

Virginia Public Guardian & Conservator Program Referral Form

Criteria: For an individual to be eligible for public guardianship services through the Virginia Public Guardian & Conservator Program (“Program”), he or she must be an adult who is incapacitated, indigent, and without any other suitable person willing and able to serve as the legal decision-maker.

For additional information, see www.vda.virginia.gov/publicguardianship.htm.

Instructions: *(CSB Support Coordinators and Training Center Community Integration Managers, see the Special Instructions section.)*

To refer a person for public guardianship services:

1. Refer to the list of Local Public Guardian Programs (“Local PGPs”) and their designated service areas on pages 7-8. Identify the Local PGP serving the geographic area where the referred person lives, or if the person is in residential treatment, where the person is expected to live after discharge.
2. Complete the referral form on pages 2-6. Include additional pages if more space is needed.
3. Email the completed referral form to the Local PGP or mail it to the attention of the respective Program Director.

Following submission of the referral:

- The Local PGP must screen all referrals for appropriateness and eligibility. The Program Director will review the form and may contact you with follow-up questions.
- If it is determined that the referred person is not appropriate or eligible for the Program, the Local PGP will notify you.
- Each Local PGP has limited slots, so the individual may be placed on a waitlist. The date of receipt of a completed referral form affects the order of consideration as slots become available.
- If the Local PGP notifies the referring party that it will accept the referred individual for services, the next step is to ask a Virginia Circuit Court to appoint a public guardian for the individual. The referring party will need to engage an attorney to prepare the petition and engage in the legal process. The Program Director for the applicable Local PGP can provide information about this process and the availability of any financial assistance for attorney’s fees.

Special Instructions for CSB Support Coordinators and Training Center Community Integration Managers

There are 454 Program slots reserved for adults referred by the Department of Behavioral Health and Developmental Services (“DBHDS”). The individual must meet the legal criteria described above and must have been diagnosed with an intellectual disability prior to age 18 **or** a developmental disability prior to age 22. If your client qualifies, send this completed referral form to DBHDS so the individual can be added to the DBHDS I/DD Waitlist for public guardianship services. The referral should not be sent to the Local PGP.

Please save the completed referral form as a PDF and submit it by secure email to DBHDS at Public.Guardianship@dbhds.virginia.gov. A secure link may be requested at the same email address if needed. Financial assistance may be available to cover some or all of the attorney’s fees incurred during the court process for an individual referred through DBHDS. Additional information about financial assistance and how CSB/Training Center referrals are managed by DBHDS can be found at <https://dbhds.virginia.gov/developmental-services/training-centers>.

REFERRING PARTY			
Name of person completing referral:		Title (if applicable):	
Agency/Organization:		Address:	
Telephone number:	Fax number:	Email address:	
Why do you believe the referred individual needs a guardian/conservator? (Continue on page 6 if needed.)			
Signature:		Date:	
INFORMATION ABOUT REFERRED INDIVIDUAL			
Demographics			
Full Name:		Date of Birth:	Place of Birth:
Gender:	Social Security Number:	Marital Status:	Race:
Documented diagnosis of Intellectual Disability prior to age 18: Yes No			
Documented diagnosis of Developmental Disability prior to age 22: Yes No			
US Citizen: yes no unknown		Immigration Status:	Preferred language:
Current address (include city, state, and zip code):			Length of time at address:
Type of living environment:			Telephone Number:
Permanent Address (if different from above):			Length of time at permanent address:
Are there plans to move this person?		If "Yes," please explain:	

