

Virginia Public Guardian/Conservator Program Referral Form

Public Guardian/Conservator Program Name:		
Demographics		
Last Name:	First Name:	Middle Name:
DOB:	Age:	Sex:
Marital Status:		Social Security Number:
Race:	Citizenship:	Preferred Language:
Current Address:		Length of time at Address:
Type of Living Environment:		
Are there plans to move this person?		Telephone Number:
If yes, please explain:		
Permanent Address (if different from above):		Length of time at Permanent Address:
Military Status:		
Military Branch:		Dates of Service:
Family		
Name/Relationship:	Address:	Phone Number:
Name/Relationship:	Address:	Phone Number:
Name/Relationship:	Address:	Phone Number:
Name/Relationship:	Address:	Phone Number:
Name/Relationship:	Address:	Phone Number:
Name/Relationship:	Address:	Phone Number:
Health Insurance		
Medicaid #:		Medicare #:
Private Insurance:		Policy #:
Other Insurance:		Policy #:
Income		

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Source of Income:	Gross Amount:	
Source of Income:	Gross Amount:	
Source of Income:	Gross Amount:	
Assets/Resources		
Type:	Institution Name:	Balance:
Type:	Institution Name:	Balance:
Type:	Institution Name:	Balance:
Type:	Institution Name:	Balance:
Type:	Institution Name:	Balance:
Real/Personal Property:	Location of Property:	Approximate Value:
Real/Personal Property:	Location of Property:	Approximate Value:
Real/Personal Property:	Location of Property:	Approximate Value:
Real/Personal Property:	Location of Property:	Approximate Value:
Real/Personal Property:	Location of Property:	Approximate Value:
Life Insurance Company Name:	Amount:	
Pre-need Burial Arrangement:	Amount:	
Benefits		
Type:	Amount:	
Type:	Amount:	
Type:	Amount:	
Type:	Amount:	
Type:	Amount:	
Educational/Vocational History		
Educational/Vocational History Including Dates (if known):		
Employment History		
Employment History Including Dates (if known):		

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Social/Recreational History		
Social/Recreational History Including Dates (if known):		
Medical/Mental Health Diagnoses		
Medical History/Diagnoses:		
Medical Provider:		
Mental Health History/Diagnoses:		
Mental Health Provider:	Case Manager:	
CSB/BHA:	Support Coordinator/Case Manager:	
Substance Abuse History:		
Other Pertinent Information:		
Legal/Criminal History		
Legal/Criminal History Including Dates (if known):		
Alternatives to Public Guardianship		
Does the person currently have a guardian and/or conservator?		
If yes, list name and contact information for guardian and/or conservator:		
Type of Appointment:	Relationship (if applicable):	
Explain why current guardian and/or conservator is no longer appropriate:		
Have less restrictive alternatives to public guardianship been explored?		
List less restrictive alternatives to public guardianship currently in place:		
Explain why current less restrictive alternatives are no longer appropriate:		
Petitioner Information – Person/Agency Petitioning Court		
Name of Petitioner (Agency/Organization/Person):		
Address:		
Telephone Number:	Fax Number:	Email Address:
Does the petitioner have a plan in place to petition the appropriate court to have the public guardianship program appointed guardian and/or conservator of this person?		

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Supporting Documentation	
	Date:
	Date:
	Date:
	Date:
	Date:
	Date:
	Date:
	Date:
Other:	Date:
Other:	Date:
Other:	Date:
Additional Program Specific Questions	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Other Program Specific Comments:	

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Referring Party		
Name of Person Completing Referral:		Title (if applicable):
Agency/Organization:		Address:
Telephone Number:	Fax Number:	Email Address:
Reason for Referral:		
Type of Service Requested:		
Explain limitations needed:		
Any other information:		
Signature:		Date:
Public Guardian/Conservator Program		
Public Guardian/Conservator Program Name:		
Notes Regarding Referral (if applicable):		
Name of Staff Receiving Referral:		Title:
Staff Signature:		Date Received: