In the Matter of the Guardianship / Co-Guardianship (circle one) of:

Name of Tribal Youth: _____
Date of Birth: _____

Instructions

1. Please type or print clearly and provide thorough responses.
2. Please submit your signed report to the Social Services Family Caseworker.
3. Please provide a current picture of the Tribal youth with your completed report.
4. If this is a co-guardianship, both guardians need to complete and sign this Annual Status Report.
5. You may use additional paper for this report, be sure to label each section.

The Social Services Department and Tribal Court will treat the information in this report as confidential. The purpose of this report is to give the court as complete a picture as possible of the Tribal youth's current situation and what has happened in the last 12 months. You must file a report every year until the guardianship/co-guardianship ends. This report will be shared with the Tribal Court.

Reporting Period

This report covers the following period: From _____ To _____
Report Due Date: _____

Information About Guardian / Co-Guardians

Guardian's Name _____ Daytime Phone _____
Mailing Address _____
Is this a new address? Yes / No (circle one)
Physical Address _____
Is this a new address? Yes / No (circle one)

Relationship to Tribal Youth _____

Co-Guardian's Name (if applicable) _____
Daytime Phone _____
Mailing Address _____
Is this a new address? Yes / No (circle one)
Relationship to Tribal Youth _____

Changes in Guardianship / Co-Guardianship Needed

Should any changes be made in the guardianship / co-guardianship? Yes / No (circle one). If yes, please explain _____
_____
_____

Information About Tribal Youth

1. Housing

a. Where does the Tribal Youth live now?
Address _____
b. Has the Tribal Youth moved in the past year? Yes / No (circle one)
c. Tribal Youth's telephone number (if applicable) _____

2. Medical Psychological Care

a. Which of the following professionals has the Tribal Youth seen in the past 12 months?

	Doctor's Name	Phone No.	Reason Seen
● Doctor			
● Dentist			
● Eye Doctor			
● MH Prof.			
● Other			

b. Describe any significant medical problems (physical or mental) the Tribal Youth has, and describe what is being done or will be done about them:

_____
_____
_____
_____

3. School and Job Training

Does the Tribal Youth attend school or any type of job training?

- Yes. Name of school _____
  Grade _____

Describe the Tribal Youth's school experience (grades, attendance, relationships, behavior)

_____
_____

- No, because _____

4. Work

Is the Tribal Youth employed? (circle one)

- No
- Yes. Describe (include type of work, name of employer, address, phone, and how long employed) _____
  _____

5. Family Contact With Tribal Youth

a. Describe the Tribal Youth's contacts with their parent(s) _____
_____
_____

b. Describe the Tribal Youth's contacts with other family members _____
_____
_____

6. Cultural Connections

Describe how the Tribal Youth is involved in their culture? _____
_____
_____

7. Hobbies

Describe the Tribal Youth's hobbies/interests (i.e. books, baking, sports, etc.)

8. City, State or Federal Agency Services. Does the Tribal Youth receive services from any government agency (city, state, or federal)? (circle one)

- No
- Yes (describe below)

Name of Agency	Services Received	Agency Phone

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9. Significant Events

Describe, in detail, highlights / low-lights, challenges / successes of how the past year has gone for you as the guardian(s), and for the Tribal youth. Please provide an overall picture summary with specifics. (A full page is expected).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

10. Tribal Youth's Income and Assets

a. Did the Tribal Youth receive an Alaska Permanent Fund Dividend? Yes / No (circle one)

b. Do you receive child support from the Tribal Youth's parent(s)? (circle one)
   i. Yes, $_____ (annually)
   ii. No

c. Does the Tribal youth receive monthly benefits from any State, Federal, or Tribal agency (e.g. disability benefits, survivor benefits, etc.)? (circle one)
   i. Yes, $_____ (annually)
   ii. No

d. Does the Tribal Youth have health insurance (from Denali KidCare or another policy)? (circle one)
   i. Yes (describe) _____
   ii. No

e. Is there a bank savings account for the Tribal Youth? (circle one)
   i. Yes
   ii. No

f. Trusts. Is the Tribal Youth a beneficiary of any trusts? (meaning the Tribal Youth has the right to receive benefits of some kind from the trust)? Yes / No
   Name of Trust: _____
   Name & Address of Trustee: _____

g. Other Assets. List other valuable assets that belong to the Tribal Youth (for example: motor vehicles, Native Corporation stock, fishing permits, etc.):
   _____

_____

_____

h. Are there any pending lawsuits involving the Tribal Youth? Yes / No
If yes, please describe: _____

_____

_____

Oath

I do solemnly swear (or affirm) that the information given in this report is true and correct to the best of my knowledge and belief.

_____ _____

Date Guardian's Signature

_____ _____

Date Co-Guardian's Signature (if applicable)

_____ _____

Date Family Caseworker's Signature