



VAGAL SC Information Gathering Form

The information requested in this form is vital to the ongoing success of the Vulnerable Adult Guardian ad Litem Program. It is important that the form is completed and signed. Thank you for your cooperation.

Vulnerable Adult Name _____ DOB _____ Court Case Number: 20__-DR-_____

GAL Name: _____

Date Request Received: _____ Date GAL Assigned: _____

Date of Merits Hearing: _____ Time: _____ County: _____

EPC/Ex Parte Date: _____ Probable Cause Date: _____

Name of facility	Phone Numbers	Other contact information (e-mail,
Placement 1:		
Placement 2:		
Placement 3:		
Placement 4:		
DSS Case Manager:		
DSS Attorney:		
Vulnerable Adult Attorney:		
GAL Attorney:		

Other Contacts (family, caregivers, friends, doctors, etc.):

Name and Relationship	Phone Numbers	Other contact information (e-mail, addresses)

DEMOGRAPHIC INFORMATION:

If appropriate, you may wish to begin this part of your interview with the vulnerable adult by stating, “There are a series of demographic questions that I am required to ask of you. The information will be used to help improve our program and help others. If you don’t feel comfortable answering any of these questions, you may decline.”

Marital Status:

- Married
- Never Married
- Widowed
- Divorced
- Separated
- Unknown

Education Level:

- No Formal
- Grade 1-12
- If less than HS, Grade Completed
- GED
- High School Diploma
- Some College
- Associate Degree
- Bachelor’s Degree
- Advanced Degree
- Declined
- Unknown

Ethnicity:

- Hispanic
- Non-Hispanic
- Unknown

Race:

- American Indian/Alaskan
- Asian
- Asian Indian
- Black/African American
- Hawaiian/Pacific Islander
- White
- Declined
- Unknown

FINANCIAL INFORMATION

Monthly Income: _____

Sources of Income: Supplemental Security Income (SSI)

- | | |
|--|---|
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> SS Retirement | <input type="checkbox"/> None |
| <input type="checkbox"/> Government Retirement | <input type="checkbox"/> Other (Specify in Notes) |
| <input type="checkbox"/> Private Retirement | <input type="checkbox"/> Unknown |

MILITARY SERVICE

Service Adult or Adult's Spouse

- Never Served
- Reserves
- Past Active Duty
- Unknown

VA Benefits: Adult or Adult's Spouse

- Yes
- No
- Applied
- Unknown

Type of VA Benefits:

- Pension
- Medical
- Other, please specify –
- Unknown

BENEFITS RECEIVED

Medicare Recipient:

- Yes No Applying Unknown

Medicaid Recipient:

- Yes No Applying Unknown

Medicaid Waiver or CLTC (Community Long Term Care) Recipient:

- Yes No Applying Unknown

DIAGNOSES

Check all that apply:

- Physical Condition
- Dementia
- Psychiatric Condition
- Intellectual Disability
- Unknown

Reason for custodial intervention: (Check all that apply.)

- Neglect
- Physical Abuse
- Sexual Abuse
- Psychological Abuse
- Self Neglect
- Unknown

HEARINGS

List all hearing dates (hearings you attended, or for which you provided a report):

Date: _____

Type of Hearing: Merits Judicial Review Unknown

Resolved by Consent: Yes No

All Parties in Agreement Yes No

Vulnerable Adult Wishes

DSS Recommendations

GAL Recommendations

Date: _____

Type of Hearing: Merits Judicial Review Unknown

Resolved by Consent: Yes No

All Parties in Agreement Yes No

Vulnerable Adult Wishes

DSS Recommendations

GAL Recommendations

Date: _____

Type of Hearing: Merits Judicial Review Unknown

Resolved by Consent: Yes No

All Parties in Agreement Yes No

Vulnerable Adult Wishes

DSS Recommendations

GAL Recommendations

FINAL PLACEMENT

Adult's preferred final placement: _____

Final placement location:

- | | |
|--|--|
| <input type="checkbox"/> DDSN Placement | <input type="checkbox"/> Motel/Hotel with Sitters |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> Home Alone | <input type="checkbox"/> Psychiatric Facility |
| <input type="checkbox"/> Home with Spouse | <input type="checkbox"/> Residential Care Facility (Assisted Living) |
| <input type="checkbox"/> Home with Family | <input type="checkbox"/> Substance Abuse Treatment Facility |
| <input type="checkbox"/> Home with Others (Not Family) | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Hospital | |

GUARDIANSHIP/CONSERVATORSHIP

Would the vulnerable adult have benefited from a public guardian? (NOTE: There is currently no public guardianship program in South Carolina. A public guardian would benefit an adult who needs assistance making medical decisions but does not have any family members or friends who are willing/able to serve as guardian.)

Yes No

If yes, why would the adult have benefited from such a program?

Would the vulnerable adult have benefited from a public conservator? (NOTE: There is currently no public conservatorship program in South Carolina. A public conservator would benefit an adult who needs assistance making financial decisions but does not have any family members or friends who are willing/able to serve as conservator.)

Yes No

If yes, why would the adult have benefited from such a program?

CONCLUSION

Number of Hours Spent on:

- Visitation _____
- Research/Calls _____
- Report Preparation _____
- Court Appearances _____

Total number of hours GAL worked on case: _____

Closing Date: _____

GAL Signature

Date