

ADMISSION APPLICATION – GUARDIANSHIP SERVICES

Date:

REFERRAL INFORMATION:

Name of person making referral:

Referral's Address:

Referral's Phone:

Referral's Email:

Relationship to the person being referred:

PERSON BEING REFERRED:

Full Name:

Address:

Phone:

Date of Birth:

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

Health Concerns / Diagnosis:

SERVICES:

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

Living Arrangement: (home, nursing facility, group home, etc.)

Case Manager:

Primary Care Provider:

Medical Specialists:

GUARDIANSHIP INFORMATION:

Does the individual currently have a guardian? Yes No

If yes, provide name, address, and phone:

Why is guardianship being sought at this time?

How could guardianship improve this person's quality of life?

Is the person willing to accept guardianship services? Yes No Unsure

FINANCIAL INFORMATION:

PPI's services are billed per hour, plus mileage outside Black Hawk County. Is the individual able to pay for guardianship services? Yes No

Is the individual able to pay for legal fees associated with guardianship setup? Yes No

Does the individual have a trust? Yes No

If yes, who is the trustee?

NEXT STEPS:

Please complete and return this form via:

- Email: ppi@episervice.org
- Fax: (319) 277-1359

A staff member will contact you to discuss the referral and next steps.