

## **Department of Human Services Bureau of Guardianship Services**

**This instruction sheet is intended to assist DDD or DCF case managers, Support Coordinators and DDD or DCF Social Workers in the completion of the BGS Referral Form and clarify the attachments needed.**

A complete referral packet (with all required attachments) must be received through the DDD or DCF Liaison in order for BGS to begin the process.

Once BGS receives the referral, a receipt will be provided. The Bureau Chief will review the packet, if approved it will be assigned to a BGS staff person for processing (preparation of court papers):

Contact a Liaison listed on the bottom of the referral form with any questions or the BGS' legal unit can be reached at (609) 631-2213 for clarification

### **Source and Type of Referral**

**This section includes information regarding who is making this referral and why. BGS is only permitted by law to assist DDD eligible individuals and in most cases will only file a guardianship in urgent circumstances where BGS is needed to serve as guardian.**

Identify the type of referral by checking off the appropriate box defined below:

**Routine**-the DDD consumer is believed to need a guardian, family is involved, appropriate and available to act as next of kin and no urgent/unusual consent circumstances exist (example of unusual circumstance- a cousin is acting as next-of-kin but a doctor has indicated that their consent can not be accepted otherwise if family is available, this is a routine referral.).

**Priority**-the DDD consumer is believed to need a guardian and urgent circumstances exist such as no immediate family is available and a chronic medical issue exists where family can not provide consent (refer to priority protocol), justification/evidence will be requested later to demonstrate the need for BGS.

**Substitute**-there was a previous court adjudication appointing a guardian and the guardian is no longer available or appropriate to serve. In these cases, the judgment appointing the previous guardian will be required in the packet. The court papers are different for a substitute versus a guardianship that has not gone to court before. Evidence will also be required as to why the current

guardian is no longer able to serve (death certificate, obituary or certification of facts will be required).

Provide the name of person completing the form, date form is being completed, case manager, support coordinator or social worker's contact name and phone number.

**Reason for referral:**

Summarize the details to justify expediting the referral. Include pertinent information regarding urgent medical, psychiatric, legal, behavioral or other serious issues. If a guardian was previously appointed, please indicate here.

**Individual Information- This information must be current and match the DDD Statewide Database or I-record;**

Fill in all the blanks to provide current and accurate demographic information regarding the person served. Include current residence and Day Program contact information.

Type of services the person receives (CCP, Supports Waiver, DC, other)

Identify County of Settlement if known- The *county of settlement* is the county responsible for a share of the charge incurred for services provided to persons unable to pay. Typically, this is the alleged incapacitated person's county of residence at the time of application for DDD services (prior to living in an institutional or funded setting). However, it is possible that the county of residence and county of settlement may be different depending on the residential history of the alleged incapacitated person)

List the name and contact information of the current representative payee.

**Requirement of Court Rules:**

Answer all questions and complete a family information form. These items are required for BGS to include in the court papers pursuant to rules of the court.

Trust-Does the person have a special needs or other trust in their name for their benefit, circle yes or no and provide Trustee's information. If there are any property issues such as land ownership, home ownership or other known assets aside from social security or other federal benefits, please note the unusual assets here and the name of the trustee or person managing these assets.

Health Care Representative - A health care representative is a person identified on an advance directive or other legal document that authorizes a person to make health care decisions on behalf of the individual receiving services.

Power-of-Attorney-A written instrument by which an individual known as the principal authorizes another individual or individuals or a qualified agency to act on behalf of the principal as their agent (decision maker, manager of finances or handle other specific transactions).

### **Guardian Information-**

The case manager, support coordinator or social worker will provide the treatment team's recommendation for guardian and identify the recommended guardian's contact information in this section.

### **Required Documentation-see appropriate section,**

Check off boxes confirming the attachments:

Routine referrals require minimal attachments:

1. A family information form and
2. DDD Recommendation for Assessment regarding Need for a Guardian (this is a clinical services recommendation from a DDD or DCF psychologist indicating whether a person needs a guardian/limited or general or does not need a guardian)

Priority referrals require sufficient justification and attachments:

1. A psychological evaluation (any on file, most recent is preferable)
2. A completed and legible family information form (listing parents and siblings names, phone numbers and addresses.) This form is incorporated as the last few pages of the referral form for convenience. Please list parents' names even if they are deceased. Note if the family member is a DDD consumer.
3. Social History and any relevant updates
4. DDD Recommendation for Assessment regarding Need for a Guardian ( this is a clinical services recommendation from a DDD or DCF psychologist indicating whether a person needs a guardian/limited or general or does not need a guardian)
5. DCPD or other Court Order(s) if applicable-please include any court order that terminated parental rights or ordered guardianship to be pursued
6. If BGS is proposed, please include any documentation applicable to justify this request. This includes any document on file indicating an interest in or deferral of guardianship. As an example, family may have written a letter saying they don't want to serve or a search for family had been done and family whereabouts are unknown. If a family member is considered unsuitable, specific information will be required. A certification will be requested from the case manager, support coordinator or other staff with knowledge of the case during the process.
7. Please provide a copy of the birth certificate or other legal identification to confirm the proper name is on file particularly if BGS is proposed as guardian

Substitute Referrals require sufficient justification and attachments:

1. A psychological evaluation (any on file, most recent is preferable)
2. A completed and legible family information form (listing parents and siblings names, phone numbers and addresses.) Please list parents' names even if they are deceased. Please note if any living family member listed is a DDD consumer.
3. Social History and any relevant updates
4. Court order appointing the previous guardian (judgment)
5. Death Certificate (for all deceased guardians). BGS cannot process the case without a copy of the Death Certificate/Certificates. If a death certificate is not available, a copy of the obituary may be provided.
6. Reason(s) why current guardian cannot continue and any supporting documentation. For example if guardian is lost to contact, case manager or support coordinator's notes documenting efforts to reach them will be necessary. State if family no longer wishes to serve as guardian or if guardian is no longer appropriate, list reasons. A certification may be requested.
7. Please provide a copy of the birth certificate or other legal identification to confirm the proper name is on file particularly if BGS is proposed as guardian

For DDD Use Only Section:

The liaison will use this section to confirm and note the date that DDD eligibility was established.

The DDD liaison will review the packet and confirm that is complete by signing in the designated spot before forwarding to BGS.

The Family Information Form Follows the DDD Section, please complete this section with family information as instructed on the top of the form.