



Guardian / Conservator Referral Form

Name: _____ Address: _____

Date of Referral: _____ SSN: _____ Age: _____ DOB: _____

- Disability: [] Developmental Disability
[] Serious Mental Illness if yes, diagnosis? _____
[] Alzheimer's/Dementia
[] Brain Injury
[] Substance Abuse disorder if yes, which substance? _____
[] Other _____

Does the person need a: [] Guardian [] Conservator [] Both

Are you currently working on a discharge for this person? _____

Anticipated date of discharge and plan if yes? _____

Name of Person Making the Referral and relationship to individual:

Phone #/contact info: _____

Why do you believe this person needs a guardian/conservator?

Three horizontal lines for text entry.

Does this individual already have a Power of Attorney? YES NO If yes, attach POA document.

Please fax or email the following information (incomplete applications will not be processed):

Personal information

- [] IPC plan or Treatment plan [] Face Sheet [] History & Physical from physician
[] Psychiatric evaluation [] Progress notes [] Family information
[] Medicaid or Medicare # [] Info on burial plan [] Advance Directives

Financial Information

- [] Bank Account information [] Property information [] Investment Information [] Income Verification

MISSING INFORMATION MUST BE EXPLAINED THOROUGHLY. PLEASE CALL AND SPEAK TO STAFF.