



Medina County Court of Common Pleas
Probate Division

WINTER 2022

Medina County Volunteer Guardianship Program Newsletter

Happy New Year! It sure has been quite the year, and we have not “seen” each other for nearly two years. Despite the challenges brought on by Covid-19, the Volunteer Guardianship Program remains in full force. I can’t thank you all enough for your flexibility during these times with taking my phone calls and referrals, and often times not meeting your new wards in person for months. I have visited nursing facilities across all counties and have seen various restrictions reinforced. My hope is that we are able to find the good in these hurdles. We have learned a lot over the past two years to keep each other safe and healthy. We’ve found alternate ways to keep in touch and provide comfort, and we remain hopeful that these restrictions will be short-lived.

Volunteering during a pandemic, especially to the medically fragile and vulnerable population that we serve, has been difficult and challenging. But, as we all know, being a legal guardian is an around the clock responsibility, and despite the pandemic and restrictions, your role and responsibilities as a legal decision-maker remains the same and never take a break. I have witnessed the dedication from you all to remain steadfast in your duties and provide the best possible care to your wards. Our visitations and in-service trainings have looked different and we all have had to become creative to stay connected with not only our wards, but with each other. The creativity that I have seen in the past two years has been impressive. Some facilities allow in-person visits within certain protocols, but when that is not a possibility, you’ve utilized window visits or “distance” bingo. We’ve made the most of virtual visits to play games, listen to music, and read books and passages together. And of course, there’s always the simple trading of handwritten letters.

Volunteers, my hope is that soon we can meet in person again. But until then, let’s continue to find the positive moments during these challenging times, keep being creative in our connections, and please know that as always, we remain grateful for your service and dedication to those who are in need.

Sincerely,

Nicki Shook

Volunteer Guardianship Coordinator



We all desire that 2022 will lead us on a steadier path than the challenges we have endured with COVID-19. Volunteer Guardians have faced tremendous struggles. It was suddenly an obstacle to provide the necessary face-to-face contact or in-person touch that we have all become accustomed to, and may have taken for granted in the past.

On behalf of the Court and myself, I want to thank you for your dedication and encourage you to continue with the amazing work you are doing. Often times, you may feel that you are locked up, locked out, and restrained from contact with your ward. Please keep up the good fight. Continue to find creative ways to carry on with your duties and focus on the positive moments you bring to each of your wards. Please know that even the smallest of efforts is not going unnoticed.

Sincerely,

Judge Kevin W. Dunn

TRAINING DATES AND UPCOMING EVENTS

DUE TO COVID-19

ALL FUTURE IN-SERVICE TRAININGS HAVE BEEN POSTPONED UNTIL FURTHER NOTICE. WE HAD GOALS OF GETTING TOGETHER THIS PAST FALL, BUT WITH EVER-CHANGING CONCERNS WITH COVID-19, WE WILL CONTINUE TO OFFER VIRTUAL IN-SERVICES.

THE NEXT IN-SERVICE IS SCHEDULED ON FEBRUARY 10, 2022 AT 5:00 P.M.

In the meantime, we've rounded up a list of resourceful websites and online classes that offer insightful tips to improve the lives of both caregivers and their loved ones.

1. Alzheimer's Association Care Training: training.alz.org
2. Family Caregiver Alliance Learning Center: www.caregiver.org/caregiver-learning-center
3. Caregiver Action Toolbox: caregiveraction.org/family-caregiver-toolbox
4. Home Sweet Home Care's Family Caregiver Education: flc.ipced.com/HomeSweetHomeCareInc#
5. MMLearn Training Course: training.mmlearn.org/caregiver-training-videos
6. Ohio Department of Developmental Disabilities: dodd.ohio.gov

2021 A YEAR IN REVIEW



IMPORTANT NOTICE—PLEASE READ AND RESPOND


Per Ohio Revised Code §2111.011, all guardians must review a Guardianship Guide, which is available on the Court's website: www.MedinaProbate.org. Within 30 days, each guardian shall then file with the Court the acknowledgment form found at the end of the guide. If you have any further questions or don't have access to a computer, please call the Probate Court at (330) 725-9704. Please note, you only have to do this one time—it is not an annual requirement.



THANK YOU!

Thank you to **Joyce Giles**, for her donation to the Volunteer Guardianship Program, in honor of our long time volunteer, Dawn McGough, who recently passed.

