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GUARDIAN / CONSERVATOR REFERRAL

Directions:

1. In order to ensure a faster processing time, please complete this form completely.
2. The client intake/discharge specialist will contact you with any additional questions. A decision will not be made on the referral without all requested information.
3. As the petitioner, you will be contacted with the referral outcome. It is your responsibility to inform the appropriate parties of this decision. It is also your responsibility to ensure that Guardian Finance and Advocacy Services is provided with the date/time of the court hearing.
4. Please be aware that Guardian Finance and Advocacy Services reserves the right to decline a referral based upon the individuals situation and/or the capacity of Guardian Finance and Advocacy Services at the time of your request.

Person Referring:

Date:

Agency/Relationship:

Phone #:

E-mail Address:

How did you hear about us?

1. Services Requested (**Please check all that apply**):

Guardian / Payee

Standby Guardian

Conservator

Plenary Guardian /Estate (Generally for those with a developmental disability)

Plenary Guardian/Person (Generally for those with a developmental disability)

Power of Attorney (POA)

Trustee

2. Reason for Referral:

PERSONAL INFORMATION for INDIVIDUAL REFERRED:

- 3. **Social Security Number (*Required):** _____
- 4. Last Name: _____ First Name: _____ Middle Initial: _____
- 5. Current Address: _____ City: _____ State: _____ Zip: _____
 County: _____ Township: _____ Phone Number: _____
- 6. Date of Birth: _____ Birthplace: _____ Gender: _____ Race: _____
 Marital Status (**Please circle one**): Single Married Separated Divorced Widowed
- 7. Residence Type (**Please circle one**): Independent Nursing Home Adult Foster care Assisted Living
 Home for Age Institution Other: _____
- 8. Is the individual in need of new placement? If so, describe: _____
- 9. Community Services/Supports Received by the Individual (day center, meals on wheels, etc.): _____

****Please be aware that GFAS is not able to force an individual to receive services, change placement, etc.**

8. INCOME SOURCES AND AMOUNTS: (*Required with Dollar amounts)

- SSA:
- SSI:
- VA:
- Railroad (amount and specific benefits):
- Pension (amount and source):
- Annuity (amount and source):
- Trust (amount and source):
- Other (e.g. Reverse Mortgage):
- Employer Name/Amount:

9. Does this person currently have a (please check any that apply):

- ____ Guardian
- ____ Conservator
- ____ Guardian/Payee
- ____ Plenary/Guardian
- ____ POA
- ____ Trustee
- ____ Payee

Other (Describe):

If so, provide Name, Address, and Phone #:

(next page)

10. Monthly Obligation: Rent/Care: \$ _____ Back Care Owed (if any): \$ _____
Other (Specify; heat, phone, electric, etc.): \$ _____ \$ _____ \$ _____ \$ _____
Other debt (Credit cards, hospital bills, etc.): _____

11. Is this person a Veteran? (Please check one) ___ No ___ Yes, VA Claim #: _____
Are benefits derived from another person? ___ No ___ Yes If Yes, Name: _____
Relation: _____ Social Security#: _____
Is there an active Life Insurance Policy # _____

12. **MEDICAL INFORMATION (Required)**

Medicare: ___ No ___ Yes, # _____ Medicaid: ___ No ___ Yes, # _____
Other Medical Insurance, if any: _____
Doctor's Name & Number (if known): _____

Type of Disability: _____
Specific Diagnosis: _____

13. Other Agency(s) Involved (List Agency, worker, & number for each agency):

14. Bank Account(s) (Name & Amount):

Investment Firm(s) (Name & Amount):

15. Real Estate (Yes/No): _____

(Please provide address/addresses below):

Real Estate Responsibilities:

- 1.) Own Outright (Y/N): _____
- 2.) Mortgage with Monthly Obligation (Y/N): _____
 - a. If yes, please provide monthly amount: _____
- 3.) Reverse Mortgage (Y/N): _____
 - a. If yes, please provide monthly amount: _____

16. Please list below all family members giving name, address, phone #, and relationship (**Attach additional sheet if necessary**). If none, check here: (___)

17. Are any family members interested in becoming the guardian/conservator? (Y/N):

If yes, please describe why a third party guardian/conservator is being sought:

THIS REFERRAL IS VALID FOR 6 MONTHS, AFTER THAT PERIOD, A NEW APPLICATION IS REQUIRED