAFE or 330-453-7233
Easter Seals of Northern Ohio 1915 N. Ridge Rd., Lorain, Ohio 44055	440-324-6600
Epilepsy Foundation of Ohio	800-360-3296
Faith In Action-Western Stark 412 Lincoln Way E., Massillon, Ohio 44646	330-837-2705

Grandparenting Class Mercy Medical Center Family Education Classroom Suite 424 1320 Mercy Dr., N.W., Canton, Ohio 44708	330-489-1000
Grief Share:	
First Friends Church, 5455 Market Ave. N., Canton Ohio 44714	330-966-2800
The Chapel in Marlboro, 8700 Edison St., Louisville, Ohio 44641	330-935-0132
Grief Services	
Aultman Woodlawn, 2821 Woodlawn Ave., Canton, Ohio 44708	330-479-4835
The “Lucky” Strokes 711 25 th St., NW, Canton, Ohio 44709	330-489-1135
Mercy Stroke Center, 1320 Mercy Dr., N.W., Canton, Ohio 44708	330-489-1111
Mercy Cancer Support Group Mercy Medical Center, 1320 Mercy Dr., N. W., Canton OH 44708	330-481-5765
Ohio Parkinson’s Association	800-223-2732
National Multiple Sclerosis Society - Ohio Buckeye 6155 Rockside Rd., Suite 202, Independence, Ohio 44131	330-434-3311
HIV/AIDS Hotline	800-332-2437
Parkinson’s Disease Support Group Aultman North Canton Medical Group - Building A 6046 Whipple Ave., N.W., Canton Ohio 44720	330-499-4649
Renew (Empower Women Through Changes)	330-491-1351
Share and Care Cancer Support Group Alliance Community Hospital, South Side Church of God 1520 Sawburg Ave., Alliance Ohio 44601	330-823-3230
Stroke Support Group Bethel Church, 711 25 th St., N.W., Canton, Ohio 44709	330-489-1231 or 330-489-1135
Coleman Crisis Services 2421 13 th St., N. W., Canton Ohio 44708	330-452-6000
Victim Assistance Program (Prosecutor’s Office)	330-451-7452
Woman to Woman	330-324-6199 or 330-866-2817

TRANSPORTATION

ABCD Dial –A-Ride 1225 Gross Ave., N. E., Canton, Ohio 44705	330-455-6385
Ambulance Associates 114 Clarendon Ave., N. W., Canton Ohio 44708	330-452-1113
American Medical Response 817 3 rd St., S. W., Canton Ohio 44707	330-453-8791
Coleman Professional Services 400 Tuscarawas St. W., Suite 200, Canton, Ohio 44702	330-438-2400
Faith In Action Western Stark 412 Lincoln Way E., Massillon, Ohio 44646	330-837-2705
Koala Kruizer 1170 S. Main St., North Canton, Ohio 44720	330-966-2327
Mercy Medical Center 1320 Mercy Drive N. W., Canton Ohio 44708	330-489-1215
Part of Senior Friends Program (Transportation to the Hospital Medical Programs) Stark Area Regional Transit Authority (SARTA) 1600 Gateway Blvd., S. E., Canton Ohio 44707	330-477-2782 800-379-3661 or 330-454-6132 or
Curb-to Curb/Proline	330-455-2292
Stark County Veterans Service Commission (Transportation for Veterans to VA Hospitals) 2955 Wise Ave., N. W., Canton Ohio 44708	330-451-7457

UTILITY ASSISTANCE

AT&T/Sales and Service	800-288-2020 or 800-980-4889 TTY/TDD
Consumer Counseling Hotline	800-282-9448
Home Energy Assistance Program (HEAP) Stark County Community Action Agency 1366 Market Ave. N., Canton, Ohio 44714	330-454-1676
National Home Energy Assistance Program (HEAP)	800-282-0880