Family/Friends		
Identify living family member and non-family supports, for example: spouse, children, parents, friends who participate in care. (Use extra sheets if needed).	Name & Relationship	Contact Information
Health Insurance		
Identify all active types of health insurance: <input type="checkbox"/> Other health insurance: <input type="checkbox"/> Medicaid - Member #: <input type="checkbox"/> Medicare - Member #:		
Financial Resources		
Income		
Mark all sources of income that apply: <input type="checkbox"/> <u>Salary/Wages</u> <input type="checkbox"/> Social Security Disability (SSDI) Gross monthly amount: <input type="checkbox"/> Social Security Retirement (SSA) Employer: <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> <u>Other (Please specify—e.g., pension, alimony)</u> <input type="checkbox"/> Veterans Benefit <input type="checkbox"/> Black Lung Benefit <div style="text-align: right;">Gross monthly amount:</div>		
Other Benefits		
Medicaid Waiver:	Housing Assistance?	
Type:	Type (e.g., Auxiliary Grant, Section 8):	
Bank Accounts and Assets		
To assist in the determination of financial eligibility for public guardianship/conservatorship, please provide information about the referred person's bank account balance and any other assets you are aware of—for example, a home or other real estate, an automobile, investment accounts, IRA, life insurance, or a trust established for the benefit of the referred person. If the asset is a home or other real estate, provide the address, if known.		

Medical/Mental Health Diagnoses

Current medical diagnoses:

Current mental health diagnoses:

Psychiatric hospitalizations during the past five years (including dates, if known):

Substance abuse history/current usage:

CSB/BHA providing services (if applicable):

Support Coordinator/Case Manager (if applicable)

Physicians and mental health providers who have provided services in the past 12 months:

Name & Specialty (if applicable)

Contact Information

Legal/Criminal History

Pending legal proceedings (include jurisdictions and/or dates, if known):

Criminal convictions during past five years (include jurisdictions and/or dates, if known):

Alternatives to Public Guardianship

Does the person currently have either or both of the following: guardian conservator

If "Yes," provide the name, relationship, and contact information for that person:

Why is the current guardian and/or conservator no longer appropriate?

Please explain the extent of involvement of family and/or friends in the referred person's life and why these individuals are not available to serve as guardian and/or conservator.

Is there a Power of Attorney?

If "Yes," name and contact information of agent:

Is there a Medical Power of Attorney?

If "Yes," name and contact information of agent:

Is there an Advanced Medical Directive?

If "Yes," name and contact information of agent:

Is there a Social Security Representative
Payee or Bill Paying Service?

If "Yes," name and contact information:

Why are the above alternatives to public guardianship inadequate?

Assessments/Evaluations

Indicate whether either of the following types of assessments/evaluations have been completed during the past twelve months. Provide a copy, if available.

- ☐ UAI
☐ Capacity Evaluation or CSB Assessment of Capacity

Other Important Information

Please provide any other important information that may be useful in determining the need for public guardianship/conservatorship. Attach additional pages as necessary.

FOR LOCAL PROGRAM USE ONLY

Referral received by:

Date received:

Department for Aging and Rehabilitative Services (DARS)

Virginia Public Guardian & Conservator Program

www.vda.virginia.gov/publicguardianship.htm

Contact Information and Designated Service Areas for Local Public Guardian Programs

