

# 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

**\*Please include a physician's letter and supporting medical records\***

### CLIENT INFORMATION

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

## 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: Medicaid \* Medicare \* Other Insurance ?

## PERSON HANDLING FINANCES

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

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

**NEXT OF KIN INFORMATION (Parent, Spouse, Children or 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:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**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](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