Thank you to **Western Reserve Hospice, Ohio State University Extension Officer, and Danbury Assisted Living** for offering our virtual in service trainings for 2020-2021.



Even though in-service trainings are temporarily on hold, we want you, our committed volunteers, to know that you can reach out to Nicki with any ideas for topics you have an interest in learning about. We will be compiling a list and will do our best to cover these topics when it is safer for us to all be together again.

ANNUAL CHECKLIST FOR NEW GUARDIANS

Serving as a Volunteer Guardian can be very fulfilling, but also very overwhelming. That's why we've created this simple checklist to help remind you of your responsibilities each year. Annually, you are required to file the following reports with the Medina County Probate Court.



GUARDIAN'S REPORT

Form 17.7 is needed to track the ward's current living environment, proof of contact with your ward, and to report any **major** changes in your ward's mental or physical condition.



GUARDIANS ANNUAL PLAN

This plan, found on www.MedinaProbate.org as *form 17.8*, is used to notify the Court of any changes in providers or agencies, changes to placement, status of ward's employment or social/recreational activities, and plans to address financial needs in the coming year.



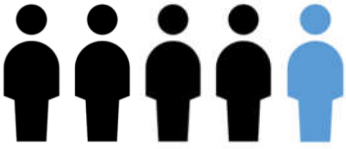
EXPERT EVALUATION

With the Guardian's Report, you must submit a statement by a licensed physician, licensed clinical psychologist, licensed social worker, or a developmental disability team, that has evaluated the ward within three months prior to the date of your annual guardian's report regarding the need for continuing the guardianship.

"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong, **because someday in life you will have been all of these.**"

-George Washington Carver

MENTAL HEALTH IN AMERICA



43.8 MILLION ADULTS EXPERIENCE MENTAL ILLNESS IN A GIVEN YEAR

1 IN 5 ADULTS IN AMERICA EXPERIENCE A MENTAL ILLNESS

NEARLY 1 IN 25 (10 MILLION) ADULTS IN AMERICA LIVE WITH A SERIOUS MENTAL ILLNESS



1 IN 100 (2.4 MILLION) AMERICAN ADULTS LIVE WITH SCHIZOPHRENIA



6.9% (16 MILLION) OF AMERICAN ADULTS LIVE WITH MAJOR DEPRESSION



2.6% (6.1 MILLION) OF AMERICAN ADULTS LIVE WITH BIPOLAR DISORDER



18.1% (42 MILLION) OF AMERICAN ADULTS LIVE WITH ANXIETY DISORDERS

CONSEQUENCES

- APPROXIMATELY 10.2 MILLION ADULTS HAVE CO-OCCURRING MENTAL HEALTH AND ADDICTION DISORDERS
- APPROXIMATELY 26% OF HOMELESS ADULTS STAYING IN SHELTERS LIVE WITH SERIOUS MENTAL ILLNESS
- APPROXIMATELY 24% OF STATE PRISONERS HAVE “A RECENT HISTORY OF A MENTAL HEALTH CONDITIONS”

IMPACT

- DEPRESSION IS THE LEADING CAUSE OF DISABILITY WORLDWIDE, AND IS A MAJOR CONTRIBUTOR TO THE GLOBAL BURDEN OF DISEASE.
- SERIOUS MENTAL ILLNESS COSTS AMERICA \$193.2 BILLION IN LOST EARNING EVERY YEAR.
- 90% OF THOSE WHO DIE BY SUICIDE HAVE AN UNDERLYING MENTAL ILLNESS. SUICIDE IS THE 10H LEADING CAUSE OF DEATH IN THE U.S.

TREATMENT IN AMERICA

Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year. African American and Hispanic Americans used mental health services about 1/2 the rate of whites in the past year and Asian American at about 1/3 the rate. Meanwhile, nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.

WAYS TO GET HELP

Be sure to talk with your doctor. It may help to connect with other individuals and families to learn more about mental illness and seek help. You can also learn more about mental illness through the National Alliance on Mental Illness at nami.org.

SUDDEN CHANGE IN BEHAVIOR

UTIs, or urinary tract infections, can cause changes in people living with Alzheimer's disease and other dementia. UTIs are common among people diagnosed with Alzheimer's and other dementia. This is attributed to age and partly due to increasing difficulty with hygiene and personal care.

