

No. C-1-PB- 08 - 088136

In the Guardianship of

§ In Probate Court No. 1

§ Travis County, Texas

Alexandra Hall**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**Check One - INITIAL ANNUAL FINALCheck one: Guardianship of Person Only Guardianship of Person and Estate

Please 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 Alexandra Hall Age 35 / DOB 2-27-90
 Address (no P.O. Box) 2 Prestonwood Circle
 City/State/Zip Lakeway, TX 78734
 Phone 512-560-4256 New Address? YES NO

2. GUARDIAN(s): Name(s) Kari and Derek Hall
 Age(s) 47/69 / DOB(s) 1-22-60 / 3-23-56 Email callKaria@yahoo.com
 Address (no P.O. Box) 2 Prestonwood Circle
 City/State/Zip Lakeway, TX 78734
 Phone 512-560-4256 New Address? YES NO
 Relationship to Ward: parents

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: 365 times. Date of last visit: 5-13-25

* 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: _____

6. How long has the Ward lived at this address? 10 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: SSI

B. Annual amount of Ward's income: \$11,608.04 (monthly x 12)

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: Dr. Adriana Pratt

Describe: Family practice routine care

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

Psychiatrist. Name: _____

Describe: _____

Social Worker or other case worker. Name: _____

Describe: _____

Dentist. Name: Dr. David Brinkley

Describe: dental cleanings

Other. Name: _____

Describe: _____

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: Bowling, art program, movies, Shopping, concerts, Traveling

Educational: Art of the Arts program

Social: Art of the Arts program

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*):

Services from a Medicaid program, including a Medicaid waiver program (*include name of provider and location where services are provided*): HCS waiver - Integral Care Austin
Case manager - Hope Dudley

Informal supports and services (*include name of provider and location where services are provided*):

Other (*include name of provider and location where services are provided*):

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):

None

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:

Ali's cognitive disability would not allow
this

22. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independence: *Cleans & pickup her room, vacuum's her room
Lends dishwasher and help with chores in The house.*
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.)

Ali is fortunate to have a wonderful Caregiver for the last 10 years. She and Anna travel, goes to restaurants and movies. Anna is a loving Caregiver. Ali has a very rich and rewarding life.

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, Kari Hall, the guardian of the person for Alexandra Hall,
(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 May 13th 2025

Kari Hall
Guardian's signature

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

I, Dene K Hall, the guardian of the person for Alexandra Hall,
(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 May 13th 2025

Dene K Hall
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. 8th Street, First Floor
Austin, TX 78701

Or electronically file with the Clerk's office.

SOCIAL SECURITY
1029 CAMINO LA COSTA
AUSTIN TX 78752

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: December 1, 2024
BNC#: 24S1908B32973 DI



0296838 00296838 1 AB 0.593 CN6LNA T930 P17
COLA MO4 11/24 813 24S1908B32973

KARI ANNE HALL
FOR ALEXANDRA LYNNE HALL
3801 N CAPITAL OF TX
HWY
E240/155
AUSTIN TX 78746-1416

We plan to increase ALEXANDRA L. HALL's monthly Supplemental Security Income (SSI) payment from \$628.67 to \$644.67 beginning January 2025. The amount will change because of a rise in the cost of living. She will continue to get the new amount each month unless there is a change in the information we use to figure her payment.

The rest of this letter explains more about ALEXANDRA L. HALL's SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Her Payments

Your bank or other financial institution will receive her monthly payment of \$644.67 around January 1, 2025, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure her payment has also changed--

The food and shelter she receives in someone else's home or apartment for November 2024. We are raising the amount we count for this help to \$322.33 beginning January 2025. The law requires this change when there is a cost-of-living increase in SSI payments.

See Next Page