



40 South Perry Street Suite 130
Dayton, Ohio 45402
(937) 586-0545
(937) 586-0565 fax
lifeessentials@cssmv.org

Please complete the attached form when making a referral for guardianship to Life Essentials. Please note the following information will be helpful in making your referral. **There is a \$100.00 fee for ALL referrals.** This fee will be issued whether the client is accepted or not.

1. A guardianship referral is not warranted unless an individual is incapacitated and unable to manage his or her own financial resources and/or is unable to make informed medical decisions. Life Essentials requires a referral form to be completed and a Statement of Expert Evaluation signed by proposed ward's doctor/psychiatrist. You will also be asked to submit copies of recent medical records that support what conditions caused a proposed ward to be considered incompetent and/or incapacitated.
2. Family members have the option to serve as guardian in lieu of a Life Essentials Guardian. We ask that you contact responsible family members regarding the possibility of serving, prior to contacting us.
3. Temporary Emergency Guardianships are appropriate only if "the proposed ward faces a substantial and immediate risk of financial loss or physical harm or needs immediate medical attention and the proposed ward lacks capacity to respond to the risk of loss or harm or to obtain the necessary medical attention."
4. Please provide all requested documentation and any other information you may feel pertinent. All questions must be answered on the referral form. A lack of information will delay the referral process and may result in Life Essentials denying the referral.
5. Once the referral form has been submitted to our office, please keep us informed of any significant changes (i.e. medical condition, residence, family involvement, etc.) regarding the proposed ward.
 - Does this individual have family? Is a family member willing to be the guardian? Life Essentials will contact family members prior to filing.
 - How long has this individual lived in Montgomery/Greene County? Per Probate Court, an individual **MUST** live in the county 6 months to be considered a resident.
 - Does this individual have assets (home, car, bank account)? If so, this individual will need a Guardian of Estate also. Life Essentials will not consider cases that need a Guardian of Estate.

Thank you for your interest in the welfare of the proposed ward.

Hospital Only *The following information is required:*

- Admissions Sheet
- Statement of Expert Evaluation
- If nursing home placement, copy of proof of payment source, application and guarantee
- Correspondence sent to family/significant others notifying of referral for guardianship

Nursing Homes/Group Care Facilities Only

The following information is required:

- Admissions Sheet
- Statement of Expert Evaluation
- Complete Patient Trust Fund Account
- Proof of Payment Source (application and payment guarantee)
- Correspondence sent to family/significant others notifying of referral for guardianship

Community Behavioral Health Only

The following information is required:

- Admissions Sheet
- Statement of Expert Evaluation
- Treatment Plan
- Diagnostic Assessment



Life Essentials Guardianship Program
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LE Use Only	
<input type="checkbox"/> ADAMHS	<input type="checkbox"/> F&E
<input type="checkbox"/> Greene County	<input type="checkbox"/> UW
Date received _____	
Received by _____	

GUARDIANSHIP REFERRAL FORM

FORM MUST BE PRINTED OR TYPEWRITTEN AND ALL QUESTIONS ANSWERED

Date of referral _____

Referring agency _____ Contact _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____ Email _____

Reason for referral _____

Client Information

Client full name _____ Telephone _____

First Middle Last

Current address _____

City _____ State _____ Zip Code _____

Length of time at current address _____ At time of referral, was client living alone? Yes No

Date of birth ____ - ____ - ____ Gender M F Maiden name _____

Social Security# _____ Marital status _____ Race _____

Income and Assets

(Attach proof or copies of applications for income)

SS SSI SSDI Amount \$ _____

Pension (Name) _____ Other (Name) _____

Will Yes No Unknown Location of Documents _____

Trust Yes No Unknown Location of Documents _____

Home Owner: Yes No Car Owner Yes No (Make & Model): _____

Bank Information: _____ Other Assets _____

Insurance

Medicaid # _____ Medicare # _____ A B

Other Insurance _____ Policy Number _____

MyCare Ohio Yes No If Yes, Name of Insurance _____

Military

Veteran Yes No Branch of service: _____ Dates of service: _____

Discharge plan, please describe _____

Relative Information

Must include all immediate family members, address and telephone numbers. Attach additional sheets if necessary

Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Date Contacted _____ Agree Disagree with Guardianship Referral Not Contacted

Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Date Contacted _____ Agree Disagree with Guardianship Referral Not Contacted

Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Date Contacted _____ Agree Disagree with Guardianship Referral Not Contacted

Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Date Contacted _____ Agree Disagree with Guardianship Referral Not Contacted

Violent threats or actions noted: Yes No If yes describe _____

Criminal History (Describe) _____

Other Agencies/Social Workers involved in the case _____

Durable Power of Attorney Yes No Unknown

Agent's Name and Contact Information _____

Funeral Arrangements Yes No Unknown

Funeral Home Name and Address _____

Activities of Daily Living (ADLs)	No Help	Supervise	Hands On	Instrumental Activities of Daily Living (IADLs)	No Help	Supervise	Hands On	N/A
Transfer/Mobility				Medication Administration				
Bathing				Shopping				
Grooming				Meal Preparation				
Dressing				Telephone				
Toileting				Arrange Transportation				
Eating				Ability to take short walks				
Taking Medications				Light Housework				
Notes:				Laundry				
				Heavy Housework				
				Home Maintenance				
				Legal/Financial				