

WINNEBAGO COUNTY ADRC & DCP

INFORMATION SHEET FOR

GUARDIANSHIP AND/OR PROTECTIVE

PLACEMENT

| 1. | Name of person c | Name of person completing referral: | | | | | |
|----|--|--|--------------|--------------|--|--|--|
| 2. | Name, date of birth, phone number, residence & address of the proposed ward: | | | | | | |
| | First name: | | | | | | |
| | Middle initial | : | | | | | |
| | Last name: | | | | | | |
| | Date of birth: | | | | | | |
| | | | | | | | |
| 3. | Name and address of person or institution having care and custody of the proposed ward: | | | | | | |
| | Address of person or facility: | | | | | | |
| | Telephone nun | nber: | | | | | |
| | a) Effective date of ward's arrival @ facility, if not residing at personal residence or home: | | | | | | |
| | Name, relationship and current address of spouse, parents, relatives and phone number of <u>all other persons believed to be interested:</u> | | | | | | |
| | <u>Name</u> | <u>Address</u> | Relationship | Phone number | | | |
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| 4. | Type of guardianship needed: (✓) all that apply: | | | | | | |
| | guard | ianship of person ianship of property tive placement | 1 0 | | | | |

| Name, address and phone number of proposed guardian: | | | | | |
|---|---|--|--|--|--|
| Name of proposed g | uardian: | | | | |
| Address: | | | | | |
| Telephone Number: | Re | elationship: | | | |
| Email Address: | | Date of Birth: | | | |
| Name, address and | phone number of Stand-by guardian | : | | | |
| Name of proposed g | uardian: | | | | |
| Address: | | | | | |
| Telephone Number: | Re | elationship: | | | |
| Email Address: | | Date of Birth: | | | |
| | | | | | |
| Name, address and phone number of SUCCESSOr guardian: | | | | | |
| Name of proposed g | uardian: | | | | |
| Address: | | | | | |
| Telephone Number: | | elationship: | | | |
| Email Address: | | Date of Birth: | | | |
| Do any alternate de | cision making documents exist? None Power of Attorney-Health Care Power of Attorney-Health Care Power of Attorney-Financial On Representative Payee | Activated? Yes No Only Activated? Yes No | | | |
| | Supported Decision-Making Agr | reement | | | |
| | | Cement | | | |
| | Conservatorship | | | | |
| | Other: | | | | |

| Email address for any power of attorneys: | | | | | | |
|---|---|--|--|--|--|--|
| Attachments Needed: | | | | | | |
| | Examining Physician's or Psychologist's Report Assessing for incompetency (WI form GN-3130) | | | | | |
| | Financial Information/Declaration of Income and Assets Form completed in full | | | | | |
| | Copies of any alternate decision making documents Listed in #8 | | | | | |
| For developmentally disabled, degenerative brain disorder, other like incapacity referrals please call ADRC at 877-886-2372 and fax completed referral form and other necessary attachments to fax # (920) 424-7521. For serious and persistent mental illness or alcohol/drug related referrals please call Winnebago County Crisis Center at 920-233-7707. | | | | | | |
| Fo | or office use only: | | | | | |
| Petitioner name: | | | | | | |
| Not | Notes: | | | | | |
| | | | | | | |
| | | | | | | |

FINANCIAL INFORMATION/DECLARATION OF INCOME AND ASSETS

| INCOME: (GROSS MONTHLY) | | | ASSETS | | | | |
|-----------------------------------|-----------------------------|--------------|---------------------------|--------|--------|-------|--|
| | CLIENT | SPOUSE | | CLIENT | SPOUSE | JOINT | |
| 1) WAGES OR SALARY | \$ | \$ | 1) CASH | \$ | \$ | \$ | |
| 2) NET INCOME FROM | | • | ON HAND | | | | |
| SELF EMPLOYMENT | \$ | \$ | 2) SAVINGS | \$ | \$ | \$ | |
| 3) SOCIAL SECURITY | \$ | \$ | 3) CHECKING | \$ | \$ | \$ | |
| 4) SSI/SSI-E | \$ | \$ | 4) CERT. DEP. | \$ | \$ | \$ | |
| 5) VETERANS PENSIONS | \$ | \$ | 5) MONEY MKT | \$ | \$ | \$ | |
| 6) PENSION/ANNUITIES | \$ | \$ | 6) IRA ACCT | \$ | \$ | \$ | |
| 7) INTEREST INCOME | \$ | \$ | 7) ѕтоскѕ | \$ | \$ | \$ | |
| 8) ESTATE/TRUST INCOME | \$ | \$ | 8) BONDS | \$ | \$ | \$ | |
| 9) NET "RENTAL INCOME" | \$ | \$ | 9) CREDIT UNION | \$ | \$ | \$ | |
| 10) WORKMAN'S COMP | \$ | \$ | 10) OTHER | | | | |
| 11) UNEMPLOYMENT COMP | 11) UNEMPLOYMENT COMP \$ \$ | | 11) NON-HOMESTEAD | | | | |
| 12) ALIMONY/SPOUSAL SUP/ | | - | PROPERTY VALUE | \$ | \$ | | |
| CHILD SUPPORT | \$ | \$ | 12) REAL ESTATE | \$ | \$ | \$ | |
| 13) OTHER | \$ | \$ | 13) Life Insurance | | | | |
| JOINT TOTAL INCOME \$ | JOINT TOTAL ASSETS \$ | | | | | | |
| DO YOU HAVE? | | • | | | | | |
| A MARKER | YE8 | NO | VAULT TRUST AMT | \$ | | | |
| CASKET TRUST AMT | ASKET TRUST AMT | | | | | | |
| BURIAL PLOT YES NO | | | LOCATION: | | | | |
| IRREVOCABLE BURIAL TRUST AMT \$ | | | NAME OF FUNERAL HOME | | | | |
| HAS THE CLIENT OR THEIR SPOUSE (| GIVEN AWAY A | NY PROPERTY | (SUCH AS LAND, STOCKS, | | | | |
| BONDS, CASH, ETC) IN THE LAST SIX | TY SIXTY (60) I | MONTHS INCLU | JDING TRANSFER OF PROPERT | Y | | | |
| TO CHILDREN, RELATIVES, OR OTHER | YES | | NO | | | | |
| | | | | | | | |
| NAME OF PERSON COMPLETIN | G THIS FOR | М | | | | _ | |
| RELATIONSHIP TO CLIENT | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SIGNATURE | | | | DATE | | | |