



Guardianship Options – Guardianship/Conservatorship

REFERRAL FORM v. 8/15/17

Date: _____ Person making referral: _____
 Phone: _____ Agency/position: _____

Is person receiving any other LSS Service? If yes, what?

[LSS use only] Name of County: _____
 Court File # (if available): _____
 County approval for payment: No Yes, by whom?

Referral for: Guardianship Conservatorship Both
 General Emergency

Current situation/reason for referral:

1. Impairment/Diagnosis causing lack of capacity or understanding to make or communicate responsible decisions regarding personal or financial affairs:

2. Specific behavior showing inability to meet medical, nutrition, shelter, clothing, safety and/or financial needs:

3. **Attach Supporting Documentation**

Billing Information:

Party responsible for payment to LSS:	
Address:	
Phone:	
Relationship:	

Current Support Team:

County Case Manager	Phone	Fax	Email
County Financial Worker	Phone	Fax	Email
Day Program/Main Contact	Address		
Day Program Phone	Fax		Email

Client Data:

Name: (last) (first) (middle)				
Permanent Address (house number, street, apartment, city, zip):				
Current Address <i>if different from permanent</i> :				
Facility Name <i>if applicable</i>		Address (number, street, city)		Admission Date
Date of birth	Gender	Marital status	Place of Birth (City, State)	Client Phone
Primary Physician		Clinic	Address (number, street, city)	Physician Phone
Medicare #	Medical Assistance #	Other Insurance	Effective Dates of Insurance	
Code Status		Ethnicity	Religion/Faith	
Mothers Maiden Name		Parents First and Last Names	Social Security Number	

Interested Persons: *(Name, Address, Phone, Email)*

Spouse/Partner

Health Care Agent

Caregiver *(if other than Spouse/Partner)*

Parent(s)

Child

Child

Legal Representative

Financial POA



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Other Contacts: (Name, Address, Phone, Email)

Attorney _____

Home Health Care _____

Mental Health Professional _____

Dentist _____

Income:

Social Security:		SSI:	
Pension Co. Name:		Pension Amount:	
Pension Co Phone:		Fax:	Email:
Veteran Benefits:		Amount:	
Other Income 1:		Other Income 2:	

Assets (Banking or Investments):

Real estate address:		Estimated Value:	
Account Name:		Type of Account :	
Address:		Phone & Fax:	
Account #:		Value:	
Account Name:		Type of Account :	
Address:		Phone & Fax:	
Account #:		Value:	
Account Name:		Type of Account :	
Address:		Phone & Fax:	
Account #:		Value:	

Other:

Vehicle Make:		Year		Value	
Funeral/Prepaid Burial – Name:		Policy #:		Value	
Safety Deposit Box:		Where:		Keys:	
Debts/Liens/Judgments:		Amount:			
Pets:		Type”		#:	