**Adult Guardianship/Conservatorship**

**Referral/Notification to KGP**

**KIPS Investigation ID:** Click or tap here to enter text.

|  |
| --- |
| **Send copy to:** **Kansas Guardianship Program****Address:** 3248 Kimball Ave. Manhattan, KS 66503-0353**Email**: dataadmin@ksgprog.org & cc KGP Regional Liaison**Telephone**: 785-587-8555 |
| **DCF Region:** | Click or tap here to enter text. |
| **County:** | Click or tap here to enter text. |
| **Date Sent to KGP:** | Click or tap to enter a date. |
| **APS Protection Specialist:** | **Name:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. |

**I. Referral Information (*Sections I, II, III, IV, V – Completed by DCF/APS)***

**A. Client Information**

|  |  |  |
| --- | --- | --- |
| **Name:** Click or tap here to enter text.**Address:** Click or tap here to enter text.**Telephone:** Click or tap here to enter text. | **SSN:** Click or tap here to enter text. | **DOB:** Click or tap to enter a date. |
| **Gender:** Click or tap here to enter text. | **Medicaid #:** Click or tap here to enter text. |
| **MCO Representative:** Click or tap here to enter text. | **MCO Phone:** Click or tap here to enter text. |

**B. Services Requested**

|  |  |
| --- | --- |
| [ ]  Conservatorship  | [ ]  Involuntary [ ]  Voluntary  |
| [ ]  Guardianship  | [ ]  Temporary  |
| [ ]  Guardianship & Conservatorship  | [ ]  Temporary  |
| [ ]  Successor Guardianship  | [ ]  Successor Conservatorship  |

**C. Prospective Guardian/Conservator**

|  |  |
| --- | --- |
| **Prospect available (*If yes, complete name, address & phone below*)** | [ ]  Yes [ ]  No  |
| **Name (*last, first, middle initial*):** Click or tap here to enter text.**Address (*street and number*):** Click or tap here to enter text.**City**: Click or tap here to enter text. **State**: Click or tap here to enter text. **Zip Code**: Click or tap here to enter text.**Telephone**: Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Prospect available (*If yes, complete name, address & phone below*)** | [ ]  Yes [ ]  No  |
| **Name (*last, first, middle initial*):** Click or tap here to enter text. |
| **Address (*street and number*):** Click or tap here to enter text.**City**: Click or tap here to enter text. **State**: Click or tap here to enter text. **Zip Code**: Click or tap here to enter text. |
| **Telephone**: Click or tap here to enter text. |

**II. KGP Eligibility**

|  |
| --- |
| **Must meet ALL requirements** |
| [ ]  No family (willing or appropriate)  |
| [ ]  Disabling condition (*e.g. Intellectual / Developmental Disability, Aging-related, Severe and Persistent Mental Illness*) |
| [ ]  Financially vulnerable (*e.g. Medicaid, SSDI, SSI*) |
| [ ]  APS Referral  |

**III. Describe Current Crisis or Issues**

|  |  |  |
| --- | --- | --- |
| **Current / previous ANE investigation?** | [ ]  Yes [ ]  No [ ]  Unknown | **Date of Investigation**: Click or tap to enter a date. |
| **Describe outcome of investigation(s):**  | Click or tap here to enter text. |

**IV: Additional Information**

|  |  |
| --- | --- |
| **What less restrictive interventions have been tried?** | Click or tap here to enter text. |
| **Describe results and why intervention(s) were unsuccessful.** | Click or tap here to enter text. |
| **Is there an Advanced Directive** | [ ]  Yes [ ]  No [ ]  Unknown |
| **Is there a Durable Power of Attorney for Health Care?** | [ ]  Yes [ ]  No [ ]  Unknown |
| **Is there a Durable Power of Attorney for Finances?** | [ ]  Yes [ ]  No [ ]  Unknown |
| **Is there currently a Power of Attorney?** | [ ]  Yes [ ]  No [ ]  Unknown |
| **Is there a S.S.A Representative Payee?** | [ ]  Yes [ ]  No [ ]  Unknown |
| **Name of attorney in fact / agent:** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Telephone:** | Click or tap here to enter text. |
| **Is there a will?** | [ ]  Yes [ ]  No [ ]  Unknown |

