



**VOLUNTEER
GUARDIAN PROGRAM**

VOLUNTEER GUARDIAN'S MONTHLY REPORT

Guardian Name: _____

Protected Person: _____

Date: _____ Report for month of: _____

of Visits to your Protected Person: _____ (monthly minimum unless otherwise arranged)

If minimum not met, explain:

REMINDER to attach **Volunteer Timesheet and Mileage Report (signed original)** and **Contact Log (if used)** to this report

Current Residence of protected person:

Submit to:

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

OR

Fax: 419-227-7478

Email: kcampbell@crimevictimservices.org

Provide a brief description of involvement in the following areas, pertaining to meeting the needs of your protected person. If no significant issues or changes occurred in a particular area, leave blank:

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