

No. C-1-PB- 06 - 085777X

In the Guardianship of

Benjamin Brener

, an Incapacitated Person

§ In Probate Court No. 1

§ Travis County, Texas

FILED FOR RECORD

GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARDCheck One -  INITIAL  ANNUAL  FINAL P 12: 11Check one:  Guardianship of Person Only  Guardianship of Person and Estate  
TRAVIS COUNTY TEXASPlease fill out this form completely, answering every question, except when directed otherwise.  
"Not applicable" is not a proper response and can delay processing and approval.

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct:

1. WARD: Name Benjamin Brener Age 36 / DOB 01/10/89  
 Address (no P.O. Box) 2404 Roehampton Dr.  
 City/State/Zip Austin, TX 78745  
 Phone (512) 291-3528 New Address?  YES  NO

2. GUARDIAN(s): Name(s) Fay Brener email: brefay@hotmail.com and Lazar Brener  
 Age(s) 68 / DOB(s) 01/23/1957 / Email lazarbre@hotmail.com  
 Address (no P.O. Box) 4040 Enclave Mesa Circle  
 City/State/Zip Austin, TX 78731  
 Phone (512) 338-0176 New Address?  YES  NO  
 Relationship to Ward: Mother and father.

If co-guardians,  
both must be listed.

During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense?  YES  NO If YES, explain \_\_\_\_\_

If you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  YES  NO

3. If this is your final report, answer the questions in box below. If this is not your final report, skip to #4.

## FINAL REPORTS ONLY

I am filing a Final Report because (check one)

- I am resigning  the ward has turned 18 (attach copy of birth certificate)
- the ward has died (attach copy of death certificate)
- other; if "other," please explain: \_\_\_\_\_

If you are resigning, has a successor guardian been identified?  YES  NO

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_

4. Do you reside with the ward?  YES  NO If NO, please state how many times during the last year that you visited the Ward in person: 85 times. Date of last visit: 3/10/25

\* If zero visits, please explain: \_\_\_\_\_

5. Ward's residence is (check only one):

- Ward's home     Foster home  
 Guardian's home     Boarding home

Relative's home (give relative's name and relationship) \_\_\_\_\_

Or in the type of facility checked below:

- Nursing Home     Group home     Hospital/Medical facility  
 State Supported Living Center (State School)     Other

Please provide NAME of facility: D&B Residential Services L.P. (512) 504-9590

6. How long has the Ward lived at this address?

9 years

Any change in residence in last year?  Yes

No

If YES, explain: \_\_\_\_\_

7. All guardians must report on the amount and source of the Ward's income, regardless of whether the income comes to someone other than the guardian (such as the Ward's residence). Note that Social Security benefits are considered income, but that child support is not.

A. Source of Ward's income: Social Security and SSI

B. Annual amount of Ward's income: \$11,587 (monthly x 12), Note: On Dec 2023 he received \$9 From Jan 2024-Nov 2024: Received \$963 per month.

If zero, explain: \_\_\_\_\_

8. In addition to the Guardian of the Person, is there a Court-appointed Guardian of the Ward's estate?

Yes     No    Note: just because you are the Rep Payee does not necessarily mean there is a guardianship of the estate.

Depending on your answer, please answer the questions in only one of the boxes below:

If you answered "NO" to question 8  
→

A. If there is NOT a Guardian for the Ward's estate, please answer the following questions and attach additional information as directed:

(1) Has a Court Order directed you to manage funds up to \$20,000 of the Ward other than Social Security funds?  Yes     No

→ If YES, you MUST report on your management of those funds by attaching an income and expenses worksheet to this Annual Report. Forms are available on the Court's website or at the Court (200 W. 8th Street, Second Floor).

(2) Are you the representative payee of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits?  Yes     No

OR

If you answered "YES" to question 8  
→

B. If there IS a Guardian for the Ward's estate, please answer the following two questions:

(1) Are you the Guardian for the Ward's estate?  Yes     No

(2) Do you as Guardian of the Person receive an allowance from the Guardian of the Estate?  
 Yes     No

If YES, annual amount of allowance received \_\_\_\_\_

9. Has the Court approved a formal "Case Management Agreement" for case management services to the Ward? A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court*. (This is not the same as a "Care Plan" from a medical provider.)

