Information Regarding Guardianship

A guardian is someone appointed by a court who is responsible for the personal affairs of an incapacitated person, called a 'ward," and making decisions for that ward. Guardianship may be awarded to make only limited decisi mt,31 Td [(tS a)-6.4 (ed Td [(tai)3.2 (t)(s)-8 (i6.3 (an)-12.32(al)3.1 ( ).1 (ng dec)-8.1 (i)3.ns)-89 (i)3.2 4 condition that prevents you from making decisions or taking care of yourself. Guardianship limits your freedom of choice, self-determination, decision-making, and independence. Guardianship can be an expensive process and very hard to reverse. A guardian may be appointed at any time once you turn 18. The guardian may be your parent(s) or someone else. Guardians have reporting and training responsibilities especially when there is an estate. Over time, the individual who serves as your guardian may be changed with the approval of the court. If your ability to care for yourself and make decisions later improve, the guardianship might even be ended and removed. Even while you have a guardian, you can keep the right to make some of your own decisions.

A guardian has the following rights, duties, and authorities.

Resources Regarding Guardianship

Autism Speaks
https://www.autismspeaks.org/family-services/tool-kits/transition-tool-kit/legal-matters

Catholic Charities
K W W S V R VFD R U J O H J D O V H U Y L F H V

Child Welfare Information Gateway
https://www.childwelfare.gov/topics/permanency/guardianship/

Coalition of Texans with Disabilities
https://www.txdisabilities.org/guardianship-reform

Navigate Life Texas
https://www.navigatelifetexas.org/en/transition-to-adulthood/legal-guardianship-for-young-adults-with-disabilities

Office of the Texas Governor
https://gov.texas.gov/organization/disabilities/guardianship
Governor's Committee on People with Disabilities

National Guardianship Association
https://www.guardianship.org/what-is-guardianship/

Texas Guardianship Association:
http://texasguardianship.org/guardianship-information/faqs-2/
http://texasguardianship.org/guardianship-information/guardianship-basics/guardianship-process-2/

Texas Health and Human Services
https://hhs.texas.gov/sites/default/files/documents/laws-regulations/legal-information/guardianship/pub395-guardianship.pdf
https://hhs.texas.gov/laws-regulations/legal-information/guardianship
https://hhs.texas.gov/laws-regulations/handbooks/guardianship-provider-handbook

Texas Parent to Parent
https://www.txp2p.org/services/services-for-parents-pathway-to-adulthood/legal-issues-guardianship-financial-planning

Texas Project First
http://texasprojectfirst.org/node/207

The Arc of Texas
https://www.thearc.org/file/Guardianship-White-Paper.pdf

Resources Regarding Alternatives to Guardianship

Regarding access to that adult's personal information, the supporter is limited to assisting the adult with a disability in accessing, collecting, and obtaining relevant information. The supporter must ensure that private information is kept confidential and that it is not inappropriately accessed, used or disclosed.

An adult with a disability cannot be forced into entering into a supported decision-making agreement. Both the adult with a disability and the supporter must sign the agreement voluntarily. They must sign it in the presence of two or more subscribing witnesses who are at least 14 years old, or they may sign it before a notary public.

For a supported decision-

Portability and Accountability Act of 1996 (Pub. L. No. 104-191) is attached.

release allowing my supporter to see educational records under the Family Educational

d Privacy Act of 1974 (20 U.S.C. Section 1232g) is attached.

Effective Date of Supported Decision-Making Agreement

cision-making agreement is effective immediately and will continue until (insert date) or

t is terminated by my supporter or me or by operation of law.

s _____ day of _____, 20__

Consent of Supporter

I, (name of supporter), consent to act as a supporter under this agreement.

_____ _____

(Signature of Supporter) (Printed Name of Supporter)

Signature

_____ _____

(My Signature) (My Printed Name)

_____ _____

(Witness 1 Signature) (Printed Name of Witness 1)

_____ _____

(Witness 2 Signature) (Printed Name of Witness 2)

This document was acknowledged before me on _____(date)

by _____ and _____

(Name of Adult with Disability) (Name of Supporter)

_____ _____

(Signature of Notarial Officer) (Printed Name of Notarial Officer

(Seal, if any of notary) My commission expires: _____

WARNING: PROTECTION FOR THE ADULT WITH DISABILITY

IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE OF THE EXISTENCE OF THIS AGREEMENT HAS CAUSE TO BELIEVE THAT THE ADULT WITH A DISABILITY IS BEING ABUSED, NEGLECTED, OR EXPLOITED BY THE SUPPORTER, THE PERSON SHALL REPORT THE ALLEGED ABUSE, NEGLECT, OR EXPLOITATION TO THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES BY CALLING THE ABUSE HOTLINE AT 1-800-252-5400 OR ONLINE AT WWW.TXABUSEHOTLINE.ORG.

Resources Regarding Independent Living

D & S Community Services

The Arc of Texas

https://www.thearcoftexas.org/information-resources/
https://www.thearcoftexas.org/wp-content/uploads/2016/06/Supported_Decision_Making_For_Families_UPDATED_Jan_2016.pdf

The Developmental Disabilities Assistance and Bill of Rights Act of 2000

https://www.acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000

Transition in Texas

https://www.transitionintexas.org/Page/97