



## VOLUNTEER GUARDIAN'S MONTHLY REPORT

Guardian Name: \_\_\_\_\_

Protected Person: \_\_\_\_\_

Date: \_\_\_\_\_

# of Visits to your Protected Person: \_\_\_\_\_ (monthly minimum unless otherwise arranged)

If minimum not met, explain:

# of Hours spent on or with your person: \_\_\_\_\_ (attach Contact Log)

Current Residence: \_\_\_\_\_

Submit to:

Crime Victim Services  
Guardian Program  
330 N. Elizabeth St.  
2<sup>nd</sup> Floor  
Lima, OH 45801

OR

Fax: 419-227-7478

Email: [kcampbell@crimevictimservices.org](mailto:kcampbell@crimevictimservices.org)

**Provide a brief description of involvement in the following areas, pertaining to meeting the needs of your protected person:**

Communication with facility/caregiver (nursing home/assisted living/group home, home based services):

Quality of Daily Life (social/emotional needs, recreation activities):

Living Environment:

Health of Your Person:

DNR Status (must be reviewed regularly for appropriateness):

Burial Plans:

Has your contact information changed? If so, provide new information:

Goals for the next month:

Guardian Signature: \_\_\_\_\_

Volunteer Coordinator Signature: \_\_\_\_\_

Reviewed & Documented