|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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): | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **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 public  guardianship program appointed guardian and/or conservator of this person? | | | |

|  |  |
| --- | --- |
| **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:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **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: | | |