

Virginia Public Guardian & Conservator Program Referral Form

Instructions:

To be eligible for a public guardianship (and/or public conservatorship) a referred individual must be:

- Incapacitated;
- Indigent; and

Without any other suitable person willing and able to serve as the referred individual's legal decision-maker. See <https://www.vda.virginia.gov/publicguardianship.htm> for additional information.

To refer an individual for public guardianship services (and/or public conservatorship services) through a Virginia Public Guardian & Conservator Program provider, complete this Referral Form in its entirety. It may be completed online or printed for completion.

CSBs & Training Center Community Integration Managers: For any individual (1) who received a documented diagnosis of an intellectual disability prior to age 18, or (2) a documented diagnosis of a developmental disability prior to age 22, send the completed Referral Form directly to the Department of Behavioral Health and Developmental Services (DBHDS) so that the individual can be added to the DBHDS ID/DD PGP Waitlist. Individuals added to this waitlist will be assigned a public guardianship slot based on the number of days on the waitlist. Assignment to a public guardian provider is based on the local public guardian provider's geographic service area. Please save the completed Referral Form in Word Format 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.

Petitioner Requirements: If the referred individual is accepted for public guardianship services by the local public guardian provider, the CSB that made the referral will be expected to serve as petitioner in the legal proceeding needed to establish the guardianship. This means the CSB will need to retain an attorney and pay the costs and fees related to the legal proceeding. DBHDS will only accept referrals from CSBs willing to fill this role. Refer to the Public Guardianship Referral Process for ID/DD Slots at <http://www.dbhds.virginia.gov/developmental-services/training-centers> for more detailed instructions.

For individuals residing in a Training Center who are referred to the Virginia Public Guardian & Conservator Program by a Community Integration Manager, DBHDS will be responsible for retaining an attorney and the related costs.

Funding Assistance: The CSB may request reimbursement for the actual cost of attorney fees, up to \$2,000, by completing the ID/DD Guardianship Request for Funding form. The Request is subject to approval and availability of funds. Please refer to the following link for the application and instructions: <http://www.dbhds.virginia.gov/developmental-services/training-centers>.

Changes: If at any point the CSB or Training Center Community Integration Manager, as applicable, obtains information indicating that the referred individual is inappropriate for public guardianship, or if there has been a change in the information provided to DBHDS as part of the initial referral, the referring entity should notify DBHDS using the change form located at <http://www.dbhds.virginia.gov/developmental-services/training-centers> and submit it to Public.Guardianship@dbhds.virginia.gov.

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Other Agencies, Organizations and Individuals: Submit referrals directly to the local public guardian provider that serves the geographic area where the referred individual resides. Refer to Attachment A, Virginia Public Guardian and Conservator Geographic Service Areas, to identify the appropriate provider. You may contact the Program Director for the appropriate provider if you have questions regarding the Referral Form. The local public guardian provider that receives the referral will review the Referral Form, follow-up with questions and requests for additional information, if needed, and consider the referred individual for public guardianship services when an opening becomes available. If the local public guardian provider determines that the referred individual is not appropriate for public guardianship, it will notify the person or entity that made the referral.

Refer to “How to Obtain a Public Guardian” at <https://vda.virginia.gov/publicguardianship.htm> for more detailed instructions.

Petitioner Requirements: The person or entity that made the referral will be expected to serve as petitioner in the legal proceeding needed to establish the guardianship. As petitioner, the referring party will need to retain an attorney and pay the costs and fees related to the legal proceeding.

Funding Assistance: If you or your agency/organization require financial assistance to assist with the costs of the legal proceeding, please contact your local public guardian provider for an application for financial assistance.

Changes: If at any you or your agency/organization obtain information indicating that the referred individual is inappropriate for public guardianship, or if there has been a change in the information provided on the Referral Form, please notify the local public guardian provider that received the Referral Form as soon as possible.

