

**SAMPLE
GUARDIANSHIP
SCALE (PAGE 1)**

**NEED FOR GUARDIANSHIP SCALE
(Guardian and Temporary Guardian)**

County: _____ Worker Name: _____
Client Name: _____ Date Completed: _____
Case Number: _____

If a client's person is in danger or at risk or is potentially in danger and the client is unable, because of a mental or physical impairment, to determine and take action necessary to avoid the danger or risk due to his/her insufficient understanding or capacity to make or communicate decisions concerning his/her person the worker should consider the court appointment:

- I. Of a Guardian if:
 - a. The worker has cause to believe and can clearly and convincingly demonstrate that the person lacks the capacity to make or communicate informed decisions concerning his/her person, and
 - b. It can be clearly demonstrated that the person's inability to make decisions concerning his/her person is due to an impairment by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, and
 - c. It can be shown that ONLY appointment of a guardian will result in responsible decisions being made about the client's person, and reasonable communications being made to others when necessary to prevent endangerment and to assure continuing care and supervision to the person.
- II. Of a Temporary Guardian if:
 - a. All the conditions above are met, plus
 - b. If immediate action is not taken, the person's life will be endangered and there is no one else willing or able to act for the person (client)

Adequately or Someone Else is Assisting Adequately _____	Adequately if Someone/Thing Else Would Assist _____	Inadequate and No One Else to Assist _____
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INDICATORS OF NEED:

- 1. The person is able to make decisions related to maintaining his/her person in a healthy and safe state

(continued on next page)

**SAMPLE
GUARDIANSHIP
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	Adequately or Someone Else is Assisting Adequately	Adequately if Someone/Thing Else Would Assist	Inadequate and No One Else to Assist
<u>INDICATORS OF NEED:</u>			
1. (continued)			
(e.g., The person is able to recognize serious or harmful problems, The person: eats regularly and is not frequently out of food, does not wander about at night, washes or bathes regularly, is not too trusting of strangers, etc.)			
WORKER OBSERVED or REPORTED BY ANOTHER; Explain:			

2. The person is able to understand and follow simple instructions regarding self-care and in some situations <u>essential</u> home management tasks (e.g., the individual does not get direction from imaginary persons or things or has "visions" or "spells" to extent he/she cannot follow instructions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER OBSERVED or REPORTED BY ANOTHER; Explain:			

3. The person is able to utilize available resources (including financial resources) for his/her essential personal care and welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER OBSERVED or REPORTED BY ANOTHER; Explain:			

**SAMPLE
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<u>INDICATORS OF NEED:</u>	<u>Adequately or Someone Else is Assisting Adequately</u>	<u>Adequately if Someone/Thing Else Would Assist</u>	<u>Inadequate and No One Else to Assist</u>
4. The person is able to understand or learn how to use essential appliances safely (stove, electrical appliances, furnace thermostat, etc. are not misused)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER OBSERVED or REPORTED BY ANOTHER; Explain: _____ _____			
5. The person knows where he/she is in time and space and knows his/her destination or his/her way back home. (e.g. the person knows the date, day of the week and time and knows where he/she is at all times. The person fails to recall immediate or recent events. The person does not get lost.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER OBSERVED or REPORTED BY ANOTHER; Explain: _____ _____			
6. The person knows or is able to learn what to do in emergencies (fire, burglary, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER OBSERVED or REPORTED BY ANOTHER; Explain: _____ _____			
7. The person is able to exercise responsible judgment in regards to his/her own abilities so not to attempt endangering acts, behavior or risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER OBSERVED or REPORTED BY ANOTHER; Explain: _____ _____			

**SAMPLE
GUARDIANSHIP
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INDICATORS OF NEED:

Adequately or Someone Else is Assisting Adequately	Adequately if Someone/Thing Else Would Assist	Inadequate and No One Else to Assist
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8. The person knows when assistance is needed and is able to take action to get assistance (e.g. medical services; help in relocating out of an unsafe structure or in response to eviction; to obtain common needed pharmacy supplies or prescriptions, etc. The person is understandable in conversation, does speak to others, and hears and understands what they are saying.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WORKER OBSERVED or REPORTED BY ANOTHER; Explain:

9. The person is able to behave in a way that is not a real or potential danger to others. (e.g. the person throws and destroys property when upset or gets violently angry over little things)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WORKER OBSERVED or REPORTED BY ANOTHER; Explain:

Additional Notes:

File in Case Record when completed.