Yes     No

→ If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approval.

10. During the past year ward has been treated or evaluated by the following professionals.

*As a guardian, it's your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges the services.*

Physician. Name: James Chudleigh (512) 920-5576

Describe: \_\_\_\_\_

Does the Ward see this doctor on a regular basis?  Yes  NO

Psychiatrist. Name: Dr. Frank Floca (512) 795-4344

Describe: Neuropsychiatrist

Social Worker or other case worker. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Dentist. Name: Dennis P. Gohring (512) 892-8822

Describe: Annual Dental Cleaning

Other. Name: Michael Bolf DPM (512) 448-3668

Describe: Pediatrician

11. Social Conditions: During the past year the ward has participated in the following activities.

*What does your ward do all day? Note that for each type of activity checked, you must describe the activities (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Don't leave blank or simply write the name of the residential facility.*

Recreational: Attends Bona Terra (Adult Day Care Center)

Educational: At Bona Terra (Adult Day Care Center)

Social: At Bona Terra (Adult Day Care Center)

Occupational: \_\_\_\_\_

None available.

Refuses or is unable to participate.

12. Supports and Services: During the past year the ward received the following supports and services:

Representative Payee for Social Security benefits

Services from a local mental health/intellectual and developmental disability authority (include name of provider and location where services are provided): Integral Care provides services to his Group Home located at 2404 Roe Hampton, Austin, TX, 78745, in Travis County. His Group Home is part of HCS Community Based Services

Services from a Medicaid program, including a Medicaid waiver program (include name of provider and location where services are provided): Integral Care is the provider of the Medicaid waiver program HCS Home and Community Based Services) and services are provided at 2404 Roe Hampton, Austin, TX, 78745, in Travis County

Informal supports and services (include name of provider and location where services are provided): None

Other (include name of provider and location where services are provided): None

13. During the past year the ward stopped receiving or attempted to receive the following supports and services  
*(provide reason the support or service listed was not received or was discontinued)* *not applicable*

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14. During the past year the ward's mental health has:

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

15. As Guardian of the Person, I  HAVE FILED  HAVE NOT FILED for Emergency Detention of the Ward pursuant to the Texas Health & Safety Code. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental health or safety reasons.) If you answered HAVE FILED, please list the number of times and the dates: \_\_\_\_\_

16. During the past year the ward's physical health has:

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

17. As guardian, I believe the Ward's living arrangements are  Excellent  Average  Below average  
If below average, explain: \_\_\_\_\_

18. As guardian, I believe that my ward is:

Happy/Content with living situation  Unhappy with living situation

19. As guardian I believe my ward  DOES  DOES NOT have unmet needs.

(Unmet needs = problems with food, shelter, medical care)

If you answered DOES, please explain: \_\_\_\_\_

20. The power authorized by this guardianship should be:

Unchanged

Decreased (explain: \_\_\_\_\_)

Increased (explain: \_\_\_\_\_)

21. As guardian, it is my opinion that the Ward DOES HAVE capacity or sufficient capacity with supports and services for *(check one)*:

1. complete restoration of the Ward's capacity  Yes  NO

or

2. modification of the guardianship  Yes  NO

If no, state the reason/s why the Ward does not have capacity or sufficient capacity with supports and services for a complete restoration of their capacity or modification of the guardianship: \_\_\_\_\_

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22. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independence: *We are in constant communication with the Group Home staff with suggestions to help our son who has autism and severe mental retardation.*
23. Check each box immediately below to affirm that you already have taken care of the specified duty or that you will do so within the time indicated. These duties are required by Texas law.

