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.