Ohio Public Utilities Commission 800-686-7826

Transportation Safety Concerns, Ohio Public Utilities Commission 800-686-8277

VETERANS

U.S. Department of Veterans Affairs 216-698-2600 or
1240 East 9th St., Cleveland Ohio 44199 800-827-1000

Disabled American Veterans Chapter 50 330-823-0868
9540 McCallum Ave., N. E., Alliance Ohio 44601

Louis Stokes Department of Veterans Affairs 330-489-4600
US Veteran Affairs Department
733 Market Ave, S., Canton, Ohio 44702

Canton Outpatient Clinic 330-489-4600
733 Market Ave. S., Canton Ohio 44702

Stark County Veterans Service Commission 330-451-7457
2955 Wise Ave., N.W., Canton Ohio 44708

SAM Center 330-956-6162
413 Lincoln Way E., Massillon, Ohio 44646

American Red Cross - Veterans Assistance 216-431-3010
3747 Euclid Ave., Cleveland, Ohio 44115

VISION CARE

Canton Community Clinic Inc. 330-454-2000
2725 Lincoln St. E., Canton Ohio 44704

Margaret B. Shipley Child Health Clinic 330-453-3386
919 Second St., N. E., Canton Ohio 44704

Philomatheon Society of the Blind, Inc. 330-453-9157
2701 Tuscarawas St. W., Canton Ohio 44708

Pilot Dogs, Inc. 614-221-6367
625 West Town St., Columbus Ohio 43215

Lifecare Family Health & Dental Center Inc. 330-809-6384
820 Amherst Rd., N. E., Massillon Ohio 44646

VOLUNTEER OPPORTUNITIES

United Way - 211 Referral Program	221 or 330-455-4636
American Cancer Society- Fairlawn 3500 Embassy Pkwy., Suite 50, Fairlawn, Ohio 44333	800-227-2345
Aultman Hospital - Volunteer Services 2600 6 th St., S. W., Canton Ohio 44710	330-363-6368
Big Brothers/Big Sisters: Mentor with Me 408 9 th St., S.W., Canton, Ohio 44707	330-455-1126
Goodwill Campus, 408 Ninth Street, S.W., Canton Ohio 44707	330-445-1123
Boy Scouts of America Buckeye Council 2301 13 th St., N. W., Canton Ohio 44708	330-580-4272 or 800-589-9812
Boys and Girls Club of Massillon 730 Duncan St., S. E., Massillon, Ohio 44647	330-833-4395
SCORE Mentors Canton (Service Corps of Retired Executives) 6000 Frank Ave., N. W., Canton Ohio 44720	330-244-3280
Canines Helping Independent People, Inc. (CHIP) 2322 44 th St., N. W., Canton Ohio 44709	330-493-7643
Community Harvest 4915 Fulton Rd., N. W., Canton Ohio 44718	330-493-0800
Community Services of Stark County, Inc. 625 Cleveland Ave., N. W., Canton Ohio 44702	330-455-0374
Foster Grandparents of Stark County 408 9 th St. SW, Canton, Ohio 44707	330-617-4765
Girl Scouts of North East Ohio Unique Boutique 1010 Applegrove St., N. W., North Canton, Ohio 44720	800-852-4474
Guardian Ad Litem 110 Central Plaza S., Suite 450, Canton Ohio 44702	330-451-7914
Guardian Support Services, Inc. 408 Ninth St., S.W., Canton Ohio 44707	330-437-3720
RC Learning Center 1731 Grace Ave., N. E., Canton Ohio 44705	330-455-3873