Name of DARS Contractor Local Public Guardian Program	Service Area
<u>Alleghany Highlands Community Services</u> AHCSB Public Guardian Program 543 Church Street, Clifton Forge, VA 24422 Email: awebb@ahcsb.org	<u>Counties of:</u> Alleghany, Bath, Highland, and Rockbridge <u>Cities of:</u> Buena Vista, Covington, and Lexington
<u>Appalachian Agency for Senior Citizens, Inc.</u> AASC Public Guardian and Conservator Program PO Box 765, Cedar Bluff, VA 24609-0765 Email: guardianship@aasc.org	<u>Counties of:</u> Buchanan, Dickenson, Russell, and Tazewell
<u>The Arc of Northern Virginia</u> The Arc of Northern Virginia's Public Guardianship of Last Resort Program 3060 Williams Drive, Suite 300, Fairfax, VA 22031 Email: publicguardianship@thearcofnova.org	<u>Counties of:</u> Arlington, Fairfax, and Prince William <u>Cities of:</u> Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park
<u>Bridges Senior Care Solutions</u> Bridges Public Guardianship Program P.O. Box 1310, Fredericksburg, VA 22402 Email: carolewingbridges@gmail.com	<u>Counties of:</u> Albemarle, Augusta, Caroline, Clarke, Culpeper, Essex, Fauquier, Fluvanna, Frederick, Greene, King George, Lancaster, Louisa, Loudoun, Madison, Mathews, Middlesex, Nelson, Northumberland, Orange, Page, Prince William, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, and Westmoreland <u>Cities of:</u> Charlottesville, Fredericksburg, Harrisonburg, Staunton, Waynesboro, and Winchester
<u>Catholic Charities of Eastern Virginia</u> CCEVA Public Guardianship Program 1132 Pickett Road, Norfolk, VA 23502 Email: publicguardianship@cceva.org	<u>Counties of:</u> Accomack, Gloucester, Greensville, Isle of Wight, James City, Mathews, Northampton, Southampton, Surry, and York <u>Cities of:</u> Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg

Name of DARS Contractor and Local Public Guardian Program	Service Area
<u>Commonwealth Catholic Charities</u> CCC Public Guardian Program 1601 Rolling Hills Drive, Richmond, VA 23229 Email: CCCPublicGuardianship@cccova.org	<u>Counties of:</u> Amelia, Brunswick, Buckingham, Charlotte, Chesterfield, Cumberland, Dinwiddie, Henrico, Lunenburg, Nottoway, and Prince Edward <u>City of:</u> Colonial Heights
<u>District Three Governmental Cooperative</u> District Three Public Guardian Program 4453 Lee Highway, Marion, VA 24354-4269 Email: guardianship@district-three.org	<u>Counties of:</u> Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, and Wythe <u>Cities of:</u> Bristol, Galax, and Radford
<u>Family Service of Roanoke Valley</u> Family Service of Roanoke Valley Public Guardian and Conservator Program 360 Campbell Avenue, SW, Roanoke, VA 24016 Email: mevans@fsrv.org	<u>Counties of:</u> Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, and Roanoke <u>Cities of:</u> Bedford, Lynchburg, Roanoke, and Salem
<u>Jewish Family Services [Richmond]</u> Public Guardian and Conservator Program of Jewish Family Services 6718 Patterson Avenue, Richmond, VA 23226 Email: publicguardian@JFSrichmond.org	<u>Counties of:</u> Goochland, Hanover, Powhatan, Prince George, and Sussex <u>Cities of:</u> Hopewell and Petersburg
<u>Jewish Family Service of Tidewater</u> JFS of Tidewater Public Guardian and Conservator Program 5000 Corporate Woods Dr, Suite 300 Virginia Beach, VA 23462 Email: JFST-PGP@JFShamptonroads.org	<u>Counties of:</u> Gloucester, Halifax, Henry, Isle of Wight, James City, King & Queen, King William, Mathews, Mecklenburg, Middlesex, Patrick, Pittsylvania, Southampton, and York <u>Cities of:</u> Chesapeake, Danville, Franklin, Hampton, Martinsville, Newport News, Norfolk, Poquoson, Portsmouth, South Boston, Suffolk, Virginia Beach, and Williamsburg
<u>Mountain Empire Older Citizens</u> MEOC Public Guardian and Conservator Program 1501 3rd Avenue East, P.O. Box 888 Big Stone Gap, VA 24219 Email: info@meoc.org	Mountain Empire Older Citizens <u>Counties of:</u> Lee, Scott, and Wise <u>City of:</u> Norton
<u>Senior Connections</u> Senior Connections Public Guardian Program 1300 Semmes Ave, Richmond, VA 23224 Email: publicguardianship@youraaa.org	<u>Counties of:</u> Charles City and New Kent <u>City of:</u> Richmond