

IDENTIFYING ALTERNATIVES TO GUARDIANSHIP

This tool was designed to assist with identifying a person's ability to make decisions and manage key areas of life. It is intended to assist with exploring alternatives and less restrictive options to plenary or full guardianship.

Name of Individual: Carlos
 Name of person completing this form: Carlos and Parent
 Relationship to individual (*circle one*): Self Family Friend Guardian Other: _____
 How long have you known the individual? all my life

Step 1: Decide for each question if the answer is yes or no. If yes, put a checkmark in the GREEN column – this means the person is good to go. If NO, put a mark in the yellow column.

Step 2: When you have completed all the questions, explore alternatives to guardianship to meet the supported decision making need for all questions marked in the yellow column.

Step 3: ONLY if NO alternative can be identified, then limited guardianship might be considered for those specific areas of need.



Can person decide or direct this activity independently most of the time?



Can person decide or direct this activity with assistance most of the time?



Does the person require substituted decision making support?



DAILY LIFE & EMPLOYMENT

Can the person make and communicate choices in regard to employment?	X		
Can the person look for and find a job (<i>go to employment agency, respond to ads, use contacts</i>)?	X		
Is the person able to manage their money (i.e. meet financial commitments, such as regular bills)?		X	
Is the person able to manage the monetary benefits he or she is supposed to receive?		X	
Is the person able to identify and resist financial exploitation?		X	



HEALTHY LIVING

Does the person make decisions about where, when, & what to eat?	X		
Can the person follow a prescribed diet and/or take medicines as directed?		X	
Does the person understand the need to maintain personal hygiene and dental care?	X		
Can the person make and communicate decisions regarding medical treatment, including understanding the consequences of not accepting treatment?		X	
Does the person understand health consequences associated with high risk behaviors (<i>substance abuse, overeating, high-risk sexual activities, etc.</i>)?	X		
Can the person alert others and seek medical help for serious health problems?	X		
Is the person able to decide and direct what kinds of support they need or want and select who provides those supports?	X		

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SOCIAL & SPIRITUALITY

Can the person differentiate appropriate relationship behaviors as with family, friends, co-workers, intimate partners, etc. (<i>how we talk to and touch others</i>)?	X		
Is the person able to make appropriate decisions concerning marriage and intimate relationships?	X		
Does the person understand consent and permission in regards to sexual relationships?	X		



SAFETY & SECURITY

Does the person avoid common environmental dangers (<i>traffic, sharp objects, hot stove, poisonous products, etc.</i>)?	X		
Is the person able to recognize when someone is taking advantage of them, hurting them, or abusing them (physical, sexual, emotional) and protect themselves?		X	
Does the person know who to contact if they are in danger, being exploited, or being treated unfairly (<i>police, DSS, Arc, Lawyer</i>)?		X	



COMMUNITY LIVING

Is the person able to be on their own without risk of serious harm or injury to themselves?	X		
Does the person understand what is involved with managing a home that is safe (<i>home maintenance, sanitary conditions, secure, etc.</i>)?	X		
Is the person able to access community resources critical to functioning successfully and safely in community settings (<i>post office, transportation, bank, grocery store, emergency services, church, etc.</i>)?	X		



CITIZENSHIP & ADVOCACY

Is the person able to understand and communicate consent and/or permissions regarding legal documents (<i>i.e., contracts, powers of attorney</i>) or services (<i>i.e., legal counsel, advocacy services</i>)?	X		
Is the person able to identify someone they want to represent their interests and support them with decision making?	X		
Does the person demonstrate the ability to vote?	X		
Does the person understand consequences of making decisions that will result in them committing a crime?	X		
Is the person able to communicate approval to share information with parents, family members, and friends who are not legal guardians?	X		

Rev. 11/2015