



Referral for Guardianship Services

General Information

Client's Name: _____
First M.Initial Last

Current Address: _____

Previous Address: _____

Referring Agency: _____

Contact Person: _____ Relationship to person: _____

Phone #: _____ Fax#: _____

Date of birth: ___/___/___

Place of birth: _____

U.S. Citizen: ___yes ___no

Social Security #: _____

Race _____

Medicare #: _____

Medicaid #: _____

Status of home: ___own ___rent ___nursing facility ___other (please specify)

Live alone? ___yes ___no If no, with whom? _____

Please list any and all family members:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone #</u>	<u>Involvement level</u> <u>very,some, never</u>
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Please list any involved friends:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
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Legal Information

Is there currently a legal guardian, Power-of-Attorney, or other advocate? ____yes ____no
(Please list or include copies of any information pertaining to this.)

Does the client have legal representation? ____yes ____no (Please list name, address & phone#)

Does the client have a will? ____yes ____no

Health Insurance

Medicare: ____yes ____no Part A____ Part B____ Both____

Medicaid: ____yes ____no Caseworker's name_____ Phone#_____

Other insurance: ____yes ____no

Company name:_____ Policy #:_____

Company address:_____

Phone #:_____

If AARP, policy #_____ Monthly premium\$_____

Payment existing \$_____

Life Insurance

Life insurance: ____yes ____no Company name _____

Address_____

Phone #_____

Policy #_____

Whole insurance ____yes ____no Term insurance ____yes ____no

Paid in full? ____yes ____no Monthly premium \$_____ Payment existing\$_____

Name of beneficiary:_____

Address:_____ Phone#_____

Medical Information

Physicians name: _____ Eye Doctor's name: _____
Dentist's name: _____ Psychiatrist's name: _____

Current Diagnosis: _____

Current Medications: _____

Advance Directives: _____

Are there any immediate health care concerns to be addressed? _____

Real Estate

Please complete this section only if client owns real estate.

Address of Property: _____

Mortgage paid in full? ___yes ___no Total amount owed\$ _____ Monthly payment\$ _____

Mortgage company name _____

Address: _____ Phone#: _____

Years owned: _____

Are taxes current? ___yes ___no Back taxes owed\$ _____

Are there liens against property? ___yes ___no Amount owed\$ _____

Financial Information

Monthly Income:(i.e. Social Security, Pensions, Annuities, etc.)

Amount \$ _____ Source: _____

Amount \$ _____ Source: _____

Amount \$ _____ Source: _____

Bank Account: ___yes ___no Name of bank: _____

Bank Address: _____ Phone#: _____

Contact Person: _____ Title: _____

Current Debts and Creditors (Total Amounts):

Rent \$ _____ Mortgage \$ _____ Loans \$ _____ Utilities \$ _____ Other \$ _____
Credit Cards \$ _____ Type of Credit Card(s): _____

Checking Account ___yes ___no Acct. # _____
Savings Account ___yes ___no Acct. # _____
Money Market ___yes ___no Pertinent Info. _____
C.D.'s ___yes ___no Pertinent Info. _____
Stocks ___yes ___no Pertinent Info. _____
Bonds ___yes ___no Pertinent Info. _____

Funeral/Burial Arrangements

Funeral Home _____ **Contact**
Person _____
Address: _____
Phone#: _____ Fax#: _____
Pre-Paid Plan ___yes ___no Amount owed \$ _____

Burial ___ **Cremation** ___ Amount owed \$ _____
Cemetery _____ **Contact Person** _____
Address _____
Phone#: _____
Own Lot ___yes ___no Paid in Full ___yes ___no Amount owed\$ _____
Location of Lot _____
Own Vault ___yes ___no Paid in Full ___yes ___no Amount owed\$ _____
Own Headstone ___yes ___no Paid in Full ___yes ___no Amount owed\$ _____
Own Marker ___yes ___no Paid in Full ___yes ___no Amount owed\$ _____

Other Pertinent Information

Why is guardianship being pursued? _____

What is the desired outcome of guardianship services? _____

Has Adult Protective Services been involved with this client? _____

Is this individual receiving any additional services through the Area Agency on Aging/REAL Services, Inc.? If so, please list program. _____

Please provide any additional information which you feel would be useful in determining whether this client is eligible for the REAL Services Guardianship Program. _____

Signature of person completing this form _____

Relationship to client _____