

# Virginia Public Guardian & Conservator Program Referral Form

## Instructions:

To be eligible for guardianship (and/ or conservatorship), through the Virginia Public Guardian & Conservator Program (“Program”), a person must be an adult who is incapacitated, indigent, and without any other suitable person willing and able to serve as the referred individual’s legal decision-maker. See <https://www.vda.virginia.gov/publicguardianship.htm> for additional information.

To refer a person to the Program:

1. **Identify** the Program Provider who serves the geographic area where the person needing guardianship services lives, or if the person is in residential treatment, where the person is expected to live after discharge. A list of Program Providers and their service areas is attached as Appendix A.
  2. **Submit** the completed referral form directly to the appropriate Program Provider. The provider will review the form and may contact you with follow-up questions.
- The Program Provider must screen all referrals for appropriateness and eligibility. If it is determined that the referred person is not appropriate or eligible for services, the Program Provider will notify the entity or individual that made the referral.
  - Getting the referral completed and submitted as quickly as possible is important. Slots in the Program are limited, so many Program Providers have a waiting list for services. The date on which a completed referral form is received effects the order in which referred individuals are considered for open slots with the Program Provider.
  - Guardianship **must** be established by a Virginia circuit court. If a person is accepted for services through a Program Provider, the entity or individual that submitted the referral will need to initiate that legal proceeding. **Financial assistance may be available** to cover some, or all, of the related attorney’s fees incurred. The Program Director for the applicable Program Provider can provide information about this process and the availability of financial assistance.

## **SPECIAL INSTRUCTIONS FOR CSB SUPPORT COORDINATORS & TRAINING CENTER COMMUNITY INTEGRATION MANAGERS**

454 Program slots are reserved for individuals diagnosed with (1) an intellectual disability prior to age 18, or (2) a developmental disability prior to age 22, who have been referred by the Department of Behavioral Health and Developmental Services (DBHDS). If your client has this diagnosis, the referral form should be completed and sent to DBHDS so the individual can be added to the DBHDS ID/DD PGP Waitlist. The referral form should not be sent directly to a Program Provider.

Please save the completed referral form in Word Format and submit it by secure email to DBHDS at [Public.Guardianship@dbhds.virginia.gov](mailto:Public.Guardianship@dbhds.virginia.gov). A secure link may be requested at the same email address if needed.

**Financial assistance may be available** to cover some, or all, of the attorney’s fees incurred by a CSB or Training Center in bringing the court case required to establish a guardianship through the Program.

Additional information about financial assistance and how these CSB/Training Center referrals will be managed by DBHDS can be found at <https://dbhds.virginia.gov/developmental-services/training-centers>.

## Virginia Public Guardian & Conservator Program Referral Form

REFERRING PARTY			
Name of person completing referral: Click or tap here to enter text.		Title (if applicable): Click or tap here to enter text.	
Agency/Organization: Click or tap here to enter text.		Address: Click or tap here to enter text.	
Telephone number: Click or tap here to enter text.	Fax number: Click or tap here to enter text.	Email address: Click or tap here to enter text.	
Explain why you believe the referred individual needs a guardian/conservator: Click or tap here to enter text.			
Signature: Click or tap here to enter text.		Date: Click or tap here to enter text.	
INFORMATION ABOUT REFERRED INDIVIDUAL			
Demographics			
Full Name: Click or tap here to enter text.	Date of Birth: Click or tap here to enter text.	Place of Birth: Click or tap here to enter text.	
Gender: Click or tap here to enter text.	Social Security Number: Click or tap here to enter text.	Marital Status: Click or tap here to enter text.	Race: Click or tap here to enter text.
Documented diagnosis of Intellectual Disability prior to age 18: Choose an item.			
Documented diagnosis of Developmental Disability prior to age 22: Choose an item.			
US Citizen: Choose an item.	Immigration Status: Click or tap here to enter text.	Preferred language: Click or tap here to enter text.	
Current address (include city, state and zip code): Click or tap here to enter text.		Length of time at address: Click or tap here to enter text.	
Type of living environment: Choose an item.		Telephone Number: Click or tap here to enter text.	
Permanent Address (if different from above): Click or tap here to enter text.		Length of time at permanent address: Click or tap here to enter text.	
Are there plans to move this person? Choose an item.		If "Yes," please explain: Click or tap here to enter text.	
Family/Friends			
Living Family Member & Non-Family Supports, including for example spouse, children, parents, friends who participate in care. (Use extra sheets if needed).	Name & Relationship	Contact Information	
	Click or tap here to enter text.	Click or tap here to enter text.	
	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.		