Massillon Museum 121 Lincoln Way E., Massillon, Ohio 44646	330-833-4061
Meals on Wheels of Stark and Wayne Counties	330-832-7220
Mercy Medical Center - Volunteer Services Department 1320 Mercy Drive N. W., Canton Ohio 44708	330-489-1106
North Canton Meals on Wheels 7707 Market Ave. N., North Canton Ohio 44721	330-494-0366
Palace Theatre 605 Market Ave. N., Canton Ohio 44702	330-454-8172
Players Guild of Canton 1001 Market Ave. N., Canton Ohio 44702	330-453-7619
RSVP (Retired Senior & Volunteer Program) 1244 Lauren Crest St., S.W., Hartsville Ohio 44632	330-877-2495
Senior Companion Program 408 Ninth St., S.W., Suite 2210, Canton Ohio 44707	330-617-4764
St. Luke Lutheran Community 220 Applegrove Rd., N. E., North Canton Ohio 44720	330-499-8341
Stark County Probate Court 110 Central Plaza S., Suite 501, Canton Ohio 44702	330-451-7755
Court Angel Program	330-451-7752
The Coalition for Animal Concerns P.O. Box 2814, North Canton, Ohio 44720	330-649-0759
The Wilderness Center 9877 Alabama Ave., S. W., Wilmot Ohio 44689	330-359-5235
Heartland, Stark & Muskingum Lakes 408 9 th St., S.W., Canton Ohio 44707	330-453-0146
William McKinley Presidential Library and Museum 800 McKinley Monument Dr., Canton Ohio 44708	330-455-7043

SAMPLE



COURT ANGEL

A Stark County Probate Court Volunteer Program



Stark County Probate Court
Court Angel Volunteer Program
110 Central Plaza South, Suite 501
Canton, Ohio 44702

*Ensure appropriate care
for our most vulnerable citizens.*



COURT ANGEL

A Stark County Probate Court Volunteer Program

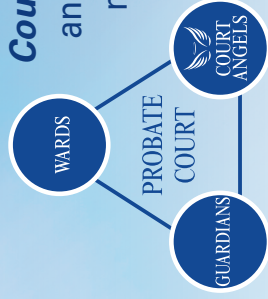
One of the many services provided by the Stark County Probate Court under the direction of Judge Dixie Park, is to ensure that the most vulnerable residents of our area, those who are unable to care for themselves due to physical or mental disabilities, receive proper care.

Currently, guardians care for over 1,700 wards throughout Stark County. However, the Probate Court and its guardians are in need of volunteers to help monitor this population, protecting wards from situations that may result in neglect or exploitation.



SAMPLE

As a *Court Angel* you will be making monthly visits to adult wards at local nursing homes, group homes and private residences. You will listen to the guardians and their wards, report on the care being provided and note any requests that will enhance the health and welfare of the ward.



Court Angels assist the guardians and the Probate Court. You will make recommendations that could provide greater comfort and care to those not fully capable of caring for themselves.

What a wonderful service you will be providing!

View an informational video at:
starkcountyohio.gov/probate
click on Guardianship Video

For more information on how to become a Court Angel, contact the Stark County Probate Court at **330.451.7752**



Preparing for a Court Angel visit

Prior to the visit, guardians receive a call from Court Angel staff notifying them that the ward is due to be visited by a volunteer Angel. The guardian is also informed that they will be receiving in the mail a letter and judgment entry stating that a volunteer will be calling in the next few months to set up a visit.

Court Angel volunteers are provided with information regarding the guardian and ward so that they may prepare for the visit.

Prior to visiting the ward, the Court Angel volunteer contacts the guardian to set up a visit date.



Judge Dixie Park



Court Angel Volunteer Program
110 Central Plaza
South Suite 501
Canton, OH 44702

Phone: 330-451-7752
Fax: 330-451-7040

Stark County Probate Court Angel Volunteer Program



Judge Dixie Park



GUIDE

Court Angel Program Overview:

The Court Angel program serves as a source of support for guardians and ensures that adult wards, the most vulnerable residents of our area, receive proper care. This service is provided by the Stark County Probate Court under the direction of Judge Dixie Park.

Court Angels visit adult wards in private residences, group homes, and local nursing homes. They speak to guardians and wards and submit a report to the Court about the care being provided and make recommendations that will enhance the health and welfare of the ward.

