



Date of Referral: _____

Client Name: _____ Address: _____ City: _____

Phone# _____ mobile/landline

Name of Person Making the Referral **and relationship to individual:**

Phone #/contact info: _____

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: Guardian (makes decisions about life issues) Conservator (makes decisions about financial issues, and the person has more than just Social Security Income) Both

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

Is the person on a Medicaid Waiver? If so, which one? _____

Who are the person's current providers and case managers?

Are you currently working on a discharge from a facility for this person? YES or NO (please circle)

If yes, when is the anticipated date of discharge and plan for discharge _____

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

Does this individual have any other appointed representation such as a Healthcare Representative etc.

YES NO If yes, please attach appropriate documentation.

Does this individual have living family members? If so, please list their names, contact info, and relationship:

Name:	Contact info	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Personal information

- IPC Plan (if applicant is on the DD Waiver)
- Treatment Plan and Progress Notes (if applicant is seeing a mental health provider)
- History & Physical (if applicant is under a physician's care)

- Care Plan and Progress Notes (if applicant is in a nursing home)
- Copies of Insurance Cards including Medicaid or Medicare Cards
- Has the applicant had a psychiatric evaluation? If yes, please include the evaluation.
- Does the applicant have a burial plan? If yes, please include the plan.
- Does the applicant have an Advance Directive and/or POLST? If yes, please include the document.

Financial Information

- Bank Account Information (including current bank statement)
- Property Information
- Investment Information (including current investment statement)
- Income Verification

MISSING INFORMATION MUST BE EXPLAINED. PLEASE CALL AND SPEAK TO FRONT DESK STAFF FOR QUESTIONS.