|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Date: |  | Person making referral: |  | | Phone: |  | Agency/position: |  | | Is person receiving any other LSS Service? If yes, what? | | | |  |  |  | | --- | --- | | ***[LSS use only]*** | Name of County:       Court File # *(if available):*  County approval for payment:  No  Yes, by whom? |  |  | | --- | | **Referral for**:  Guardianship  Conservatorship  Both  General  Emergency | | **Current situation/reason for referral:**   1. Impairment/Diagnosis causing lack of capacity or understanding to make or communicate responsible decisions regarding personal or financial affairs:      1. Specific behavior showing inability to meet medical, nutrition, shelter, clothing, safety and/or financial needs:      1. **Attach Supporting Documentation** |   **Billing Information:**   |  |  | | --- | --- | | Party responsible for payment to LSS: |  | | Address: |  | | Phone: |  | | Relationship: |  |   **Current Support Team:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | County Case Manager | Phone | Fax | Email | | |  |  |  |  | | | County Financial Worker | Phone | Fax | Email | | |  |  |  |  | | | Day Program/Main Contact | Address | | | | |  |  | | | | | Day Program Phone | Fax | | | Email | |  |  | | |  | |

**Client Data:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: (last) (first) (middle) | | | | | | | | | |
|  | | | | | | | | | |
| Permanent Address (house number, street, apartment, city, zip): | | | | | | | | | |
|  | | | | | | | | | |
| Current Address *if different from permanent:* | | | | | | | | | |
| Facility Name *if applicable* | | | Address (number, street, city) | | | | | | Admission Date |
|  | | |  | | | | | |  |
| Date of birth | Gender | | | Marital status | Place of Birth (City, State) | | | | Client Phone |
|  |  | | |  |  | | | |  |
| Primary Physician | | | | Clinic | Address (number, street, city) | | | | Physician Phone |
|  | | | |  |  | | | |  |
| Medicare # | | Medical Assistance # | | | Other Insurance | | | Effective Dates of Insurance | |
|  | |  | | |  | | |  | |
| Code Status | | | | Ethnicity | | Religion/Faith | | | |
|  | | | |  | |  | | | |
| Mothers Maiden Name | | | | Parents First and Last Names | | | Social Security Number | | |
|  | | | |  | | |  | | |

**Interested Persons: *(Name, Address, Phone, Email)***

|  |
| --- |
| Spouse/Partner |
|

Health Care Agent

Caregiver *(if other than Spouse/Partner)*

Parent(s)

Child

Child

Legal Representative

Financial POA

**Other Contacts: *(Name, Address, Phone, Email)***

|  |
| --- |
| Attorney |
|

Home Health Care

|  |
| --- |
| Mental Health Professional |
|

Dentist

**Income:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Social Security:** |  | | **SSI:** | |  | |
| **Pension Co. Name:** |  | | Pension Amount: | |  | |
| Pension Co Phone: |  | Fax: | |  | Email: |  |
| **Veteran Benefits:** |  | | Amount: | |  | |
| **Other Income 1:** |  | | **Other Income 2:** | |  | |

**Assets *(Banking or Investments)*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Real estate address**: |  | Estimated Value: |  |
| **Account Name**: |  | Type of Account : |  |
| Address: |  | Phone & Fax: |  |
| Account #: |  | Value: |  |
| **Account Name:** |  | Type of Account : |  |
| Address: |  | Phone & Fax: |  |
| Account #: |  | Value: |  |
| **Account Name:** |  | Type of Account : |  |
| Address: |  | Phone & Fax: |  |
| Account #: |  | Value: |  |

**Other:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vehicle Make:** |  | **Year** |  | **Value** |  |
| **Funeral/Prepaid Burial – Name:** |  | **Policy #:** |  | **Value** |  |
| **Safety Deposit Box:** |  | **Where:** |  | **Keys:** |  |
| **Debts/Liens/Judgments:** |  | **Amount:** |  | | |
| **Pets:** |  | **Type”** |  | **#:** |  |

**###**