Do not submit a Referral Form to the Department of Aging and Rehabilitative Services (DARS)

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Referring Party		
Name of person completing referral:	Title (if applicable):	
Agency/Organization:	Address:	
Telephone number:	Fax number:	Email address:
Explain why you believe the referred individual needs a guardian/conservator:		
Signature:		Date:
INFORMATION ABOUT REFERRED INDIVIDUAL		
Demographics		
Last name:	First name:	Middle name:
Date of birth:	Sex:	Marital status:
Documented diagnosis of Intellectual Disability prior to age 18:		
Documented diagnosis of Developmental Disability prior to age 22:		
Currently receiving case management services from a CSB/BHA:		
Social Security number:	Race:	Birth city & state:
US citizen:	Immigration status:	Preferred language:
Current address:		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		
Name/Relationship:	Address:	Phone number:
Name/Relationship:	Address:	Phone number:
Name/Relationship:	Address:	Phone number:

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Name/Relationship:	Address:	Phone number:
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Name/Relationship:	Address:	Phone number:
Health Insurance		
Type of health insurance:	Type of health insurance:	
Member number:	Member number:	
Earned and Unearned Income		
Source of income:	Gross monthly payment:	
Source of income:	Gross monthly payment:	
Source of income	Gross monthly payment:	
Other Funding Support		
Medicaid waiver:	Type:	
Housing assistance:	Type:	
Other government benefits:	Type:	
Investment Accounts		
Type:	Institution name:	Balance:
Type:	Institution name:	Balance:
Type:	Institution name:	Balance:
Type:	Institution name:	Balance:
Real and Personal Property		
Describe/Identify Property:	Location of property:	Approximate value:
Describe/Identify property:	Location of property:	Approximate value:
Describe/Identify property:	Location of property:	Approximate value:
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Life Insurance/Pre-Need Burial		

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Life insurance:	Company name:	Amount:
Pre-need burial arrangement:	Company name:	Amount:
Educational/Vocational History		
Educational/Vocational history including dates (if known):		
Employment History		
Employment history including dates (if known):		
Military history (branch, dates of service):		
Medical/Mental Health Diagnoses		
Medical history/Diagnoses:		
Mental health history/Diagnoses:		
Psychiatric hospitalizations (include dates):		
Substance abuse history:		
Physician/Mental health provider:	Specialty:	Contact information:
Physician/Mental health Provider:	Specialty:	Contact information:
Physician/Mental health Provider:	Specialty:	Contact information:
Physician/Mental health Provider:	Specialty:	Contact information:
CSB/BHA:		Support Coordinator/Case Manager (if applicable):
Other pertinent information:		
Legal/Criminal History		
Pending legal proceedings (include dates if known):		
History of criminal convictions (include dates if known):		
Alternatives to Public Guardianship		
Does the person currently have a guardian and/or conservator?		
If yes, list name, relationship and contact information for guardian and/or conservator:		

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Explain why current guardian and/or conservator is no longer appropriate:	
Power of Attorney:	If yes, name and contact information:
Medical Power of Attorney:	If yes, name and contact information:
Advanced Medical Directive:	If yes, name and contact information:
Social Security Representative Payee or Bill Paying Service:	If yes, name and contact information:
Explain extent of family and/or friends involvement in person's life:	
Explain why family and/or friends are not available to serve as guardian and/or conservator:	
Explain why current alternatives to public guardianship are no longer appropriate:	
Other Important Information	
Use this section to include other important information that may be useful in determining the need for public guardianship/conservatorship:	
FOR PUBLIC GUARDIAN/CONSERVATOR PROGRAM USE ONLY	
Referral received by:	Date referral received:

