



Guardianship Referral Form

Referral Date: _____

Referral Source

Name of Agency: _____

Category (check most appropriate one):
 Nursing Home Hospital
 Home Health Adult Protective Services
 Group Home Court
 Other: _____

Contact Person: _____ Relationship to Referred Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Reason for guardianship (*Must be specific*):

Is the referred person aware of this referral? Yes No, because

Referred Person's Demographics

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (if applicable): _____ Also Known As: _____

Current Address (if not at permanent address): _____

Permanent Address: _____

Telephone Number: _____ Language: _____

Religious Preference: _____ Place of Birth: _____



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Race: White/Non-Hispanic Black/African American Hispanic/Latino
 Asian American Indian/Alaska Native Hawaiian/Pacific Islander
 Other: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____ Age: _____

SSN: _____ Marital Status (check one): Single Married Widowed Divorced

Relatives/Friends

For the following, please be as thorough as possible, as this will expedite the guardianship process. If a relative is deceased, state name and date of death. Please use additional pages if necessary.

List any and all known family and friends.

<u>Name</u>	<u>Relationship to Referred Person</u>	<u>Address</u>	<u>Phone</u>	<u>Involvement Level</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Spousal Information

Spouse's Name: _____ Divorce Date (if applicable): _____

Spouse's Date of Birth (MM/DD/YY): _____ Deceased Date (MM/DD/YY): _____

Military Service: No Yes, Military Branch: _____

Former Spouse(s) Name(s): _____

Who can be contacted to give additional information on the referred person? *(Please include phone numbers and relationship information):*



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Community Involvement

List any of the referred person's social service agencies involved, if applicable. Please use additional pages if necessary.

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

Medical

Primary Care Physician: _____ Telephone Number: _____

Address: _____

Eye Doctor: _____ Telephone Number: _____

Address: _____

Dentist: _____ Telephone Number: _____

Address: _____

Psychiatrist: _____ Telephone Number: _____

Address: _____

Primary Diagnoses: _____

Long Term Plan or Goal: _____

Allergies: _____

Mental Status/Level of Functioning: _____

Legal/Estate Planning

Is there a current legal guardian, Power of Attorney, or healthcare representative?

No Yes, then who:



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Does the referred person have a will? No Yes, then who is the attorney who drafted the will:

Does the referred person have a trust? Unknown No Yes Location: _____

Name of Trustee: _____ Telephone Number: _____

Address: _____

Insurance

Medicare: No Yes, Part D Provider: _____ Policy #: _____

Medicaid: No Yes, Provider: _____ Policy #: _____

Financial

Monthly Income: SS \$ _____ SSI \$ _____ SSDI \$ _____
 Pension \$ _____ Annuities \$ _____ VA \$ _____

Bank Account(s): No Yes, Bank Name: _____

Bank Name: _____

Checking Account: No Yes, Bank/Acct #: _____

Savings Account: No Yes, Bank/Acct #: _____

Money Market: No Yes, Bank/Acct #: _____

CD: No Yes, Bank/Acct #: _____

Stocks: No Yes, Bank/Acct #: _____

Bonds: No Yes, Bank/Acct #: _____

Safety Deposit Box: No Yes, Bank/Acct #: _____

Vehicle: No Yes, Make/Model: _____

Location: _____



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End of Life

Does the referred person have Do Not Resuscitate (DNR) order? No Yes

Are there burial plans? No Yes

Burial Cremation

Funeral Home: _____ Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

Pre-Paid Plan or Trust? No Yes Paid in Full Amount owed: \$ _____

Company Name: _____ Policy Number: _____

Cemetery: _____ Contact Person: _____

Address: _____

Additional Information

If there is additional information the referrer wishes Indiana Guardianship Services, Inc. to know, or more room for above questions are required, please use the space provided below.
