

LAW OFFICE OF RACHEL A. BROOKS

GUARDIANSHIP PETITION REFERRAL FORM

Welcome!

This optional referral form is for facilities or health care providers who have a patient or resident who may need a guardianship. This form is for *your* convenience. If you prefer, you may call us directly.

If you are a parent or other family member who is interested in guardianship, please skip this form and call us directly.

If you have questions, please call Rachel or Sherri at 360-699-5801.

Completion of this form does not, in itself, create an attorney-client relationship.

Thank you!

Your Information

YOUR NAME

YOUR FACILITY OR ORGANIZATION

YOUR TITLE

EMAIL

PHONE NUMBER

Alleged Incapacitated Person ("AIP")

FULL NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MEDICAID CLIENT ID# (if applicable)

IS AIP A MEDICAID LONG-TERM CARE CLIENT? Yes No

SOURCES OF INCOME SSA SSDI SSI Pension Unknown
(Income sources affect how guardians are paid.)

TOTAL MONTHLY INCOME \$

WHERE DOES AIP BANK?

IS AIP A VETERAN? Yes No
(The VA is entitled to notice of guardianships for Veterans.)

IS THERE A BALANCE DUE TO THE FACILITY (if applicable?) Yes No
(Guardianship is not a substitute for a collection action, but failure to pay care costs should be a red flag for potential exploitation or neglect.)



Family & Friends

SPOUSE OR DOMESTIC PARTNER

SPOUSE PHONE NUMBER

SPOUSE ADDRESS

CHILD #1
CHILD #1

CHILD #1 PHONE NUMBER

CHILD #1 ADDRESS

CHILD #2

CHILD #2 PHONE NUMBER

CHILD #2 ADDRESS

CHILD #3

CHILD #3 ADDRESS

Power of Attorney

HAS ANY PERSON *CLAIMED* TO HAVE POWER OF ATTORNEY FOR THE ALLEGED INCAPACITATED PERSON? IF SO, WHO?

HAVE YOU ACTUALLY *RECEIVED* A COPY OF A POWER OF ATTORNEY DOCUMENT?

Medical POA

Financial POA

No POA

Please provide copies of any power of attorney document you have received.

Medical Information

PRIMARY PHYSICIAN

PHONE NUMBER

PRIMARY DIAGNOSES (Check all which apply)

Dementia, Alzheimer's Type Dementia, Other

Stroke

Heart Disease

Kidney / UT Disease

High Blood Pressure Schizophrenia

Diabetes

Depression

Anxiety

OTHER DIAGNOSES

COGNITIVE TESTING

MOCA SCORE

MOCA DATE

SLUMS SCORE

SLUMS DATE

MMSE SCORE

MMSE DATE

BIMS SCORE

BIMS DATE

Areas of Assistance (Activities of Daily Living)

Please check each Activity of Daily Living ("ADL") for which the AIP needs assistance.

- Medication Management
- Making Medical Appointments
- Maintaining Nutrition
- Preparing Meals
- Transfers or Mobility
- Transportation
- Bathing or Showering
- Other Personal Hygiene
- Locating Housing
- Managing Money
- Applying for Benefits

OTHER INFORMATION ABOUT ADLs

Proposed Guardian

Are you recommending a specific guardian or Certified Professional Guardian? If so, who?

For information on Certified Professional Guardians, please visit http://www.courts.wa.gov/programs_orgs/guardian/

For information on Family Members Serving as Guardians, please visit http://www.courts.wa.gov/programs_orgs/guardian/?fa=guardian.layGuardianship&type=training

Other Protections

IS ADULT PROTECTIVE SERVICES INVOLVED?

- Yes
- No

IF YES, WHO IS THE INVESTIGATOR?

DOES THE AIP NEED A VULNERABLE ADULT PROTECTION ORDER?

Yes

No

IF YES, PLEASE CALL US DIRECTLY.

Thank you for the referral. Please send the following documents by fax to 360-699-5802 (electronic fax with HIPAA protocol) or to 360-993-0154 (hard fax) or send by encrypted email to rachel@guardianship-law.com.

- * Facility Facesheet
- * Power of Attorney Documents
- * Relevant Case Notes
- * Cognitive Testing