



## Guardianship, Advocacy, and Capacity Annual Review

Complete this form to review guardianship, advocacy, and capacity to give informed consent. Complete the form annually during the Needs Assessment or Individual Plan meeting, or more often if appropriate, and only after completion of an initial review or capacity assessment.

Service recipient's first, middle, and last name	Date	Case manager
--	------	--------------

This form is an update to assessment/review dated \_\_\_\_\_. Based on those findings, the service recipient  has  does not have capacity to give informed consent.

1. Has service recipient's capacity to give informed consent changed since the last review?  Yes  No  
If yes, complete new Capacity Assessment. Capacity Assessment is not required when service recipient does not receive residential services.
2. Has service recipient's life changed in any way that would necessitate a change in guardianship status, such as increased need for medical consents or Adult Protective Services involvement?  Yes  No  
If yes, complete new Capacity Assessment. Capacity Assessment is not required when service recipient does not receive residential services.
3. Does service recipient currently have a guardian?  Yes  No  
If yes, does the guardianship meet service recipient's needs?  Yes  No  
If no, explain and describe plan to remedy the situation:  
\_\_\_\_\_
4. Not including guardians, is there a person in this service recipient's life who actively advocates for him or her, but is not paid to do so?  Yes  No  
If yes, does advocacy meet service recipient's needs?  Yes  No  
If no, explain and describe plan to remedy the situation:  
\_\_\_\_\_
5. If guardianship or volunteer advocacy has been recommended but has not been established, describe current status, such as waiting for court date or agency searching for match. \_\_\_\_\_

Routing: Original – CCM