

**District Three Governmental Cooperative  
Guardianship Program  
Referral Form**

Referral received from: \_\_\_\_\_ Date: \_\_\_\_\_

Do you and/or your agency have a plan in place to petition the appropriate court to have the Guardianship Program named guardian/conservator of client? \_\_\_\_

**\*\*Once a referral is chosen for a vacant slot in the Guardianship Program, the referring person/agency will have 45 days to submit the necessary information to their attorney in order for the appropriate court to be petitioned. Failure to do so will result in the loss of this slot.\*\***

**Client Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (Middle)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Native Language: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Temporary Address: \_\_\_\_\_

Nature of Incapacity (Include Onset and Duration): \_\_\_\_\_

Extent Client can care for self: \_\_\_\_\_

Is there a medical statement or other supporting documentation? \_\_\_\_\_

If documentation is not attached, when will it be available? \_\_\_\_\_

Circumstances of referral and investigative findings: \_\_\_\_\_

Mental/Psychiatric Health History: \_\_\_\_\_

**Client Name:** \_\_\_\_\_

Last First

Medical History: \_\_\_\_\_

Educational/Vocational History: \_\_\_\_\_

Legal History (if known): \_\_\_\_\_

List all family members/persons involved:

Name                      Relationship                      Address/Telephone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client's Financial Information:**

<u>Source of Income</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

***Total monthly income:*** \_\_\_\_\_

<u>Checking Account Number</u>	<u>Institution</u>	<u>Balance</u>
_____	_____	_____

**Client Name:** \_\_\_\_\_  
\_\_\_\_\_                      Last                      First

<u>Savings Account Number</u>	<u>Institution</u>	<u>Balance</u>
_____	_____	_____

<u>Other Account Type</u>	<u>Institution</u>	<u>Balance</u>
_____	_____	_____

Real Property Owned: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



