

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. Is Proposed Ward party to any pending criminal or civil litigation? _____
Has the proposed ward executed a durable power of attorney for health care? _____
Name of agent for health care: _____
Has the proposed ward executed a durable power of attorney for financial matters? _____
Name of agent for financial matters: _____
Has the proposed ward executed a nomination of guardian? _____
Name of person nominated: _____
Has the proposed ward executed a trust? _____

3. Narrative of reasons why guardianship is needed, diagnosis, placement plans:

4. Provide names, addresses and telephone numbers of Proposed Ward's spouse, children, grandchildren and any other interested parties.
 Any deceased children? _____

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: _____
6. Application for benefit status:
 Is Proposed Ward a Veteran? _____
 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: _____
 Is any application currently pending? Yes _____ No _____
7. Description, Value of Property, How Titled (List real property, bank accounts, vehicles, stocks, bonds)

8. Information on any prior institutionalization:

9. Name and address of current physician:

10. Must have the following:

Physician's Statement

11. Please provide any of the below you have available:

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

(b) Provide all applications that have been submitted to Medicaid, Veterans Administration, and the Public Guardian's Office, along with all supporting documentation submitted with applications.

(c) Provide all notice of decisions you received from Medicaid.

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

(e) Provide copy of all bank statements and financial information and income information.

(f) Provide copy of all court orders.

12. Limitations of Guardianship.

If the patient is undocumented, the patient is ineligible for Medicaid, other than emergency Medicaid which a facility can seek without a guardian.

If the patient has a mental health diagnosis and has Medicaid in place, a guardian can obtain placement, but the facility can do this without a guardianship. It generally takes the guardian over one (1) month to obtain income so placement can be delayed until income is secured. If a suitable friend or family member can take the patient, there is likely no need for a guardian. A guardian is held to a high standard and cannot place a patient in an unlicensed facility, homeless shelter or an unsafe environment.

Southern Nevada Adult Mental Health and Mojave Mental Health are voluntary programs. The guardian cannot sign the patient for these programs. These programs can act as payee for the patient.

If the patient can express wishes and understand the nature and consequences of medical decisions, the Court will not override those decisions.