**V: Proposed Ward/Conservatee Summary of Facts**

**A. Family History**

|  |
| --- |
| **1. Names of nearest relative, their addresses, and their relationship to the proposed ward/conservatee (w/c):** |
| **Name** | **Relationship** | **Address**  | **Telephone** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **2. Describe contact, if any, proposed w/c has with immediate or extended family member(s)?**  |
| Click or tap here to enter text. |
| **3. Names of family members contacted by the Protection Specialist:**  |
| **Name** | **Date of contact(s)** |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **4. Reason family member unable to serve as guardian/conservator:**  |
| Click or tap here to enter text. |
| **5. What other extended family options have been explored (e.g. niece, cousin)?**  |
| Click or tap here to enter text. |

**B. Health Status**

|  |  |
| --- | --- |
| **1. Diagnosis:**  | Click or tap here to enter text. |
| **2. Medications:** | Click or tap here to enter text. |
| **3. Health Status:**  | Click or tap here to enter text. |
| **4. Physician(s):**  | **Name**: | **Address**: | **Phone**: |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **5. Behavior problems/issues:**  | Click or tap here to enter text. |
| **6. Special needs (*e.g. adaptive devices, etc.)*** | Click or tap here to enter text. |

**C. Services and Supports**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Agency/Advocate:** | Click or tap here to enter text. | **Telephone**:  | Click or tap here to enter text. |
| **Services Provided:**  | Click or tap here to enter text. |
| **2. Agency/Advocate:** | Click or tap here to enter text. | **Telephone**: | Click or tap here to enter text. |
| **Services Provided:**  | Click or tap here to enter text. |
| **How was the intervention unsuccessful?** | Click or tap here to enter text. |

**D. Financial Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Income Type:** | Click or tap here to enter text. | **Amount:** | $ | **Frequency:**  | Click or tap here to enter text. | **Location:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Amount:** | $ | **Frequency:**  | Click or tap here to enter text. | **Location:**  | Click or tap here to enter text. |
| **Resources *(e.g.: savings accounts, trusts, certificates of deposit, stocks, bonds, etc.)*** | Click or tap here to enter text. | **Amount:**  | $ | **Value:**  | Click or tap here to enter text. | **Location:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Amount:**  | $ | **Value:**  | Click or tap here to enter text. | **Location:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Amount:**  | $ | **Value:**  | Click or tap here to enter text. | **Location:**  | Click or tap here to enter text. |
| **Debts:** | Click or tap here to enter text. | **Balance:**  | $ | **Location:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Balance:**  | $ | **Location:**  | Click or tap here to enter text. |
| **Real Estate:** | Click or tap here to enter text. | **Value:** | $ | **Location:** | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Value:** | $ | **Location:** | Click or tap here to enter text. |
| **Other Property:** | Click or tap here to enter text. | **Value** | $ | **Location** | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Value** | $ | **Location** | Click or tap here to enter text. |
| **Insurance (term/whole life, renters, housing, auto, etc.)** | Click or tap here to enter text. | **Cash Value** | $ | **Agency** | Click or tap here to enter text. | **Beneficiary (*name and relationship to proposed W/C*)** | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Cash Value** | $ | **Agency** | Click or tap here to enter text. | **Beneficiary (*name and relationship to proposed W/C*)** | Click or tap here to enter text. |
| **Is there anything which requires sale?** | Click or tap here to enter text. |
| **Is there joint ownership on any property** | [ ]  Yes [ ]  No [ ]  Unknown |
| **If yes, what property and who co-owns such property?** | Click or tap here to enter text. |

**VI. Notification from KGP (*Sections VI, VII – Completed by KGP)***

|  |  |
| --- | --- |
| **Name (*last, first, middle initial*):** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Telephone:** | Click or tap here to enter text. |
| **Volunteer will contract with KGP?** | [ ]  Yes[ ]  No  |
| **KGP Approval Signature:** |  | **Date**: | Click or tap to enter a date. |

**VII. Court Action**

|  |  |
| --- | --- |
| **A. Action (*check one*)** | [ ]  Guardian Only [ ]  Conservator Only [ ]  Guardian & Conservator  |
| **B. Appointment Date** | Click or tap to enter a date. |
| **C. Name of Presiding Judge:** | Click or tap here to enter text. |
| **D. District Court Case Number:**  | Click or tap here to enter text. |

Distribution:

[ ]  DCF Region Legal

[ ]  Other:Click or tap here to enter text.

