

***Aging Solutions, Inc.***  
*"Linking Healthcare Options"*

Office of Public Guardian for Pasco County  
PO Box 342065 Tampa, FL 33694-2065  
Phone: (813) 949-1888 - Fax (813) 949-1996

**GUARDIANSHIP INTAKE AND REFERRAL FORM**

Thank you for requesting the services of this agency. We understand that not all of the information asked for on this form may be available at the time of the referral. Nevertheless, please fill it out as completely as possible since eligibility for the public guardianship program mandated by certain Florida Statutes the information requested assists us expediently making a determination.

**Please note that the acceptance of a potential Ward into the public guardianship program is made by the Office of the Public Guardian and the thirteenth Judicial Circuit. You will be officially notified of the status of your referral.**

Who will petition the Court for the Guardianship -  
(be the Petitioner)?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Who will represent the Petitioner (be the  
Attorney for Petitioner)?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**This information is absolutely essential;  
without it, acceptance into the program could be delayed.**

(Please complete all three if known)

Client's Name: First: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

M. \_\_\_\_\_

Last: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current

Location: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

U.S. Citizen? \_\_\_\_\_

Marital Status: \_\_\_\_\_

Length of time at this Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Previous  
Address: \_\_\_\_\_

Attending  
Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Current/Previous Occupations: \_\_\_\_\_  
\_\_\_\_\_

Permanent  
Address: \_\_\_\_\_  
\_\_\_\_\_

Anyone living with the Client? \_\_\_\_\_

Please specify: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Family/Significant Others:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Why does this client need a guardian? (Please be specific, thorough, and convincing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

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Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Medical History: \_\_\_\_\_

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Mental status/  
Level of Functioning: \_\_\_\_\_  
(including ambulation  
and ADL's) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Monthly Income: SS - \$ \_\_\_\_\_ SSI - \$ \_\_\_\_\_  
Medicare #: \_\_\_\_\_ OSS - \$ \_\_\_\_\_ VA - \$ \_\_\_\_\_  
Medicaid #: \_\_\_\_\_ Pension/Annuity - \$ \_\_\_\_\_  
Veterans #: \_\_\_\_\_ Dividend/Interest - \$ \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Other Income - \$ \_\_\_\_\_

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Rep Payee? Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

Assets/Property:

Personal (accounts, stocks, furniture, Real (Land, buildings, mobile homes, jewelry, etc.) –

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Category (check the appropriate one):

Nursing Home/ACLF \_\_\_\_\_ Hospital \_\_\_\_\_ Name of Agency: \_\_\_\_\_

State Agency \_\_\_\_\_ County Agency \_\_\_\_\_ Address: \_\_\_\_\_

Court \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

\_\_\_\_\_

.....**For OPG Use Only**.....**Please Do Not Write Below This Line**.....

Disposition: Advice Only \_\_\_\_\_ Brief Service \_\_\_\_\_ Referral \_\_\_\_\_ Denied/Accepted \_\_\_\_\_

Priority Level: \_\_\_\_\_ Type of Guardianship: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Classification: Elderly \_\_\_\_\_ Mentally Ill \_\_\_\_\_ Dually Diagnosed \_\_\_\_\_ Epilepsy \_\_\_\_\_

Dev Disabled/Mentally Retarded \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Autism \_\_\_\_\_ Spina Bifida \_\_\_\_\_

Other: \_\_\_\_\_

## **ELIGIBILITY CONSIDERATIONS FOR ACCEPTANCE**

The following criteria is drawn from Sections 744.702 and 744.704, Florida Statutes, to determine a potential Ward's eligibility for Public Guardianship:

1. The Public Guardian cannot petition to appoint itself Guardian. A Petition must be filed for such.
2. Family or friends, other persons, bank, or corporation are either unwilling or unable to assume guardianship, per the assessment of the referral source.
3. Asset and income information provided by the referral source shows the potential Ward meets the standard for indigency, e.g., assets do not exceed the level for Medicaid eligibility, exclusive of homestead, and income is such that the Ward is eligible for Medicaid.
4. Assessment that no alternative less restrictive than guardianship exists.

## **PRIORITIZATION OF REFERRALS**

As the need for the Public guardianship is frequently greater than the capacity of the OPG to serve, the following prioritization of referrals will be adhered to (within categories the case with the earliest referral date will be given preference.):

Highest

1. Cases in which the appointment of a Guardian is necessary to prevent abuse, or exploitation of the potential Ward.
2. Cases in which the appointment of a Guardian is necessary to prevent neglect including self-neglect.
3. Cases in which the potential Ward has previously been adjudicated incapacitated, but no available or appropriate Guardian has been found.
4. Cases in which there is an immediate need for advocacy, e.g., cases requiring multiple and/or intrusive treatment or complex medical decisions.
5. Cases in which special problem situations require resolution, e.g., property issues.
6. Cases in which needs of a functionally incapacitated person are not being met by the existing network of interested person of community resources. This includes person in residential facilities.
7. Cases in which the Ward is placed in a residential setting, but faces discharge due to inability to obtain Medicaid benefits.
8. Cases in which a Guardian would enable the transfer of the potential Ward to a less restrictive setting, e.g., from an acute-care facility to the community.

9. Cases in which a Guardianship already exists and where the Guardian has no compelling reason to relinquish authority.