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| **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 PermanentAddress: |
| 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: C |
| 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 publicguardianship 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** |
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| **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: |