

**FAMILY SERVICE OF ROANOKE VALLEY  
PERSONAL AFFAIRS MANAGEMENT/GUARDIAN ANGEL  
REFERRAL FORM**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Referral From: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Service Desired:**

**Guardian Angel Program:** a Public Guardianship program for indigent persons with no other proper and suitable person(s) willing/able to serve; individuals must be over eighteen and reside within our jurisdiction (Cities of Roanoke, Lynchburg, Bedford, Salem and Counties of Roanoke, Franklin, Amherst, Appomattox, Bedford, Botetourt, Campbell and Craig).

OR

**Personal Affairs Management Program** (fee attached to the following services)  
Private Guardianship \_\_\_\_\_; Conservator \_\_\_\_\_; Power of Attorney \_\_\_\_\_;  
Durable Power of Attorney \_\_\_\_\_; \*Representative Payee \_\_\_\_\_

**Client Information: Fill in all information as known**

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Temporary Address \_\_\_\_\_

Phone Number \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Native Tongue: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

(\*Please provide mother's maiden name and father's full name *only* if this is a representative payee client)

Last Medical Attention: Date: \_\_\_\_\_ Location: \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

Condition/Diagnosis (include physician's documentation of condition with this referral): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nature of Incapacity (Include onset and duration):**

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**Extent client can care for self:**

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**Is referral considered competent?** \_\_\_\_\_

**Is there supporting documentation of incapacity?** \_\_\_\_ Yes; \_\_\_\_ No

**(Please include documentation of same with this referral)**

**If documentation not attached, when will it be available?** \_\_\_\_\_

**Circumstances of referral and investigative findings:** \_\_\_\_\_  
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**Mental/Psychiatric Health History:**

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**Medical History:** \_\_\_\_\_

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**Educational/Vocational History:**

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**Legal History (if known):** \_\_\_\_\_

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**List all family members/involved persons:**

<u>Name</u>	<u>Relationship</u>	<u>Address &amp; Phone</u>
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**Family History:** \_\_\_\_\_

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<b>Financial Status of Client</b>	<b><u>Amount</u></b>
<b><u>Source of Income</u></b>	

**\*If this is a referral for a public guardian client, please ensure that the petitioning attorney will reference in the petition and the draft order that this client will be a “public guardian client as required by the Department for Aging & Rehabilitative Services”. This inclusion is a requirement for the public guardian program pursuant to code 64.2-2010.**

**Total Amount of Monthly Income:**

<b>Checking Account No.</b>	<b>Institution</b>	<b>Balance</b>

<b>Savings Account No.</b>	<b>Institution</b>	<b>Balance</b>

<b>Other: Type of Account</b>	<b>Institution</b>	<b>Balance</b>

**Real Property Owned:**  
**Approximate Value:**  
**Other:**

**Any Other Information:**

**Who will be filing petition for guardianship/conservatorship? (FSRV does not provide legal services):** \_\_\_\_\_

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<b>Social Service Involvement:</b>	<b>Agency</b>	<b>Worker</b>

**Issues to be resolved with appointment of guardian, conservator, POA, DPOA, RP**

- 1.
- 2.
- 3.

**For public guardianship referrals, all documentation must be included and presented to a multi-disciplinary panel (MDP) to ensure the referral is appropriate for the public guardianship program *before* consideration for the program and/or placement on the waiting list. Referrals remain on the list and are served in the order of the date they were approved by the MDP. The referral agency will be contacted when the referral is next in line and a slot is available.**

**Please call Cathy Thompson (540-563-5316X3011) if you need to discuss your referral. You may fax referral form to (540) 563-5254, ATTN: C. Thompson, or send to Family Service of Roanoke Valley, 360 Campbell Avenue, Roanoke, VA 24016, ATTN: Cathy Thompson**

**Contact Melinda Persinger if this is a Personal Affairs Management case at 540-563-5316 X3026)**