SIGNS OF A UTI

- **Frequent intense urge to urinate**
- **Burning when urinating**
- **Back or abdominal pain**
- **Difficulty urinating**
- **Change in urine smell/color**
- **Fever**
- **Sudden change in behavior including sleeping issues, anxiety, depression, confusion, aggression, delusions, hallucinations and paranoia**
- ***It's important to note that some UTIs present without any clear symptoms***

There are various signs and symptoms of a UTI, which can occur in women and in men. People with a UTI may experience burning when they urinate as well as a frequent intense urge to urinate. They may also have back or abdominal pain. Family members and caregivers may notice difficulty urinating, change in urine smell, darkening urine color, and fever. However, some UTIs present without clear symptoms.

Detecting UTIs can be difficult, particularly with someone whose communication may be impaired due to dementia. Sudden changes in behaviors and an increase in symptoms may indicate that your loved one has a UTI. Behavior changes and causes that seem to affect one's personality may include sleeping issues, anxiety, depression, confusion, aggression, delusions, hallucinations and paranoia.

When UTIs wreak havoc, caregivers may be in a state of panic about the symptoms. And for good reason — the symptoms are powerful and can actually mimic the end of life for some people. Getting a urine test may not be the first thing you think of when your loved one starts behaving so differently, but these changes often occur with a UTI due to fever and increased pain. When you see sudden behavioral changes, it is important to rule a UTI out and consult with a doctor.

Typically the natural progression of Alzheimer's and other dementia diseases is gradual. Generally, once the UTI has been treated with antibiotics, the person returns to their baseline and no lasting harm is done.

GETTING HELP

- Consult with a doctor and request a urine test to rule out a UTI
- Reach out to the Alzheimer's Association 24/7 Helpline: **800.272.3900** to discuss any questions or concerns about changes you are observing in your loved one
- Join the free, online community and caregiver's forum for people living with Alzheimer's and other dementias at **ALZConnected.org**.

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

WHAT ARE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDDs)?

Intellectual and developmental disabilities (IDDs) are disorders that are usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

Intellectual disability starts any time before a child turns 18 and is characterized by differences with both:

- Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and
- Adaptive behavior, which includes everyday social and life skills.

The term "developmental disabilities" is a broader category of often lifelong challenges that can be intellectual, physical, or both.

"IDD" is the term often used to describe situations in which intellectual disability and other disabilities are present.

It might be helpful to think about IDD's in terms of the body parts or systems they affect or how they occur.

The exact definition of IDD, as well as the different types or categories of IDD, may vary depending on the source of the information.

For example, within the context of education and the Individuals with Disabilities Education Act (IDEA), a law that aims to ensure educational services to children with disabilities throughout the nation, the definition of IDD and the types of conditions that are considered IDD might be different from the definitions and categories used by the Social Security Administration (SSA) to provide services and support for those with disabilities. These definitions and categories might also be different from those used by health care providers and researchers.

For more information about disabilities included in IDEA, visit <http://nichcy.org/disability/categories>. For information about SSA and disabilities, visit <https://www.ssa.gov/planners/disability/>.

NERVOUS SYSTEM

These disorders affect how the brain, spinal cord, and nervous system function, which can affect intelligence and learning. These conditions can also cause other issues such as behavioral disorders, speech or language difficulties, seizures, and trouble with movement. Cerebral palsy, Down syndrome, Fragile X syndrome, and autism spectrum disorders (ASDs) are examples of IDD's related to the nervous system.

SENSORY SYSTEM

These disorders affect the senses (sight, hearing, touch, taste, and smell) or how the brain processes or interprets information from the senses. Preterm infants and infants exposed to infections, such as cytomegalovirus, may have reduced function with their eyesight and/or hearing. In addition, being touched or held can be difficult for people with ASDs.

METABOLISM

These disorders affect how the body uses food and other materials for energy and growth. For example, how the body breaks down food during digestion is a metabolic process. Problems with these processes can upset the balance of materials available for the body to function properly. Too much of one thing, or too little of another can disrupt overall body and brain functions. Phenylketonuria (PKU) and congenital hypothyroidism are examples of metabolic conditions that can lead to IDD's.

DEGENERATIVE

Individuals with degenerative disorders may seem or be typical at birth and may meet usually developmental milestones for a time, but then they experience disruptions in skills, abilities, and functions because of the condition. In some cases, the disorder may not be detected until the child is an adolescent or adult and starts to show symptoms or lose abilities. Some degenerative disorders result from other conditions, such as untreated problems of metabolism.

