

REFERRAL FORM (8/2017)

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 North Florida Office of Public Guardian, Inc (OPG). Guardianship is a serious step and should only be used as a last resort. Guardianship is for persons who are unable to make decisions to manage their property and/or personal lives. The person making the referral must be willing to testify in court of the need for guardianship. There are alternatives to guardianship.

Public Guardianship Program Eligibility Criteria: The person for whom guardianship is sought:

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

Referral Process

Referral Form Received by OPG. Once the completed referral form is received, the North Florida Office of Public Guardian (OPG) will notify the person who made the referral as to whether or not there is space available in the OPG program. If space is not available in the public guardianship program, the person making the referral will receive written notice that the person has been placed on the wait-list.

Emergency Situations. Keep in mind OPG's referral process may take many months. Our first priority is to our current clients; new clients are brought on as resources permit. Due to limited resources, OPG rarely agrees to serve as an emergency, temporary guardian. You can contact Adult Protective Services (1-800-96-ABUSE) in instances of abuse, neglect or exploitation.

Initial Visit, Assessment, and Notification: If space is available,

- An OPG Guardian Representative will make an initial visit within 60 days on average to the person for whom guardianship is sought. The Guardian Representative will 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 by the OPG Guardian Representative. OPG will deny all referrals where someone is willing and qualified to serve as guardian.
- The person making the referral will be notified in writing that the referral has been accepted or denied. Again, acceptance into the program does not mean OPG can provide services. No services can be provided until or unless a judge appoints OPG as guardian and issues letters of guardianship. Throughout the referral process, OPG reserves the right to change the referral status of acceptance or denial.

*** OPG will not accept appointment as guardian until OPG confirms all steps of the referral process are completed AND OPG has issued a letter to the referring person stating it will agree to a court appointment as guardian.** Until a court appoints OPG as guardian and issues letters of guardianship, the person you referred is not a client of OPG nor can OPG provide any services to the person you referred.

- Adjudication Process with Court.
 - OPG can only file as petitioner in cases where there no other resources are available. Please check with the OPG or the probate clerk's office for the current filing fee amount. OPG can assist in preparing the paperwork necessary for filing upon request.
 - The person making the referral must be willing to testify in court of the need for guardianship.
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- Examining Committee: Three (3) professionals with knowledge in guardianship and who make up the "examining committee," will visit the person for whom guardianship is sought to assess the person's situation. The examining committee will make recommendations to the judge.
- Court Hearing: There will be a court hearing where the person for whom guardianship is requested will have an opportunity to present evidence and to have an attorney appointed at no cost to represent their interests. The referring person must be willing to appear in court and testify under oath as to the information provided.
- The entire process takes on average from 2 to 5 months; however, emergency temporary guardianship can be requested if needed and OPG resources allow.

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

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REFERRAL FORM

OPG USE ONLY:

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

REFERRAL: PERSONAL INFORMATION

Name of person being referred: _____

Current Address (include facility name):

City/County: _____ Phone: _____

Contact Person at the Facility (may be different from referrer): _____

Date of Birth: _____ SSN: _____ Race: _____ Gender: _____

Current Diagnoses: (List all): _____

REFERRING SOURCE: CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

Telephone: _____ Cell phone: _____

E-mail: _____ Fax: _____

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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, then write a brief comment why these alternatives are not appropriate or are no longer appropriate.

(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.

Comments: _____

LEGAL

1. Name of Current or Previous Guardian/Guardian Advocate, if any:

Name: _____

Year established _____ City/County: _____

*A copy of the Order Determining Incapacity and/or Order Appointing Guardian / Guardian Advocate must be included with referral form.

2. In your opinion, this person needs (please check all that apply):

a. Guardian of Property

b. Guardian of Person

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

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

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SOCIAL

Public guardianship is NOT an alternative if a qualified relative or friend is willing and able to assume guardianship. Before making this referral, OPG requires that you make every effort to contact family members to determine their willingness to serve as guardian.

Relatives and Friends: *(Required by Florida Statute)*

Name/Address/Phone	Relationship	Willing To be Guardian?
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please note if there is a history of abuse, neglect, or exploitation. 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:

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FINANCIAL

Monthly Income (SSI, SSA, VA, SILA, OSS, Retirement, etc.). Attach extra sheet if necessary.

Source	Amount
_____	_____
_____	_____
_____	_____

Assets/Property: Include bank/credit union checking and savings account balance. List all trusts where individual is a beneficiary, including special needs trusts and income cap trusts. List real property, safety deposit boxes, vehicles, stocks, bonds, CDs, life/automobile/homeowners insurance, or other assets. List preneed burial contract information. Attach extra sheets if necessary.

Description	Value
_____	_____
_____	_____
_____	_____

Signature of Referring Person*

Date

*PLEASE NOTE: This document will be filed with the court petition. Your signature above attests that the information contained in this referral form is true, accurate, and correct to the best of your knowledge. Your signature above also indicates your agreement to testify in court regarding the information contained in this referral form.

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

The Office of Public Guardian, Inc.
1425 East Piedmont Drive, Suite 201-B
Tallahassee, Florida 32308
OR
Fax: 850-922-2986

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OPG Instructions for OPG Case Managers:

1. Confirm that page one of this referral is already in EMS. (Click on "Filter Wards By" drop down. Select "Hold/Prospect" to get the list of referrals.)
2. Enter pages 2-5 into EMS after you confirm information during screening process.
3. Attach to prescreening form and forward to the Director.

Form Revised: May 2018

P: ADMIN REFERRAL/Intake Form and Procedures

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