## Virginia Public Guardian & Conservator Program Referral Form

Health Insurance		
<input type="checkbox"/> Medicaid Member #: Click or tap here to enter text. <input type="checkbox"/> Medicare Member #: Click or tap here to enter text.	<input type="checkbox"/> Other health insurance: Click or tap here to enter text. Member #: Click or tap here to enter text.	
Financial Resources		
Income		
Check all that apply: <input type="checkbox"/> Black Lung Benefit <input type="checkbox"/> Social Security Disability (SSDI) <input type="checkbox"/> Social Security Retirement (SSA) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Veterans Benefit	<input type="checkbox"/> Salary/Wages Gross monthly payment: Click or tap here to enter text. <input type="checkbox"/> Other (e.g., pension, alimony) Gross monthly payment: Click or tap here to enter text.	
Other Benefits		
Medicaid Waiver: Choose an item. Type: Click or tap here to enter text.	Housing Assistance (e.g., Auxiliary Grant, Section 8): Click or tap here to enter text.	
Bank Accounts		
Bank Name & Location	Account Number	Balance
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other Assets		
If you have reason to believe that the referred person owns other assets, identify and describe those assets here. For example, other assets may be a home, other real estate, automobile, investment accounts, IRA, life insurance, or a trust established for the benefit of the referred person. If the asset is a home or other real estate, provide the address, if known:  Click or tap here to enter text.		
Medical/Mental Health Diagnoses		
Current Medical Diagnoses: Click or tap here to enter text.		
Current Mental Health Diagnoses: Click or tap here to enter text.		
Psychiatric Hospitalizations during the past five years (include dates): Click or tap here to enter text.		

## Virginia Public Guardian & Conservator Program Referral Form

Substance Abuse History: Click or tap here to enter text.		
CSB/BHA providing services (if applicable): Click or tap here to enter text.	Support Coordinator/Case Manager (if applicable) Click or tap here to enter text.	
Physician/Mental Health Providers providing services in the past 12 months	<b>Name, City, &amp; Specialty (if applicable)</b>	<b>Contact Information</b>
	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.		
<b>Legal/Criminal History</b>		
Pending legal proceedings (include jurisdictions and/or dates, if known): Click or tap here to enter text.		
Criminal convictions during past five years (include jurisdictions and/or dates, if known): Click or tap here to enter text.		
<b>Alternatives to Public Guardianship</b>		
Does the person currently have a guardian and/or conservator? Choose an item.		
If yes, provide the name, relationship and contact information for guardian and/or conservator: Click or tap here to enter text.		
Explain why current guardian and/or conservator is no longer appropriate: Click or tap here to enter text.		
Power of Attorney: Choose an item.	If "Yes," name and contact information: Click or tap here to enter text.	
Medical Power of Attorney: Choose an item.	If "Yes," name and contact information: Click or tap here to enter text.	
Advanced Medical Directive: Choose an item.	If "Yes," name and contact information: Click or tap here to enter text.	
Social Security Representative Payee or Bill Paying Service: Choose an item.	If "Yes," name and contact information: Click or tap here to enter text.	
Explain extent of family and/or friends involvement in person's life: Click or tap here to enter text.		
Explain why family and/or friends are not available to serve as guardian and/or conservator: Click or tap here to enter text.		
Explain why current alternatives to public guardianship are no longer adequate: Click or tap here to enter text.		

## Virginia Public Guardian & Conservator Program Referral Form

### Assessments/Evaluations

Indicate whether either of the following types of assessments/evaluations have been completed during the past twelve months. Provide a copy, if available.

- UAI
- Capacity Evaluation or CSB Assessment of Capacity

### Other Important Information

Use this section to include other important information that may be useful in determining the need for public guardianship/conservatorship: [Click or tap here to enter text.](#)

### FOR PUBLIC GUARDIAN/CONSERVATOR PROGRAM USE ONLY

Referral received by: [Click or tap here to enter text.](#)

Date referral received: [Click or tap here to enter text.](#)

