

Date received by OPGA _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Office of Chief Counsel
Office of the Public Guardian for Adults

REFERRAL FOR APPOINTMENT OF PUBLIC GUARDIAN

***Application will not be accepted if * space is left blank**

***Personal Information for Proposed Ward:**

(The person for whom you are requesting a guardian):

*Full Name: _____

*Date of Birth: _____

*Social Security No. _____ Medicaid No. _____

Proposed ward also known as: _____

Address: *(If in a hospital or other treatment facility list the address prior to admission)*

*Marital Status: _____ *Name of spouse: _____

*Address of spouse _____

If spouse is deceased, date and place of death: _____

***What is the current physical location of the proposed ward?** _____

If now hospitalized or residing at a facility:

*Name and address of hospital or facility: _____

*Phone number: _____ *Date of admission: _____

*Reason for hospitalization or admission: _____

*Discharge Plan: _____

*Attending Physician: _____

Address: _____

*Phone: _____

***Close Relatives and Friends:**

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a complete social history

***Medical History:**

Recent Hospitalizations:

Where: _____ When: _____

Why: _____

Psychiatric Hospitalizations:

Where: _____ When: _____

Why: _____

Current Medications: _____

Health Issues:

___ Diabetes ___ High Blood Pressure ___ High Cholesterol

___ Health Problems ___ Epilepsy/Seizures ___ Stroke

___ Hepatitis ___ Tuberculous ___ HIV/AIDS

___ Cancer – Type _____

History of Tobacco Use: ___ Yes ___ No Active Use: ___ Yes ___ No

History of Alcohol Abuse: ___ Yes ___ No Active Use: ___ Yes ___ No

History of Substance Abuse: ___ Yes ___ No Active Use: ___ Yes ___ No

Please attach a complete medical history

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***Behavior History**

Verbally aggressive ___ Yes ___ No Disruptive ___ Yes ___ No
Physically aggressive ___ Yes ___ No Destructive ___ Yes ___ No
Runs away ___ Yes ___ No Steals ___ Yes ___ No
Noncompliant with meds ___ Yes ___ No Fearful ___ Yes ___ No
Sexually inappropriate ___ Yes ___ No Paranoid ___ Yes ___ No
Evicted from a facility ___ Yes ___ No When _____

What facility _____

Reason for eviction _____

Additional evictions _____

Please attach a complete behavioral/psychological history

***Criminal History**

Has Proposed Ward been arrested: Once _____ Multiple _____ No _____

Has Proposed Ward had a Felony Conviction: Yes _____ No _____

What were charges: _____

Date of conviction: _____ Was Ward incarcerated: Yes _____ No _____

Place of incarceration: _____

***Income:**

Source	Amount
Social Security (Specify SSA/SSD/SSI, etc.)	_____
Veteran's Administration	_____
Other Income Source: _____	_____

***Assets:**

Bank Accounts:

Bank/Branch Acct. No Type (checking or savings) Balance Location of Checks and cards

Safe deposit box? _____ If yes give the name and location of the bank and the location of the Key.

List any other assets:

Insert inventory checklist here

***Real Property:**

Own a home or rent? _____

Does the proposed ward have an ownership interest in any land or houses? _____ Land or

House(s) located outside of Arkansas state lines? Yes/No

If yes, does anyone else also have any ownership interest in the land and/or houses? _____

If yes, list the name and address of anyone sharing any ownership interest in any land or houses.

Is anyone living in any houses that the proposed ward has an ownership interest in? Yes ___ No ___

If yes, please list the name address and an explanation of why they are living in the house?

***Liabilities**

Type of Debt	To whom the debt is owed	Amount

***Health Insurance:**

Medicare Claim No.: _____ Medicaid Claim No.: _____

Other Health Insurance: _____

Govt. agencies providing services: _____

Has proposed ward executed an Advance Healthcare Directive (Living Will)? Yes/No

If yes, give location of Directive and or furnish a copy. _____

***Burial Information:**

Has proposed ward have an existing will? _____ If yes give location of will _____

Does proposed ward have a burial policy or prearranged burial plan? _____ If yes, please provide a copy of the plan or location of it. _____

***Person making referral:**

Name: _____ Agency: _____

How do you know the proposed ward? _____

Address: _____

Phone: Home/Cell _____ Work: _____

Email: _____

Are you willing to come to court and testify? _____

*Requesting guardianship of: Person and Estate ____ Person Only ____ Estate Only ____

Reason for this type of guardianship: _____

*Does the Proposed Ward have a legal guardian now? Yes ____ No ____

(If yes then attach a copy of the guardianship court order and any other court documents and a letter from the Circuit Judge over the guardianship requesting that the Public Guardian intervene. The Public Guardian cannot proceed without the letter from the Judge)

Has the Proposed Ward had a legal guardian in the past, but not now? Yes ____ No ____

(If yes then attach a copy of the previous court documents if available)

If the answer to the previous question was yes, then why was the guardianship terminated?

Is there any family member, friend or any other person who may be willing to be the guardian of the Proposed Ward? Yes ____ No ____

If the answer to the previous question is No, please explain why you believe no family member or friend is willing to be guardian for the proposed ward and what efforts have been made to secure a private individual to be guardian. _____

Reason for Referral:

(attach additional pages if necessary)

- Explain why a guardianship is being requested?
- Give supporting facts as to why proposed ward is "Incapacitated", meaning that he/she is impaired by reason of a disability such as mental illness, mental deficiency, physical illness, chronic use of drugs, or chronic intoxication, to the extent of lacking sufficient understanding or capacity to make or communicate decisions to meet the essential requirements for his/her health or safety or to manage his/her finances.
- Be as specific as possible as the facts given will be the basis of the guardianship petition.
- Give as complete a history as possible including details of any acting out, violent or aberrant behavior and any history of arrest and or convictions of criminal acts. A good description of the proposed ward's day to day behavior (good and bad) is required.

Signature: _____ Date _____

PHYSICIAN'S AFFIDAVIT

I, _____, after being first duly sworn under oath, state that:

1. I am a professional with expertise appropriate for the determining patient's incapacity and disability because I am a physician, licensed psychologist, or licensed certified social worker with training, experience, and knowledge of the patient's disability. I am licensed in the State of Arkansas. Specifically, my qualifications are:

2. My contact information is as follows:

Address: _____

Telephone Number: _____

3. I have examined and performed an evaluation of: _____
_____ (patient) within the last six months, and I conclude as follows:

4. The patient's medical and physical diagnoses and condition is:

5. The patient's adaptive behaviors are:

6. The patient's intellectual functioning is:

7. The patient is impaired by reason of a disability to such an extent as to lack sufficient understanding or capacity to make or communicate decisions to meet the essential

requirements for his or her health or safety or to manage his or her estate. The specific disability is:

8. My recommendation as to the specific area(s) for which assistance is needed and the least restrictive alternatives available are:

9. The patient is not able to attend court for the following reasons:

Physician's Signature

Date

Physician's Printed Name

FURTHER AFFIANT SAYETH NOT.

SUBSCRIBED AND SWORN to before me, a notary public, on this ____ day of _____, 20__.

Notary Public

My Commission Expires
