

## QUARTERLY REPORT FORM

### Virginia Public Guardian & Conservator Program

VIRGINIA DEPARTMENT FOR THE AGING  
1610 FOREST AVENUE, SUITE 100 • RICHMOND, VIRGINIA 23229  
(800) 552-3402 TOLL FREE TELEPHONE • (804) 662-9354 FAX

#### IMPORTANT NOTE

If you have questions or need assistance, please contact the Guardianship Program Specialist, Faye Cates, MSSW at the Virginia Department for the Aging.

Telephone: (804) 662-9310 • Email: faye.cates@vda.virginia.gov.

#### 2007 QUARTERLY REPORT DUE DATES

- |                         |   |
|-------------------------|---|
| <b>1<sup>ST</sup> Q</b> | For the quarter ending 3-31-07 - Reports due by April 16, 2007    |
| <b>2<sup>ND</sup> Q</b> | For the quarter ending 6-30-07 - Reports due by July 16, 2007     |
| <b>3<sup>RD</sup> Q</b> | For the quarter ending 9-30-07 - Reports due by October 16, 2007  |
| <b>4<sup>TH</sup> Q</b> | For the quarter ending 12-31-07 - Reports due by January 16, 2008 |

THANK YOU.

### Section A – Cover Page

- 1. Guardianship Provider:** \_\_\_\_\_
- 2. Address:** \_\_\_\_\_
- 3. Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- 4. Fax:** \_\_\_\_\_ **Contract Term:** \_\_\_\_\_
- 5. Program Director:** \_\_\_\_\_
- 6. Company that Provides Guardianship Bond/Limits:** \_\_\_\_\_
- 7. Staff/Client Ratio for Quarter:** \_\_\_\_\_
- 8. Person Completing This Report:** \_\_\_\_\_
- 9. For Quarter:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

## Instructions for Completion of Quarterly Report

SECTION	INSTRUCTIONS
<b>A</b>	<p><b>Cover Page:</b> Provide program and contact information as requested for items 1 thru 9</p> <ol style="list-style-type: none"> <li>1. Legal name of provider.</li> <li>2. Physical street address (Not Post Office Box).</li> <li>3. Phone # and Email for Program Director. (Please include extension).</li> <li>4. Fax Number for Program Director and term of current contract with VDA.</li> <li>5. Program Director's name and educational and/or professional designation if applicable (e.g. Jane Smith, BA or Carolyn Jones, LCSW, etc.).</li> <li>6. Name of company that provides Guardian/Conservator bond required by the Circuit Court for qualification and the amount of coverage (e.g. XYZ Bond Company; \$25,000 Blanket Bond).</li> <li>7. Staff to Client ratio for each local public guardian program should always be 1:20 unless prior written approval from VDA allows otherwise.</li> <li>8. Name of Person completing the quarterly report. If this person is someone other than the Program Director, please include job title.</li> <li>9. Enter 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> Quarter as applicable and date submitted to VDA.</li> </ol>
<b>B</b>	<p><b>Statistics on Persons Served:</b> There are three categories of persons receiving service:</p> <ol style="list-style-type: none"> <li>a. <u>"Persons" Waiting for Assessments.</u> This category only includes persons who have been referred to your program where no actual work has been done by the agency other than placing a name on a waiting list. For example, you receive a telephone call inquiring as to whether or not space is available in your program and someone sends in a referral form but no action has been taken.</li> <li>b. <u>"Clients" Waiting for Court or Referred</u> elsewhere because they were not appropriate for or did not qualify for the local public guardian program. This category includes (i) persons who you have assessed for the program and/or submitted to your Multi-disciplinary panel for review, persons accepted into the program and awaiting a court date, (iii) persons referred to a Bill Pay Service/Representative Payee Program or other alternative to guardianship program, etc.</li> <li>c. <u>"Clients" With a Circuit Court Order.</u> This category includes clients who have a Circuit Court order and the program has been named as Guardian, Conservator or both Guardian &amp; Conservator.</li> </ol> <p><b>Note #1:</b> These are unduplicated Numbers. Therefore, a person/client must not be included in more than one category for the quarter.</p> <p><b>Note #2:</b> For each person/client, indicate the actual funding source. For example, your program may have two funding sources; one from unrestricted funds and the other from a restricted funding source such as the Department of Mental Health, Mental Retardation and Substance Abuse Services –Mentally Retarded Clients (DMHMRSAS-MR). In completing Section B, you must indicate the number of persons/clients from each funding source and then provide a total for all persons/clients served.</p>
<b>C</b>	<p><b>Financial Information:</b> Guardianship Programs are already required to submit financial information to VDA on a monthly basis (Aging Monthly Report). However, this report covers cumulative information for the entire quarter. With the exception of</p>

