

Canyon County
Board of Community Guardians
1115 Albany Street, Box 11
Caldwell, ID 83605
(208) 455-5969 - Phone
(208) 454-6888 – Fax
Email: Community.Guardians@canyoncounty.id.gov

Referral Application

Date: _____ Referred by: _____ Phone: _____
Email: _____

POTENTIAL WARD INFORMATION

Legal Name: _____ Date of Birth: _____
Address: _____ City/Zip: _____
Phone: _____ SSN: _____ Gender: _____ Marital Status: _____

IF THE POTENTIAL WARD IS A CURRENT PATIENT, please list the name and location of the facility that will be accepting the patient for permanent residency: _____

REASON FOR REFERRAL – Please be as detailed as possible – use additional paper if needed

MEDICAL INFORMATION

Physicians Name: _____ Phone: _____
Address: _____ City/Zip: _____
Prescribed Medications: _____

MEDICAL DIAGNOSIS & PROGNOSIS – Please be as detailed as possible – use additional paper, if needed

An affidavit, from the Physician stating why this person needs a Guardian, MUST accompany this referral. If it's not, referral cannot be processed.

Referral Application

FINANCIAL INFORMATION

Source	Amount	Source	Amount
Social Security	\$	Property Owned	\$
SSI or SSD	\$	State Cash Assistance	\$
Veterans Benefits	\$	Interest/Dividends	\$
Food Stamps	\$	Inheritance/Trust	\$
Retirement	\$	Checking	\$
Tribal Assistance	\$	Savings	\$
Other:	\$	Other:	\$

RESOURCES APPLIED FOR (please circle)? Medicaid, Medicaid Waiver, Home and Community-Based Services

PERSON HANDLING FINANCES

Name: _____ Relationship: _____
Address: _____ City/Zip: _____
Phone: _____

NEXT OF KIN INFORMATION (Parent, Spouse, Children, any living relatives)

Name: _____ Relationship: _____
Address: _____ City/Zip: _____
Phone: _____

Name: _____ Relationship: _____
Address: _____ City/Zip: _____
Phone: _____

Please provide details of any conversations with or requests made to next of kin to serve as guardian/conservator of the potential ward:

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Referral Process

All referrals shall be initiated with a completed Referral Form. All referrals, including those received by Board members, shall be sent to the County Coordinator, either by:

Facsimile: (208) 454-6888
Email: community_guardians@canyoncounty.id.gov
Mail: 1115 Albany Street, Box 11, Caldwell, ID 83605

- The County Coordinator will review all referrals and provide an initial screening to determine whether or not the referral contains sufficient information for the Board to review.
- Following the initial screening by the Coordinator, if the proposed referral qualifies for a Board Guardian, the County Coordinator will investigate the facts and circumstances as set forth in the referral.
- The County Coordinator shall confer with the contact person listed on the referral and begin the investigation.
- The County Coordinator will bring new referrals to the Board and decisions are made collectively by the Board.
- When the Board has made the final decision to accept a referral and act as guardian, an individual guardian is assigned.

~Thank you~