

REFERRAL FOR GUARDIANSHIP

Please complete to the best of your knowledge and forward with supporting documents.

Date: _____

1. Name of Proposed Ward: _____
Address: _____
Resident of Nevada: Yes _____ No _____ SS#: _____
Date of Birth: _____ Married: Yes _____ No _____

2. Narrative of reasons why guardianship is needed, diagnosis, placement plans:
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

3. Is Proposed Ward party to any pending criminal or civil litigation? Yes No Unknown
Has the proposed ward executed a durable power of attorney for health care? Yes No Unknown
Name of agent for health care: _____
Has the proposed ward executed a durable power of attorney for financial matters? Yes No Unknown
Name of agent for financial matters: _____
Has the proposed ward executed a nomination of guardian? Yes No Unknown
Name of person nominated: _____
Has the proposed ward executed a trust? Yes No Unknown

4. Provide names, addresses and telephone numbers of Proposed Ward's spouse, children, grandchildren and any other interested parties. Attach separate sheet if more room is needed.
Any deceased children? Yes No Unknown

Name	Relationship	Address/Telephone number

5. Amount of Social Security: _____
 Amount and type of other pension or income: _____
 Amount and type of other pension or income: _____
 Is Proposed Ward a Veteran or the widow(er) of a Veteran? Yes No Unknown

6. Is any application for public benefits currently pending? Yes _____ No _____
 If yes, answer the following:
 Has application been submitted to VA? Yes _____ No _____ Date: _____
 Has application for Medicaid been submitted? Yes _____ No _____ Date: _____
 Has application for Clark County LTC been submitted? Yes _____ No _____ Date: _____

7. Description, Value of Property, How Titled (List real property, bank accounts, vehicles, stocks, bonds)
-
-
-
-
-

8. Name and address of current physician:
-

9. Please provide the following, to the extent available to you:

Provide copy of all identification, including copy of front and back side of all medical insurance cards, Medicare card and Social Security card.

Provide copy of all estate planning documents (power of attorney for health care, power of attorney for assets, wills, trusts, nominations of guardian).

Provide copy of all bank statements and financial information and income information.

Provide copy of all court orders.

Provide most recent History and Physical and most recent progress notes.

Provide Face Sheet from resident's facility.

Provide all applications (FRONT AND BACK SIDE) that have been submitted to MCD, CCSS, Veterans Administration and/or Public Guardian, along with all supporting documentation submitting with applications. Provide all notice of decisions you received.