Volunteering

Our Court Angel Program provides:

Flexibility:

- Our Angels schedule their visits with wards/ guardians, so visits may be scheduled at a time convenient for the volunteer, guardian, and ward.
- Angels may complete as many visits as they like and may take a “leave of absence” as needed.
- Office locations in Canton, Massillon, and Alliance.

Training:

- Program overview and guidance on topics such as elder rights, developmental disabilities, and mental health.
- Quarterly meetings provided for continuing education.



What to expect from a Court Angel visit

During the visit, the Court Angel observes the relationship between the guardian and ward, asks questions regarding the current living situation, health, and needs of the ward.



Lastly, the Court Angel completes a simple summary report and returns the report to the Court.

Once a Court Angel returns the completed summary report, the visit is complete.

Almost all reports that come back to the Court are positive. There are instances when the guardian and/or ward need additional information about resources. In those cases, Court staff ensures that connections to the proper resources are made.

SAMPLE

Ensure appropriate care for our most vulnerable citizens.
Become a Court Angel Volunteer



COURT ANGEL

A Stark County Probate Court Volunteer Program

Currently, guardians care for over 1,700 wards throughout Stark County. However, the Probate Court and its guardians are in need of volunteers to help monitor those who are unable to care for themselves due to physical or mental disabilities, protecting them from situations that may result in neglect or exploitation.



Court Angel responsibilities:

- Monthly visits to adult wards
- Report on care being provided and note any requests that may enhance the health and welfare of the ward
- Communicate those needs to the guardian
- Provide periodic reports to the Probate Court

For more information on how to become a Court Angel, contact the Stark County Probate Court at **330.451.7752**

View an informational video at starkcountyohio.gov/probate and click on Guardianship Video.

SAMPLE

SAMPLE



124

COURT ANGEL

A Stark County Probate Court Volunteer Program

Ensure appropriate care for our most vulnerable citizens.

As a *Court Angel* you will be making monthly visits to adult wards at local nursing homes, group homes and private residences. *Court Angels* assist the guardians and the Probate Court. You will make recommendations that could provide greater comfort and care to those not fully capable of caring for themselves. What a wonderful service you will be providing!

Become a Court Angel Volunteer



For more information on how to become a Court Angel, contact the Stark County Probate Court at 330.451.7752



COURT ANGEL

A Stark County Probate Court Volunteer Program

Ensure appropriate care for our most vulnerable citizens

Become a Court Angel Volunteer

starkcountyohio.gov/probate



**PROBATE COURT
REPORT OF VISITS**

I. FILE REVIEW

Instructions: This information should be completed during your interview of the file at the Court. Some questions from the visit with the Ward section may also be answered from the information found in the file (e.g. age.)

1. Year guardianship established: _____

2. Guardianship of: Person Only Estate Only
 Person and Estate Other

3. Reason given for guardianship:

- a. Intellectual disability and other developmental disabilities
- b. Dementia (including Alzheimer's disease and related disorders)
- c. Chronic mental illness
- d. Chronic alcohol or drug use
- e. Head injury or stroke
- f. Other
- g. Can't determine

4. If any periodic report is required, is it current?

	Current		Date last report filed:
Report of:	Yes	No	
Person	<input type="checkbox"/>	<input type="checkbox"/>	
Estate	<input type="checkbox"/>	<input type="checkbox"/>	

5. Any problems evident from the file review (e.g. family conflict, disparity between financial status and level of care of the ward?)

II. INFORMATION FROM GUARDIAN:

Date of Contact ____/____/____

Instructions: In this section, you will gather information about the relationship between the guardian and the ward. The questions will give you specific answers; your observations will be recorded at the end of the section.