FEELING GRIEF & LOSS AS A CAREGIVER

By [Elizabeth M. Ward, MS, RD](#)

Medically Reviewed by [Jennifer Casarella, MD](#) on July 17, 2020



Even though the loved one you've been caring for is still alive, you may have already started feeling the weight and pain of their loss.

While some people might think of this as a type of depression, it's really a distinct form of grieving. And it's also a natural, expected response to

caring for someone with a long-term or incurable illness.

This kind of grief can hurt as much as what you feel when a loved one dies. Sometimes, it may make the loss after death easier, but not always.

It's real. You can't ignore it and hope to just power through. So allow yourself to process the grief and appreciate the time you have left.

What Is Anticipatory Grief?

Unlike the grief and mourning that happen after someone has passed away, this "anticipatory grief" begins before the person has died. But the emotions can be similar.

When someone has a disease, injury, or condition that permanently changes their personality, like Alzheimer's, the grief may come as it sinks in that your loved one, as you knew them, will be "gone" even before they're gone.

You might have anxiety, dread, or sadness as you wait for their passing.

You could also feel a sense of loss and longing for your independence and freedom as your own life changes, because much of your time and energy is now going to someone who needs you. And that can also lead to guilt.

Anger, bitterness, even resentment are common feelings, too, as you're forced to come to terms with the fact that you can't change the outcome.

It's important to remember that all of these feelings are normal in such a difficult situation. And often, primary caregivers -- those whose take on the daily responsibility for someone's well-being -- feel a piece of this loss each day, more deeply and in a way that others in their lives probably don't.

Be Honest About Your Feelings

Whether it's with a support group, a counselor, a good friend, or within the privacy of a journal, sharing what

you're going through can ease those moments when you're sad, powerless, and tired. Your loved one may be dealing with their own grief, and you might find comfort together.

It's OK to cry or admit that you're angry or frustrated. These are helpful ways to keep pent up emotions from turning into resentment toward the person you care for or from taking a toll on your health.

Find Ways to Take Control

You can't avoid what will happen, but you can have a say in how it happens.

Learning about your loved one's condition is one way to *do* something, to have a sense of taking action that puts you in the game rather than merely watching from the sidelines. Get a better idea of the symptoms, treatment options, and possible side effects so you can prepare for and even get ahead of what may be coming.

You could even help your loved one put their affairs in order or plan their funeral service.

Create Memories

Spend time together. It may be something as simple as an afternoon in the park or playing a board game. These activities will strengthen the bond you have, and they'll be something to hold on to after your loved one is gone.

Share memories of past good times, too. If you feel up to it, go through photo albums together or watch home movies.

Make Time for "Normal" Activities

Your days are probably much different than before you took on the job of caregiver, so you'll need to find ways to stay grounded and connected to the life you've built.

Keep your lunch dates. Run errands as you can. Take that pottery class. Go to the gym.

When you're feeling overwhelmed, reach out to friends and family members and ask for their help -- whether it's to pick up groceries, to call the doctor's office and make an appointment, or to just come sit with you and give you a hug, no conversation required.

However you choose to do it, making time for yourself isn't indulgent or selfish. It's a critical part of making you a better caregiver. And it can empower you to handle the challenges ahead.

2021 GUARDIANS YEARS OF SERVICE



It takes a special person with a big heart to volunteer their time, energy, and compassion to serving vulnerable wards in our community. It doesn't matter if it's one year, or 18. We appreciate all of the heart you put into being a friend and decision-maker for others in need. Without you, we would not have a successful program or the ability to make good on our promise to protect and care for our precious elderly.

Below are the names of the amazing guardians who have volunteered their time over the years. We cannot thank you all enough!



JoAnne Guay
Bert Guay
Caroline Kassouf

Tim Kassouf
Sylvia Miles
Todd Bauer



Joanne Dyson



Rhonda Kocinski



Michelle Heefner



Rosie Howard



Kimberly Koehring-Weinmann



Tom Borrer
Ashley Shelton
Pat O'Sullivan



Mary Keller
Lori Miner
Mary Vantz



Theresa Laffey



Joyce Davis
Judy Lucas
Lee McGough



Lin Humpal
Melanie Kasten-Krause
Susan Squire
Lori Betz

YOU'RE NEVER TOO OLD FOR A GOOD LAUGH

Sense of Humor Doesn't Fade With Age

FROM THE WEBMD ARCHIVES
Aug. 25, 2003

An elderly gentleman and a young whippersnapper walk into a bar. The bartender cracks a wry joke, but only the young one laughs. But a minute later when the young guy slips off his stool, the old guy lets out a howl of laughter.

