



4901 University Avenue, Suite D, Cedar Falls, Iowa 50613

Phone: (319) 277-1410 Fax: (319) 277-1359

www.permanentplanning.org

Lori DeVries, LBSW, NCG, PPI Program Coordinator | Beth Ott, LPN, Guardian Representative

Admission Application for Permanent Planning, Inc. Guardianship Services

Date:

Name of person making referral:

Referral's Address:

Referral's Phone Number

Relationship to the person:

Person being referred for services:

Name:

Address:

Phone:

Date of Birth:

Natural Supports: (family, church community, friends, etc.)

Health Concerns/Diagnosis:

Services:

Current Services: (representative payee, residential provider, day program, etc.)

Type of Living Arrangement (home, nursing home, group home, etc.)

Case Manager:

Primary Care Provider:

Medical Specialists:

Guardianship:

Does the individual have a current guardian? If so, please give name, address, and phone of current guardian.

Why does the person need a guardian?

Is this a new concern?

How can a guardian improve the quality of life of this person?

Is the person willing to accept guardianship services?

How many hours per month do you expect the person to need help from the guardian? This would include medical appointments, monthly visits (to include transportation time and mileage), meetings, calls, consultation, advocacy, etc.

Financial:

Is the person able to pay the \$75.00 per hour fee for PPI's services?

Is the person able to pay for a lawyer to set up the guardianship?

Does the person have a trust? If so, who is the trustee?

Please complete and return to: ppi@episervice.org or fax to: 319-277-1359