	<p>DMHMRSAS-MR funds, program funds expended must be allocated, according to a program's approved budget by category (e.g. Personnel, Travel, Training/Education, Supplies/Equipment and Other). Deviations of more than 10%, must be approved by VDA, in advance, so that the program's contract can be amended.</p> <p><b>Note #1:</b> For DMHMRSAS MR-Guardianship Clients, all expended funds should be in the "DMHMRSAS Services" category. Because of the way DMHMRSAS-MR funds are structured, current public guardian local programs are not required to show a break down between Personnel, Travel, Supplies, etc.</p>
<b>D</b>	<p><b>Unmet Needs:</b> Important and/or Critical Unmet Needs this quarter where additional funds could have been used to assist your program OR there were opportunities that you could have taken advantage of (e.g. travel, conferences, etc.), if additional funds had been available.</p>
<b>E</b>	<p><b>Program Highlights:</b> Please include Outreach Events, Training Events (either conducted or attended by your program staff) and Upcoming Events for your program. This is an opportunity to highlight your program's achievements, awards, certifications and other distinguishing features of your program demonstrated in the past quarter.</p>
<b>F</b>	<p><b>Client Information:</b> Please refer to the sample on page seven (see the shaded area). This section serves as a "snapshot" of your client demographics for a given quarter and must be accurate so please be particularly careful in recording this information. If a client has died, you will need to indicate "deceased" after the name and the date of death. For example, Jones, E.; deceased 2/1/07.</p>
<b>G</b>	<p><b>Administrative:</b> Please include any other information that you would like to share regarding your programs (problems, issues, questions, concerns, trends regarding placement, waivers, court proceedings, etc.). This information will be treated as confidential unless you indicate other wise by checking "no" for the question – <i>Do You Want This Information Treated as Confidential?</i></p> <p><b>EXCEPTION:</b> (1) If you have reason to believe your program may be involved in some type of legal action and/or lawsuit regarding a Virginia Public Guardian &amp; Conservator Program client, please contact VDA immediately. (2) If you have, as a mandated reporter, reported suspected abuse of a Virginia Public Guardian &amp; Conservator Program client to law enforcement, please contact VDA immediately.</p>

### Legal Authority for the Virginia Public Guardian & Conservator Program

2.2-711	Policy statement; VPG&CP established.
2.2-712	Powers & duties of the department with respect to public guardian and conservator program.
2.2-713	Minimum requirements for local programs; authority including permissive authority for funerals.

### VDA Contact Information

Faye Cates, MSSW - Virginia Department for the Aging  
 1610 Forest Avenue, Suite 100, Richmond, VA 23229  
 Telephone: (804) 662-9310 • Email: [faye.cates@vda.virginia.gov](mailto:faye.cates@vda.virginia.gov)

## Section B – Statistics on Persons Served

**Program Name:** \_\_\_\_\_

### CLIENTS/POTENTIAL CLIENTS

PERSONS SERVED	Unrestricted Funds	MR Funds	DMHMRSAS MR Funds	TOTAL
<b>Persons Waiting for Assessments</b> (i.e. Unduplicated count of potential clients waiting for assessments this quarter).				
<b>Clients Waiting for Court or Referred</b> (i.e. Number of new assessments completed during this quarter).				
<b>Clients With A Circuit Court Order</b> (i.e. Number of clients who received services during this quarter).				
<b>TOTAL</b>				

## Section C – Financial Information\*

\*Guardianship Programs are already required to submit financial information to VDA on a monthly basis (Aging Monthly Report). However, this report covers cumulative information for the quarter.

CATEGORY FUNDS EXPENDED	UNRESTRICTED	MR	DMHMRSAS-MR
<b>PERSONNEL</b>			N/A
<b>TRAVEL</b>			N/A
<b>TRAINING &amp; EDUCATION</b>			N/A
<b>SUPPLIES &amp; EQUIPMENT</b>			N/A
<b>OTHER</b>			N/A
<b>DMHMRSAS SERVICES</b>			
<b>TOTAL</b>			

**Section D – Unmet Needs**

Important and/or Critical Unmet Needs this quarter where additional funds could have been used to assist your program OR there were opportunities that you could have taken advantage of (e.g. travel, conferences, etc.), if additional funds had been available.

<b>Services</b>
<b>Training</b>
<b>Education</b>
<b>Travel</b>
<b>Transportation</b>
<b>New Ideas</b> (please elaborate)

**Section E – Program Highlights****Outreach Events (if any)****Training Events (if any)****Upcoming Events (if any)**

## Section F – Client Information

**Program Name:** \_\_\_\_\_

**For the Quarter Ending:** \_\_\_\_\_

CLIENT TYPE-THIS PAGE <input type="checkbox"/> Unrestricted <input type="checkbox"/> MR <input type="checkbox"/> DMHMRSAS-MR	Gender Age	Incapacitated? Yes or No  Date of Court Order?	Indigent Yes or No	UAI	Values History	Care Plan	MR?	Placement? TC=Training Center NH=Nursing Home AL=Assisted Living C=Community
---SAMPLE--- Jones, E	Male 64	Yes 1/1/2007	Yes	Yes	Yes	Yes	Yes	TC
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Client Information Page # \_\_\_\_ of \_\_\_\_

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**Section G – Administrative**

**For the Quarter Ending:** \_\_\_\_\_

*Please include any other information that you would like to share regarding your program. Note this information will be treated as confidential unless you indicate otherwise.*

*Do you want this information treated as confidential? \_\_\_\_ yes \_\_\_\_ no*

***Thank You!***

How Much Time Did It Take You to Complete This Quarterly Report?  
\_\_\_\_\_ Hours