What gives?

Turns out the older fellow hadn't really lost his sense of humor. He just didn't get the joke and prefers slapstick.

A new study shows that a person's appreciation of humor doesn't necessarily fade with age, but their ability to understand complex forms of humor might as mental abilities decline.

"The good news is that aging does not affect emotional responses to humor -- we'll still enjoy a good laugh when we get the joke," says researcher Prathiba Shammi, PhD, of the Baycrest Center for Geriatric Care in Toronto, in a news release.

But the bad news is that older adults may have a harder time processing complex humor such as irony and satire, which might explain why many older adults prefer slapstick humor.



Mental Ability Fades, Sense of Humor Remains

In the study, researchers compared the responses of 20 healthy older adults (average age 73) to 17 healthy younger adults (average age 20) on three separate humor tests: appreciation of humorous verbal statements; joke and story completion; and nonverbal cartoon appreciation.

In the first test, participants had to pick out funny statements, such as a sign in a tailor's shop that read, "Please have a fit upstairs," from among a series of neutral statements like a hotel sign that read, "Visitors are requested to turn off the lights when they leave the room."

Researchers found that the older adults were just as good as their younger counterparts in finding the humorous statements and reacted appropriately with a smile or laugh when they understood the humor.

But older adults made many more errors on the other two tests where they had to select the correct punch line for a joke or find the funny version of a series of cartoons.

The results appear in the *Journal of the International Neuropsychological Society*.

The study also showed that the level of mental decline among the older adults was strongly associated with their ability to comprehend complex humor.

But despite these impairments in understanding certain types of humor, the older adults did not differ from their younger counterparts in their appreciation of humor overall.

Researchers say those findings suggest that a person's sense of humor persists well into old age and may perform an important role in coping with the stresses of aging.

BENEFITS OF LAUGHTER

Research has found six distinct benefits of laughter that can have us feeling better, aging better and living better all the way into our golden years. And that's definitely something to laugh about.

1. **Improved Cardiovascular Health**
2. **Pain Reduction**
3. **Stress Reduction**
4. **Better Core Strength**
5. **Improved Relationships**
6. **Better Mental Health**

FRONTOTEMPORAL DEMENTIA



"Frontotemporal Dementia (FTD) describes a clinical syndrome associated with shrinking of the frontal and temporal anterior lobes of the brain. Originally known

as Pick's disease, the name and classification of FTD has been a topic of discussion for over a century. As it is defined today, the symptoms of FTD fall into two clinical patterns that involve either (1) changes in behavior, or (2) problems with language.

- **The first type features behavior that can be either impulsive or bored and listless and includes inappropriate social behavior;** lack of social tact; lack of empathy; distractability; loss of insight into the behaviors of oneself and others; an increased interest in sex; changes in food preferences; agitation or, conversely, blunted emotions; neglect of personal hygiene; repetitive or compulsive behavior; and decreased energy and motivation.
- **The second type primarily features symptoms of language disturbance,** including difficulty making or understanding speech, often in conjunction with the behavioral type's symptoms. Spatial skills and memory remain intact. There is a strong genetic component to the disease; FTD often runs in families."

HOW DOES FTD DIFFER FROM ALZHEIMER'S DISEASE?

Different symptoms: FTD brings a gradual, progressive decline in behavior, language or movement, with memory usually relatively preserved.

It typically strikes younger: Although age of onset ranges from 21 to 80, the majority of FTD cases occur between 45 and 64. Therefore, FTD has a substantially greater impact on work, family, and the economic burden faced by families than Alzheimer's.

It is less common and still far less known: FTD's estimated U.S. prevalence is around 60,000 cases (Knopman 2011, CurePSP), and many in the medical

community remain unfamiliar with it. FTD is frequently misdiagnosed as Alzheimer's, depression, Parkinson's disease, or a psychiatric condition. On average, it currently takes 3.6 years to get an accurate diagnosis.

FTD also imposes a more severe economic burden on families: approximately \$120,000 per year, nearly double the amount associated with Alzheimer's, according to a 2017 study funded and co-written by AFTD and published in *Neurology*.

HOW DOES FTD PROGRESS?

