Life Essentials

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

Please completed 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
40 S. Perry Street, Suite 130 Dayton, OH 45402
Telephone: (937) 586-0545 Fax: (937) 586-0565
www.LifeEssentials.org

LE Use Only
☐ ADAMHS ☐ F&E
☐ Greene County ☐ UW
Date received _____
Received by _____

GUARDIANSHIOP 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	☐	☐	☐	☐