

PUBLIC GUARDIANSHIP PROGRAM OF INDIAN RIVER COUNTY, INC.

Please complete this referral form and submit it to our office if you know of someone who may be in need of public guardianship services, and you wish to refer them to the Public Guardianship Program of Indian River County, Inc. (IRCPG). Guardianship is a serious step and should only be used as a last resort. Alternatives to guardianship are listed on the referral form. Guardianship is for persons who are unable to make decisions to manage their property and/or their personal lives.

PUBLIC GUARDIANSHIP ELIGIBILITY CRITERIA

- The person must be ADJUDICATED incapacitated by a court,
- The person must have limited financial resources,
- The person must have no family or friends who are willing or are qualified to be the guardian

REFERRAL PROCEDURE

- Once a complete referral form is received, IRCPG will notify the referring person whether there is space available in the program.
- Once space is available, an IRCPG guardian or case manager will make an initial visit to the person to verify the information on the referral form and assess whether the person is eligible for public guardianship services. The person's family members will be contacted.
- You will be notified in writing of the referral's status (accepted, denied, or wait-list). The person making the referral must be willing to testify in court of the need for guardianship.
- Due to a change in state guidelines, IRCPG can only file as petitioner to determine incapacity in cases where there is no other resource available. Please check with our office or the probate clerk's office for the current filing fee amount. Our office can assist in preparing the paperwork necessary for filing.
- Three professionals will visit the person and make recommendations to the judge concerning incapacity. These professionals are called the "examining committee."
- There will be a court hearing where the person who may need guardianship will have the opportunity to present evidence and to have an attorney appointed at no cost to represent his or her interests.
- The entire process takes on average from one to three months; however, emergency temporary guardianship can be arranged if needed.
- The referring person must be willing to appear in court and testify under oath as to the information provided on the referral form.

If you have any questions regarding our program, please feel free to contact Morgan Libbey Smith, at 772.538.7101, or director@ircpublicguardian.org.

Thank you

REFERRAL FORM

Public Guardianship Program of Indian River County

<p>OPG USE ONLY: DATE RECEIVED: _____ FIRST CONTACT: _____ CM & DATE ASSIGNED: _____ PRE-INTAKE DUE: _____ PRE-INTAKE RECEIVED: _____ DECISIONS: _____</p>

REFERRAL: PERSONAL INFORMATION

Name: _____

Current Address (include facility): _____

_____ Phone: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

Contact Person at the Facility (may be different from referrer): _____

REFERRING SOURCE: CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

Telephone: _____ Cell phone: _____

E-mail: _____

ALTERNATIVES TO GUARDIANSHIP

Guardianship is a serious step and should only be used as a last resort. Please indicate with an "X" the alternatives to guardianship that have been considered or used in this case. **(Please consider these options before proceeding with this referral.)**

- 1. Client advocate.
- 2. Joint bank accounts.
- 3. Direct deposit/automatic bill pay.
- 4. Power of attorney. _____
- 5. Trust.
- 6. Medical proxy.
- 7. Guardian advocate (for person with mental health services).
- 8. Health care surrogate designation.

Please explain whether items 1-7 checked above, have sufficiently met the person's needs; if not, please explain why.

LEGAL

Please check if the client has been adjudicated incapacitated (if so, attach a copy of the legal papers including examining committee assessments leading to adjudication, or specify the county where the legal papers are filed.)

Current Guardian, if any: _____

Year and County, State Established: _____

PERSON REFERRED NEEDS:

Guardians of Property _____; if yes, please explain why:

Guardians of Person _____; if yes, please explain why:

Have you told the client in terms which he or she can understand, that you have initiated a referral for guardianship?

SOCIAL

Please note that public guardianship is NOT an alternative if a qualified relative or friend is willing and able to assume guardianship. Before making this referral, we require you make every effort to contact family members and known friends to make to determine their willingness ability.

Relatives and friends:

Name/Address	Relationship	Willing and Able to be Guardian?

Summary of contact with family over period you have been involved:

List the names, address, and phone number of persons who have personal knowledge of this person's disabilities and need for guardianship:

FINANCIAL

Monthly Income:

Source	Amount

Assets/Property: (include bank account balance with copy of recent statement to verify and/or Initial Inventory and most recent Guardian of the Property Report approved by the Court, if available.)

Description	Value

ASSESSMENT

Describe client's problems which lead you to believe the client cannot manage or make decisions concerning his or her person and/or property. (Do not simply state diagnosis, describe in specific functional terms.)

Are there any special problems this person has that will require immediate action or attention, including immediate medical needs or financial management? (Specify.)

Will this individual require placement? (Specify needs and suggested or arranged placement.) _____

What specific action, short and long term, should be taken on this client's behalf? _____

Public guardianship services do not replace a facility's case management services. If the individual is assigned a guardian, his or her need for full case management services will remain. Do you understand that this office will not augment your facility's case management services?

THIS DOCUMENT MAY BE FILED WITH THE COURT PETITION. YOUR SIGNATURE BELOW ATTESTS THAT THE INFORMATION CONTAINED IN THIS REFERRAL FORM IS TRUE, ACCURATE, AND CORRECT. YOUR SIGNATURE BELOW ALSO INDICATES YOUR AGREEMENT TO TESTIFY IN COURT REGARDING THE INFORMATION CONTAINED IN THIS REFERRAL FORM, IF NECESSARY.

Signature of Referring Person

Date

Agency

Street Address

City, State, Zip Code

With this completed referral form please submit a copy of the most recent treatment or habilitation plan, medical, psychiatric, psychological, psychosocial assessments, and guardian of the person report to the court, and return to:

The Public Guardianship Program of Indian River County
1836 14th Avenue, Suite 203
Vero Beach, FL 32960
E-mail: director@ircpubliguardian.org