GUARDIAN'S NAME: _____

Address: _____ City: _____

Telephone Number: _____ State: _____ Zip: _____

6. Guardian of: Person Estate Both

7. Guardian's relationship to ward:

- a. spouse
- b. parent of ward
- c. child of ward
- d. other relative
- e. friend
- f. private attorney
- g. public guardian or agency
- h. other

8. Does the ward live with the guardian? Yes No

9. If not, how many times does the guardian visit the ward each month? _____

10. On average, how long is the visit (in minutes)? _____

11. What does the guardian do for the ward? Check all that apply.

- a. manage financial affairs
- b. housekeeping
- c. provide transportation
- d. feed
- e. provide necessities
- f. take on outings
- g. bathe
- h. provide continuous care

List anything else: _____

12. What is the guardian's view of the ward's overall situation, including any significant changes in physical health, intellectual functioning, emotional health and living situation that have occurred over the past year?

III. VISIT WITH THE WARD

Date of Visit ____/____/____

Instructions: The visitor should always make an effort to visit with the ward face-to-face and privately. Other sources of information about the ward include the guardian, caregivers, facility staff, relatives, and friends. Remember, you may need to talk to more than one person to get a full picture of the ward's situation. The questions will give you specific information; you will also record your observations/impressions at the end of this section.

20. To whom did you speak to get the information for this section and how much time does he/she spend with the ward per week? If you spoke with more than one person, check all that apply.

	Person spoken to:	Time person spends with ward per week in minutes:
<input type="checkbox"/>	Ward	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
<input type="checkbox"/>	Guardian	
<input type="checkbox"/>	Caregiver	
<input type="checkbox"/>	Facility Staff	
<input type="checkbox"/>	Relative	
<input type="checkbox"/>	Friend	
<input type="checkbox"/>	Other	

INFORMATION ABOUT THE WARD

21. Age: _____ Date of Birth: ____/____/____

22. Sex: Female Male

23. Marital Status:

- a. Married
- b. Single
- c. Widow/er
- d. Separated
- e. Divorced
- f. Unknown

LIVING SITUATION

24. Ward resides in:

- a. own home
- b. guardian's home
- c. relative's home
- d. nursing home
- e. group home (board & care, personal care, certified residential facility)
- f. hospital/state hospital
- g. other

25. If ward resides in a facility:

Name of facility. _____ Phone (if applicable): _____

Address: _____ City: _____ Zip: _____

26. Ward has been a resident since: _____ State: _____

27. If ward moved in past year, state number of times and reasons: _____

28. What services are provided by the guardian or the facility?
Examples: (check all that apply and list any not mentioned here):

- | | |
|--------------------------------------------------------|-----------------------------------------------------|
| a. <input type="checkbox"/> administration of medicine | g. <input type="checkbox"/> help with feeding |
| b. <input type="checkbox"/> help with bathing | h. <input type="checkbox"/> day care program |
| c. <input type="checkbox"/> help in using bathroom | i. <input type="checkbox"/> nursing care |
| d. <input type="checkbox"/> physical therapy | j. <input type="checkbox"/> help with grooming |
| e. <input type="checkbox"/> 24-hour supervision | k. <input type="checkbox"/> recreational activities |
| f. <input type="checkbox"/> help with dressing | l. <input type="checkbox"/> other: |

29. **Visitor:** Please record your observations of any problems in the living environment and rate its quality. Take into account such things as condition of residence and furnishings, safety, handicapped accessibility, and staffing level.

Excellent Satisfactory Fair Poor

Comments: _____

DAILY ACTIVITIES

30. Aside from meals and personal care, how does the ward spend the day? _____

31. How often does the ward leave the residence? _____

32. For what purposes? _____

33. Are the ward's recreational, socialization, and rehabilitation needs being met? Yes No

Any unmet needs? _____

PHYSICAL HEALTH / EMOTIONAL HEALTH

34. Does the ward have any conditions that impede communication? Yes No

35. If so, please specify:

- a. hearing impairment
- b. speech impairment
- c. unwilling to speak
- d. foreign language speaker
- e. mentally ill
- f. intellectual disability
- g. comatose
- h. other

36. How is the ward's physical health?

- Excellent Satisfactory Fair Poor

37. Ward is is not under regular care by a primary physician.

Doctor's name: _____

38. How many times has this doctor seen the ward on an outpatient basis in the past year? _____

Last visit: _____ How many times has ward been hospitalized in past year? _____

39. Medications prescribed: None 1-4 5-9 10 or more

40. Any problems with medications? (e. g. ward needs assistance or refuses to take medications, medications prescribed by multiple doctors): _____

41. If there has been any major improvement or a decline in the ward's physical health in the past year, please describe: _____

42. Please describe any significant medical diagnoses or conditions affecting the ward's health which the court should know about: (Do not restate reason for guardianship unless there has been a change.)

