Canyon County Board of Community Guardians

1115 Albany Street, #11 Caldwell, ID 83605 (208) 455-5969 - Phone (208) 454-6899 - Fax

Email: Community.Guardians@canyoncounty.id.gov

Referral Application Guardianship/Conservatorship

CLIENT INFORMATION			
Logal Nama	Date of Birth	Coolel Coourity Number	Todovia Data
Legal Name	Date of Birth	Social Security Number	Today's Date
Address	City	State	Zip
	•		•
Phone Number	Sex	Marital Status	
REFERRAL INFORMATION			
Person Making Referral	Phone	Agency	
Address	City	Zip Code	
Email Address			
Reason for Referral:			

MEDICAL INFORMATION				
Physician's Name		Phone Number		
Address		City, State	Zip	
Prescribed Medications				
riescribed iviedications				
MEDICAL DIAGNOSIS & PROG	GNOSIS			
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 Insura	ance:		
PERSON HANDLING FINANCE	- C			
T LINGUIN HANDLING FINANCE	-0			
Name:		Relationship:		
A.I.I.				
Address:		City/Zip:		
Phone:				

NEXT OF KIN INF	ORMATION (Parent, Spouse, Children or any	y living relatives)
Name:		Relationship:
Address:		City/Zip:
Phone:		-
Name:		Relationship:
Address:		City/Zip:
Phone:		_
Please provide deta client:	ils of any conversations with or requests made to	to next of kin to serve as guardian/conservator of the potential
Signature		_
Oignature		
Title		_
Date		-

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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) 454-6899

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