

GUARDIANSHIP INTAKE

1. Full Name of Applicant: _____

Full Address: _____

Work Number: _____ Home Number: _____ Cell Number: _____

Social Security No. _____ Driver's Licenses No. _____

2. Proposed Ward(s)

Full Name: _____ DOB: _____ Male or Female: _____

Full Address: _____

Race _____ Social Security No. _____ Driver's Licenses
No. _____

Relationship to Proposed Ward: _____

Full Name: _____ DOB: _____ Male or Female: _____

Race _____ Social Security No. _____ Driver's Licenses
No. _____

Relationship to Proposed Ward: _____

3. Name and Addresses for:

Biological Father: _____

Biological Mother: _____

Maternal Grandparents: _____

Paternal Grandparents: _____

Siblings or half siblings over the age of 12: _____

Anyone else residing with Proposed Ward: _____

4. Minor's contact information (school, residence): _____

5. Is the child currently receiving public assistance?_____. If so, what from County and what type:_____

6. Address information for the Proposed Ward for the past five years

Dates for each residence:_____

Address for each residence:_____

Name and current address of the person lived with:_____

Relationship of that person to the Proposed Ward:_____

7. Proposed Ward's finances:

Monthly Income:_____ Medicaid recipient:_____

Pension source:_____ Monthly amount:_____

Details regarding stocks, bonds, investments and realty:_____

Last Will and Testament_____ Where located_____

Banks	Address	Acct #	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liabilities and debts, if known (including rent, medical bills, loans, etc.):

8. Proposed Ward's Awareness of Functional level:_____

- _____
- _____
9. Incidents demonstrating inability to provide for personal needs: _____
- _____
- _____
- _____
- _____
10. Incidents demonstrating inability to manage property: _____
- _____
- _____
- _____
- _____
11. Powers sought: Placement _____ What level: _____
- Bring in home care _____ with visiting nurse _____ shift _____
- Medial treatment or care _____
- Specifically _____
- Therapy _____ Physical _____ Psychological _____
- Medication _____
- Details _____
- Manage Property _____ Pay Bills _____
12. Durations of Guardianship: Indefinite _____ Limited, why: _____
- _____
13. Has the Department of Social Services ever been involved with you or any party in this case? Yes ___ No ___ If yes, which office? _____ Telephone No. _____
- Social Worker _____
14. Does the Proposed Ward receive any type of welfare benefits? Yes ___ No ___
- If yes, please indicate the type and amount of benefits received by Proposed Guardianship: _____
15. Does the Proposed Ward receive any governmental benefits (i.e. social security)? Yes ___ No ___ If yes, explain: _____
16. Does the Proposed Ward have any special needs (i.e. physical, emotional, medical)?

