

REFERRAL FORM

To: All Interested Parties:

Please complete this form and submit it to our office if you know of someone who may be in need of public guardianship services and you wish to refer them to the Office of Public Guardian, Inc. Guardianship is a serious step and should only be used as a last resort.

Alternatives to guardianship are listed on the referral form. Guardianship is for persons who are unable to make decisions to manage their property and/or personal lives.

Public Guardianship Eligibility Criteria:

- The person must be ADJUDICATED incapacitated by a court,
- The person must have limited financial resources,
- The person must have no family or friends willing or qualified to be their guardian, and,

Referral Procedure.

- Once a complete referral form is received, OPG will notify the referring person whether there is space available in the program.
- Once space is available, an OPG case manager will make an initial visit to the person to verify the information on the referral form and assess whether the person is eligible for public guardianship services. The person's family members will be contacted.
- You will be notified in writing of the referral's status (accepted, denied, or wait-list). The person making the referral must be willing to testify in court of the need for guardianship.
- Due to a change in state guidelines, OPG can only file as petitioner in cases where there is no other resource available. Please check with our office or the probate clerk's office for the current filing fee amount. Our office can assist in preparing the paperwork necessary for filing.
- Three professionals will visit the person and make recommendations to the judge. These professionals are called the "examining committee."
- There will be a court hearing where the person who may need guardianship will have an opportunity to present evidence and have an attorney appointed at no cost to represent their interests.
- The entire process takes on average from 1 to 3 months; however, emergency temporary guardianship can be arranged if needed.
- The referring person must be willing to appear in court and testify under oath as to the information provided on the referral form.

If you have any questions, regarding our program, please feel free to contact Karen Campbell at (850) 487-4609, ext. 103.

REFERRAL FORM

OPG USE ONLY:	
Date Received:	_____
First Contact:	_____
CM & Date Assigned:	_____
Pre-Intake Due:	_____
Pre-Intake Rec'd:	_____
Decision:	_____

REFERRAL: PERSONAL INFORMATION

Name: _____

Current Address (include facility): _____

_____ Phone: _____

Contact person at the facility (may be different from referrer) _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

Age: _____ Current Diagnoses: (List all): _____

REFERRING SOURCE: CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

Telephone: _____ Cell phone: _____ pager _____

E-mail: _____ Fax: _____

ALTERNATIVES TO GUARDIANSHIP: Guardianship is a serious step and should only be used as a last resort. Please indicate with an "X" the alternatives to guardianship that have

already been considered or used in this case. **(Please consider these options before proceeding with this referral.)**

- 1. Client Advocate (for recipients of developmental services).
- 2. Joint Bank Accounts.
- 3. Direct Deposit/Automatic Bill Pay.
- 4. Power of Attorney.
- 5. Trust.
- 6. Medical Proxy.
- 7. Guardian Advocate (for persons with developmental disabilities and/or mental health services.)
- 8. Health Care Surrogate Designation.

For items 1-7 you checked above, please explain whether these alternatives have sufficiently met the person's needs, or not.

LEGAL

Please check with an "X" if the client has been previously adjudicated incapacitated (if so, attach copy of legal papers including medical assessments leading to adjudication, or specify county where legal papers are filed)

Current Guardian, if any: _____

_____ Year established: _____

Person Referred Needs:

Guardian of Property _____ If yes, explain why

Guardian of the Person _____ If yes, explain why

Have you told the client in terms that are understandable to him or her that you have initiated a referral for guardianship? _____

SOCIAL

Please note that public guardianship is NOT an alternative if a qualified relative or friend is willing and able to assume guardianship. Before making this referral, we require you make every effort to contact family members to determine their willingness.

Relatives and friends: (Required by the court)

Name/Address	Relationship	Willing To be Guardian?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of contact with family over period you have been involved: _____

List the name, address and phone number of persons who have personal knowledge of this person's disabilities and need for guardianship:

FINANCIAL

Monthly Income:

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Assets/Property: (include bank account balance with copy of recent statement to verify; attach property inventory if facility keeps one)

Description	Value
_____	_____
_____	_____

ASSESSMENT

Describe client's problems which lead you to believe the client cannot manage or make decisions concerning his or her person and/or property (Do not simply state diagnosis, describe in specific functional terms):

Are there special problems this person has that will require immediate action or attention, including immediate medical needs, financial management? (Specify):

Will this individual require placement? (Specify needs and suggested or arranged placement.)

What specific action, both short and long term, should be taken on this client's behalf?

Public guardianship services do not replace case management services. If the individual is assigned a guardian, their need for full case management services will remain. Do you understand that our office will not augment case management services? _____

Since the Public Guardian does not provide direct services to its wards, what suggestions would you make in meeting the needs of the ward from available community resources?

*This document may be filed with the court petition. Your signature below attests that the information contained in this referral form is true, accurate and correct. Your signature below also indicates your agreement to testify in court regarding the information contained in this referral form.

Signature of Referring Person*

Date

Agency

Street Address

City, State, Zip (+4)

Telephone (+ Area Code if necessary)

With this completed application, please submit a copy of the most recent treatment or habilitation plan, medical, psychiatric, psychological and psychosocial assessments and return to:

The Office of Public Guardian, Inc.

2292 Wednesday Street, Suite 1

Tallahassee, Florida 32308

-or fax-

850-922-2986