43. Within the past year, has the ward experienced any traumatic events or major disruptions or changes? (e. g. death of a spouse, admission to nursing home, abuse, major illness)
 Yes No If yes, please describe: _____

44. Is ward under regular care of a mental health professional? (e. g. psychiatrist, psychologist, social worker, counselor): Yes No Please specify: _____

45. Does the ward take any medications specifically for the treatment of mental illness? _____

Any problems with these medications? _____

46. Has there been any major improvements or decline in the ward's emotional health in the last year?
 Yes No If yes, please describe: _____

47. Is the ward in need of additional treatment or services not now provided for physical or emotional health conditions? Yes No Please specify: _____

INTELLECTUAL FUNCTIONING

48. Is the ward able to make decisions? Yes No If yes, in what areas? _____

49. Has the ward's intellectual capacity changed in the past year?

Yes No

If yes, has it improved declined?

If improved, is the guardianship the least restrictive alternative for the ward? Yes No

GUARDIANSHIP

Visitor: Ask these questions of the ward directly, whenever possible, if for some reason you cannot speak to the ward, answer these questions yourself using the information you gathered and the observations you have made.

50. Who answered the questions? Ward Visitor

If visitor, what prevented ward from answering? _____

Questions for Ward:	Yes	No	Can't Judge
Is ward satisfied with living situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ward satisfied with care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ward satisfied with caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does ward feel that the guardianship is still needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ward satisfied with the guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. If the ward answers "No" to any of these questions, please elaborate: _____

52. Are there any changes requested by the ward? _____

53. Volunteer's assessment of the ward's: (Check a rating box for each category.)

	Excellent	Satisfactory	Fair	Poor	Don't Know
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Time spent on this case: _____ Hour(s)

PLEASE RETURN TO THE SUMMARY PAGE (PAGE 1) TO MAKE YOUR RECOMMENDATIONS TO THE COURT.

COURT VISITOR VOLUNTEER SURVEY

Please take a few moments to complete the following survey

On a scale of 1 to 5, with 1 being the lowest and 5 being the highest:

1. How well were your volunteer responsibilities explained to you?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
2. After your training, how prepared did you feel to meet your volunteer responsibilities?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
3. How well do you feel you have been able to fulfill your volunteer responsibilities?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
4. Do you feel our volunteer program is well-organized?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
5. Do you feel you are receiving adequate support and guidance regarding your volunteer responsibilities?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
6. Do you feel you were provided adequate resources to accomplish your volunteer responsibilities?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
7. Would you recommend participation in this program to others?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
8. Overall, how satisfied are you with your volunteer experience?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
9. How much of an impact do you feel your volunteer work had?
1 _____ 2 _____ 3 _____ 4 _____ 5 _____

(continued on next page)

10. How convenient were the offered training sessions?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

What do you enjoy most about volunteering with the Court Visitor Program?

What suggestions do you have for improvements of the program and/or training?

Which of the following do you feel would be the most effective way to share information about the Court Visitor Program? (check all that apply)

Word of mouth: _____

Advertising: _____ Newspaper _____ Radio

Online/Social Media _____

Other: _____ (please specify) _____

Additional comments:

Thank you for your feedback!

Published by
The Supreme Court of Ohio
Office of Court Services
Children and Families Section
June 2021

THE SUPREME COURT *of* OHIO

65 South Front Street Columbus, Ohio 43215-3431