- I affirm that I already have done the following or will do so within one week of the date I sign this Report: I have communicated or will communicate to the ward that (1) I am seeking to continue, modify, or terminate the guardianship and (2) the ward has the opportunity to appear before the court to express the ward's preferences and concerns regarding whether the guardianship should be continued, modified, or terminated.
- I affirm that I will give the ward a copy of this annual report within 30 days of the date I sign the Report.

24. Guardian's Bond: Check the appropriate box below, adding an explanation if requested.

*Note: Even if Ward's residential facility pays your bond premium for you, it is your responsibility to verify that the bond payment is current and then mark "have paid." If you are not sure, you can look for a statement that the premium was paid on one of the accountings the facility sends you, or you can call the facility and ask.*

- I have a corporate surety bond with a yearly premium and HAVE PAID the bond premium for the next reporting period.
- I have a corporate surety bond with a yearly premium and HAVE NOT PAID the bond premium for the next reporting period (explain: \_\_\_\_\_)
- I have a corporate surety "forever" bond and I have paid the one-time bond premium.
- I have a CASH BOND on file with the Court.
- HHSC guardianship.

25. Please state any additional information concerning the ward that you would like to share with the Court. (You may continue on another page.)
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26. Remember to order fresh "Letters of Guardianship."

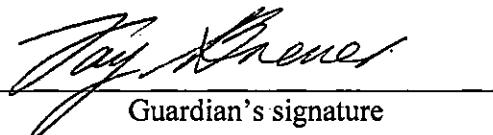
- A. Fill out the request form on the next page. Letters are not sent automatically; you must complete and submit the following form for the clerk's office to issue Letters.
- B. Please note two additional things:
- (1) There may be fees required by the clerk. You can call the clerk's call center to verify: (512) 854-9188.
  - (2) If there is also a guardianship of the estate, new Letters cannot be issued until the annual account is approved. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court, including required back-up.)

***Complete the following. The signature below does not require a notary.***

I, Fay Brener, the guardian of the person for Benjamin Brener  
(insert name of guardian of the person) (insert name of ward),

in Travis County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on March 11<sup>th</sup> 2025

  
Guardian's signature

**If this report is for Co-Guardians, also complete the following:**

I, Lazaro Brener, the guardian of the person for Benjamin Brener,  
(insert name of co-guardian of the person) (insert name of ward),

in Travis County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on March 11<sup>th</sup> 2025

  
Co-Guardian's signature (if any)

**Mail to:**  
Travis County Clerk's Office, Probate Division  
P.O. Box 149325  
Austin, TX 78714-9325

**Or deliver to:**  
Travis County Clerk's Office  
200 W. 8<sup>th</sup> Street, First Floor  
Austin, TX 78701

**Or electronically file with the Clerk's office.**

No. C-1-PB- 06 - 085777

IN THE GUARDIANSHIP OF  
Benjamin Brener  
AN INCAPACITATED PERSON

§ IN PROBATE COURT NO. 1  
§ OF  
§ TRAVIS COUNTY, TEXAS

**PROBATE COURT'S REPRESENTATIVE PAYEE REPORT**

If you are the ward's representative payee, you must do one of the following:

- (1) Complete this form and attach it to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate), **OR**
- (2) Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate).

Did you, as the representative payee, decide how the ward's funds were spent over the past year?

Yes       No

If "No," explain: \_\_\_\_\_

- A. During the last reporting period, what was the total amount of benefits that the Social Security Administration paid you as the representative payee? ..... \$ 11,527.00  
Saved of last year 288.00  
71,815.00
- B. During that reporting period, how much of the money from question A was spent on food and housing for the ward? ..... \$ 8,177.00
- C. During that reporting period, how much of the money from question A was spent on other items for the ward such as clothing, education, medical/dental expenses, recreation, or personal items? ..... \$ 3,491.00
- D. During that reporting period, how much of the money from question A was saved for the ward's future use? ..... \$ 147.00
- E. Please account for any remaining funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that all the information on this form and any accompanying statements are true and correct to the best of my knowledge.

Benjamin Brener  
Guardian/Representative Payee

03/11/25  
Date