## Virginia Public Guardian and Conservator Program Geographic Service Areas

AGENCY NAME	SERVICE AREA
<p>Alleghany Highlands Community Services (CSB) 543 Church Street Clifton Forge, VA 24422 Phone: (540) 863-1620 Program Director: Amanda Webb <a href="mailto:awebb@ahscb.org">awebb@ahscb.org</a></p>	<p>Counties of Alleghany, Bath, Highland, and Rockbridge</p> <p>Cities of Covington, Buena Vista, and Lexington</p>
<p>Appalachian Agency for Senior Citizens, Inc. 216 College Ridge Road Wardell Industrial Park PO Box 765 Cedar Bluff, VA 24609-0765 Phone: (276) 964-4915 Program Director: Leslie Hughes <a href="mailto:lhughes@aasc.org">lhughes@aasc.org</a></p>	<p>Counties of Buchanan, Dickenson, Russell, and Tazewell</p>
<p>The Arc of Northern Virginia 2755 Hartland Road, Suite 200 Falls Church, VA 22043 Phone: (703) 208-1119 Program Director: Noelle St. Amant-Aden <a href="mailto:noelle.stamantaden@thearcofnova.org">noelle.stamantaden@thearcofnova.org</a></p>	<p>Counties of Arlington, Fairfax, and Prince William</p> <p>Cities of Alexandria, Falls Church, Fairfax, Manassas, and Manassas Park</p>
<p>Autumn Valley Guardianship P.O. Box 1201 Harrisonburg, VA 22803 Phone: (540) 908-4437 Program Director: JoAnne Lind <a href="mailto:autumnvalleyguardianship@gmail.com">autumnvalleyguardianship@gmail.com</a></p>	<p>Counties of Augusta, Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren</p> <p>Cities of Harrisonburg, Staunton, Waynesboro, and Winchester</p>
<p>Bridges Senior Care Solutions P.O. Box 1310 Fredericksburg, VA 22402 Phone: (540) 899-3404 Program Director: Carol Ewing <a href="mailto:carolewingbridges@gmail.com">carolewingbridges@gmail.com</a></p>	<p>Counties of Albemarle, Caroline, Culpeper, Essex, Fauquier, Fluvanna, Greene, Halifax, King George, Lancaster, Loudoun, Louisa, Madison, Matthews, Mecklenburg, Middlesex, Nelson, Northumberland, Orange, Prince William, Rappahannock, Richmond, Spotsylvania, Stafford, and Westmoreland</p> <p>Cities of Charlottesville, Fredericksburg, and South Boston</p>
<p>Catholic Charities of Eastern Virginia</p>	<p>Counties of Accomack, Gloucester, Greensville, Isle</p>

<p>4855 Princess Anne Road Virginia Beach, VA 23462 Phone: (757) 467-7707 Program Director: Mirlande Sledge <a href="mailto:msledge@cceva.org">msledge@cceva.org</a></p>	<p>of Wight, James City, Matthews, Northampton, Southampton, Surry, and York</p> <p>Cities of Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg</p>
<p>Commonwealth Catholic Charities 1601 Rolling Hills Drive Richmond, VA 23229 Phone: (804) 285-5900 Program Director: Sarah Stevenson <a href="mailto:sarah.stevenson@cccova.org">sarah.stevenson@cccova.org</a></p>	<p>Counties of Amelia, Brunswick, Buckingham, Charlotte, Chesterfield, Cumberland, Dinwiddie, Henrico, Lunenburg, Nottoway, and Prince Edward</p>
<p>District Three Senior Services 4453 Lee Highway Marion, VA 24354-4269 Phone: (276) 783-8157 Program Director: Emma Walbroehl <a href="mailto:ewalbroehl@district-three.org">ewalbroehl@district-three.org</a></p>	<p>Counties of Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, and Wythe</p> <p>Cities of Bristol, Galax, and Radford</p>
<p>Family Service of Roanoke Valley 360 Campbell Avenue, SW Roanoke, VA 24016 Phone: (540) 563-5316 Program Director: Pamela Adams <a href="mailto:padams@fsrv.org">padams@fsrv.org</a></p>	<p>Counties of Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, and Roanoke</p> <p>Cities of Bedford, Lynchburg, Roanoke, and Salem</p>
<p>Jewish Family Services of Richmond 6718 Patterson Avenue Richmond, VA 23226 Phone: (804) 282-5644 Interim Program Directors: Andrea Wharam <a href="mailto:awharam@jfsrichmond.org">awharam@jfsrichmond.org</a> Franklin Fox <a href="mailto:ffox@jfsrichmond.org">ffox@jfsrichmond.org</a></p>	<p>Counties of Goochland, Hanover, Powhatan, Prince George, and Sussex</p> <p>Cities of Hopewell and Petersburg</p>
<p>Jewish Family Service of Tidewater P.O. Box 65127 Virginia Beach, VA 23467 5000 Corporate Woods Dr. Suite 300 Virginia Beach VA 23462 Phone: (757) 938-9130 Program Director: Dorothy Salomonsky <a href="mailto:dsalomonsky@jfshamptonroads.org">dsalomonsky@jfshamptonroads.org</a></p>	<p>Counties of Gloucester, Henry, Isle of Wight, James City, King &amp; Queen, King William, Matthews, Middlesex, Patrick, Pittsylvania, Southampton, and York</p> <p>Cities of Chesapeake, Danville, Franklin, Hampton, Martinsville, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg</p>
<p>Mountain Empire Older Citizens 1501 3rd Avenue East P.O. Box 888 Big Stone Gap, VA 24219</p>	<p>Counties of Lee, Scott, and Wise</p> <p>City of Norton</p>

<p>Phone: (276) 523-4202 Program Director: Angela Peters <a href="mailto:apeters@meoc.org">apeters@meoc.org</a></p>	
<p>Senior Connections 24 East Cary Street Richmond, VA 23219-3796 Phone: (804) 343-3000 Program Director: Edward Richards <a href="mailto:erichards@youraaa.org">erichards@youraaa.org</a></p>	<p>Counties of Charles City and New Kent  City of Richmond</p>