

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 and friends 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.
- 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 requested 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 of person being referred: _____

Current Address (include facility): _____

_____ Phone: _____

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

Date of Birth: _____

Current Diagnoses: (List all): _____

REFERRING SOURCE: CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

Telephone: _____ Cell phone: _____

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)
- _____ 8. Health Care Surrogate Designation.

LEGAL

1. Name of Current or Previous Guardian/Guardian Advocate, if any:
 _____ Year established _____ County: _____

2. In your opinion, this person needs: (please check all that apply)
 - a. _____ Guardian of Property
 - b. _____ Guardian of Person

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

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):

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 statute)*

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

Please note if there is a history of abuse, neglect, or exploitation, and if so, please describe.

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 (SSI, SSA, VA, SILA, OSS, Retirement, etc.):

Source	Amount
_____	_____
_____	_____

Assets/Property: Include bank account balance. List all trusts where individual is a beneficiary, including special needs trusts and income cap trusts. May also list real property, safety deposit boxes, vehicles, stocks, bonds, CDs, life/automobile/homeowners insurance, or other asset. Attach extra sheets if necessary.

Description	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

*This document will 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

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.
1425 E. Piedmont Drive Suite 201B
Tallahassee, Florida 32309
OR
Fax: 850-922-2986

OPG Instructions for Case Managers:

1. Please confirm that page one of this referral is already in EMS. (Click on "Filter Wards By" dropdown. Select "Hold/Prospect" to get the list of referrals.)
2. Please enter pages 2-5 into EMS after you confirm information during screening process.

3. Attach to prescreening form and forward to the Director.