



Canyon County Board of Community Guardians

1115 Albany Street, #11

Caldwell, ID 83605

Phone 208.455.5969 ~ Fax 208.454.6899

[Email: Community.Guardians@canyoncounty.id.gov](mailto:Community.Guardians@canyoncounty.id.gov)

Referral for Guardianship/Conservatorship

Application must include

certified letter from the person making the referral

certified letter from the physician

supporting medical records

CANDIDATE 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	State	Zip
Email Address	*A separate certified letter from the person making the referral is required, including a detailed explanation of the reason for the referral and the basis for making the referral.		

Reason for Referral:

MEDICAL INFORMATION

Physician's Name

Phone Number

Address

City/State/Zip

Prescribed Medications

MEDICAL DIAGNOSIS & PROGNOSIS

FINANCIAL INFORMATION

Income	Monthly Amount	Type of Asset	Value
Social Security – SSI	\$	Home	\$
Social Security – SSA	\$	Vehicle	\$
Pension	\$	Checking Account	\$
Veterans Benefits	\$	Savings Account	\$
Other:	\$	Name of Bank:	

RESOURCES:

☐ Medicaid	If not, has an application been submitted? Yes ____ No ____
☐ Medicare	
☐ Veterans Administration	
☐ Other Coverage:	

PERSON HANDLING FINANCES

Name

Relationship

Address

City/Zip

Phone

Email

NEXT OF KIN INFORMATION (Parents, Spouse, Siblings & Children)

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

As the person making the referral, you are required to submit a written statement below documenting your communication with the individual’s next of kin. The statement should include the reasons why the next of kin are unable and/or unwilling to serve as the individual’s surrogate decision maker, power of attorney or guardian.

Signature

Date

Title

Canyon County Board of Community Guardians

Referral Process & Certification

All client referrals shall be initiated using a referral form. All completed referral forms shall be submitted to Canyon County through one of the following methods:

Facsimile: 208.454.6899

Email: community.guardians@canyoncounty.id.gov

Mail: 1115 Albany Street, Box 11, Caldwell, ID 83605

- The County Assistance office will review all referrals and provide an initial screening to determine if the referral contains sufficient information for the Board to review.
- Following the initial screening, the County will investigate the facts and circumstances as set forth in the referral.
- The County Assistance office will bring new referrals to the Board and decisions are made collectively by the Board. The Board meets regularly once per month.
- When the Board accepts a referral, the Board will file a petition with the court for guardianship of the individual.
- When the Board declines a referral, the Board's decision is final.

Certification language to include in letter (Idaho Code §9-1406)

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Signature

Title

Date