

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

# Referral Application Guardianship/Conservatorship

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**POTENTIAL CLIENT INFORMATION**

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

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

**MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Prescribed Medications: \_\_\_\_\_  
\_\_\_\_\_

**An affidavit, from the Physician stating why this person needs a Guardian, MUST accompany this referral. Without the affidavit, the referral cannot be processed.**

**MEDICAL DIAGNOSIS & PROGNOSIS**

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

**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 (please circle)? Medicaid * Medicare * Other Insurance:			

**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 client:

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# Canyon County Board of Community Guardians

## Referral Process

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

Facsimile: (208) 454-6888  
Email: [community.guardians@canyoncounty.id.gov](mailto: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