The progression of symptoms – in behavior, language, and/or movement – varies by individual, but FTD brings an inevitable decline in functioning. The length of progression varies from 2 to over 20 years.

As the disease progresses, the person affected may experience increasing difficulty in planning or organizing activities. They may behave inappropriately in social or work settings, and have trouble communicating with others, or relating to loved ones.

Over time, FTD predisposes an individual to physical complications such as pneumonia, infection, or injury from a fall. Average life expectancy is 7 to 13 years after the start of symptoms (*Onyike and Diehl-Schmid, 2013*). The most common cause of death is pneumonia.

ARE THERE OPTIONS FOR TREATMENT?

Today, there is no cure for FTD. Unfortunately, no current treatments slow or stop the progression of the disease. However, if you or a family member or loved one are affected, there are important steps that you can take to preserve and maximize quality of life. A growing number of interventions – not limited to medication – can help with managing FTD symptoms. It is important for you and your care partner to identify a team of experts who can help with coordinating care and with the legal, financial and emotional challenges brought on by this disease.

Source(s): www.dementiasociety.org/frontotemporal-dementia and www.theaftd.org/what-is-ftd/disease-overview/

DNR-CC AND DNR-CC ARRESTS

In the event of an emergency, a person--especially if elderly--may have specified resuscitation orders for loved ones and others who are responsible for their care. For some states, these orders are divided into two categories, DNR-CC and DNR-CC Arrests. It is important to know the distinction between the two for legal and ethical purposes.

DNR COMFORT CARE

DNR-Comfort Care law governs do-not-resuscitate situations. Medical providers follow the DNR-CC protocol when no resuscitative actions to maintain life are done. For Comfort Care-DNR, what the health care professional will or will not do is outlined in detail. For example, Ohio's DNR-CC law specifies that the practioner will attempt to clear the airway, give oxygen, improve the position of the patient, treat bleeding, provide support and contact other providers as needed.

COMMUNICATION OF A DNR-CC/DNR-CC-A ORDER

When a DNR order is written, the person filling out the order has the responsibility to fill out the DNR verification form, and file the order in the Physician's Orders in the patient chart. The verification form verifies that the nurse or doctor giving the order is properly credentialed and actually gave the order. When done by phone, the doctor has a responsibility to fill out the DNR form and the nurse must file the form in the patient's chart under the Physician's Orders section.

DNR COMFORT CARE ARREST

Medical staff act upon these instructions and steps when a patient experiences a cardiac or respiratory arrest. The things outlined for the healthcare professional include the initiation of the DNR comfort care protocol, provision of any necessary care or treatment appropriate to the patient's needs. Patients needing cardiac monitoring along with a DNR order will only receive comfort care.

LEGAL/ETHICAL CONCERNS

When a patient arrives at a hospital with evidence of a DNR-CC or DNR CC-A order written by a physician, the hospital must honor that order. The order could be present as a form, wallet card or bracelet. No one can override a patient's wishes even if a DNR order exists. If the patient cannot make the decision for themselves, a legal guardian or someone with power of attorney may do so. It is important to let loved ones know DNR wishes. A DNR order is a legally binding document and if the patient does not wish differently, it has to be honored.

VOLUNTEER GUARDIANSHIP BOARD MEMBERS



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HOW TO REFER SOMEONE TO THE VOLUNTEER GUARDIANSHIP PROGRAM

If you know someone who may need a guardian, call the Medina County Volunteer Guardianship Program to discuss the need. To qualify for services from this program, an individual must be:

- 1. INDIGENT (MEETING MEDICAID ELIGIBILITY)**
- 2. WITHOUT FAMILY TO PROVIDE THIS SERVICE**
- 3. A RESIDENT OF MEDINA COUNTY**

The Program Coordinator will then conduct a detailed phone assessment to determine the appropriateness of the referral. Once the eligibility has been established, program staff will complete an in-depth, onsite assessment of the individual. A physician and the Court Investigator will also examine the individual. The ultimate decision on the appropriateness of the proposed guardianship rests with the Probate Court.

VOLUNTEER ATTORNEY

Did you know that all volunteer guardians can be assigned a volunteer attorney if you need legal advice at any time during your guardianship? If you have any questions legally that the Volunteer Guardianship Coordinator is unable to answer, a Volunteer Attorney can help guide you.

When legal questions or a situation with your ward occur, please call Nicki Shook at (330) 725-9707 to find out which Volunteer Attorney has been assigned to the case.