Virginia Public Guardian and Conservator Program Geographic Service Areas

AGENCY NAME	SERVICE AREA
<p>Alleghany Highlands Community Services (CSB) 543 Church Street Clifton Forge, VA 24422 Phone: (540) 863-1620 Program Director: Amanda Webb awebb@ahscb.org</p>	<p>Counties of Alleghany, Bath, Highland, and Rockbridge</p> <p>Cities of Covington, Buena Vista, and Lexington</p>
<p>Appalachian Agency for Senior Citizens, Inc. 216 College Ridge Road Wardell Industrial Park PO Box 765 Cedar Bluff, VA 24609-0765 Phone: (276) 964-4915 Program Director: Leslie Hughes lhughes@aasc.org</p>	<p>Counties of Buchanan, Dickenson, Russell, and Tazewell</p>
<p>The Arc of Northern Virginia 2755 Hartland Road, Suite 200 Falls Church, VA 22043 Phone: (703) 208-1119 Program Director: Noelle St. Amant-Aden noelle.stamantaden@thearcofnova.org</p>	<p>Counties of Arlington, Fairfax, and Prince William</p> <p>Cities of Alexandria, Falls Church, Fairfax, Manassas, and Manassas Park</p>
<p>Autumn Valley Guardianship P.O. Box 1201 Harrisonburg, VA 22803 Phone: (540) 908-4437 (o) Phone: (540) 421-5107 (c) Program Director: JoAnne Lind autumnvalleyguardianship@gmail.com</p>	<p>Counties of Augusta, Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren</p> <p>Cities of Harrisonburg, Staunton, Waynesboro, and Winchester</p>
<p>Bridges Senior Care Solutions P.O. Box 1310 Fredericksburg, VA 22402 Phone: (540) 899-3404 Program Director: Carol Ewing carolewingbridges@gmail.com</p>	<p>Counties of Albemarle, Caroline, Culpeper, Essex, Fauquier, Fluvanna, Greene, Halifax, King George, Lancaster, Loudoun, Louisa, Madison, Matthews, Mecklenburg, Middlesex, Nelson, Northumberland, Orange, Prince William, Rappahannock, Richmond, Spotsylvania, Stafford, and Westmoreland</p> <p>Cities of Charlottesville, Fredericksburg, and South Boston</p>

<p>Catholic Charities of Eastern Virginia 4855 Princess Anne Road Virginia Beach, VA 23462 Phone: (757) 467-7707 Program Director: Mirlande Sledge msledge@cceva.org</p>	<p>Counties of Accomack, Gloucester, Greensville, Isle of Wight, James City, Matthews, Northampton, Southampton, Surry, and York</p> <p>Cities of Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg</p>
<p>Commonwealth Catholic Charities 1601 Rolling Hills Drive Richmond, VA 23229 Phone: (804) 285-5900 Phone: (804)-545-5953 Guardianship Services Supervisor: Ashlee Giles ashlee.giles@cccofva.org</p>	<p>Counties of Amelia, Brunswick, Buckingham, Charlotte, Chesterfield, Cumberland, Dinwiddie, Henrico, Lunenburg, Nottoway, and Prince Edward</p>
<p>District Three Senior Services 4453 Lee Highway Marion, VA 24354-4269 Phone: (276) 783-8157 Program Director: Emma Walbroehl ewalbroehl@district-three.org</p>	<p>Counties of Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, and Wythe</p> <p>Cities of Bristol, Galax, and Radford</p>
<p>Family Service of Roanoke Valley 360 Campbell Avenue, SW Roanoke, VA 24016 Phone: (540) 563-5316 Program Director: Pamela Adams padams@fsrv.org</p>	<p>Counties of Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, and Roanoke</p> <p>Cities of Bedford, Lynchburg, Roanoke, and Salem</p>
<p>Jewish Family Services of Richmond 6718 Patterson Avenue Richmond, VA 23226 Phone: (804) 282-5644 Program Director: Charlotte Bowen cbowen@jfsrichmond.org</p>	<p>Counties of Goochland, Hanover, Powhatan, Prince George, and Sussex</p> <p>Cities of Hopewell and Petersburg</p>
<p>Jewish Family Service of Tidewater P.O. Box 65127 Virginia Beach, VA 23467 5000 Corporate Woods Dr. Suite 300 Virginia Beach VA 23462 Phone: (757) 938-9130 Program Director: Dorothy Salomonsky dsalomonsky@jfshamptonroads.org</p>	<p>Counties of Gloucester, Henry, Isle of Wight, James City, King & Queen, King William, Matthews, Middlesex, Patrick, Pittsylvania, Southampton, and York</p> <p>Cities of Chesapeake, Danville, Franklin, Hampton, Martinsville, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg</p>

<p>Mountain Empire Older Citizens 1501 3rd Avenue East P.O. Box 888 Big Stone Gap, VA 24219 Phone: (276) 523-4202 Program Director: Angela Peters apeters@meoc.org</p>	<p>Counties of Lee, Scott, and Wise City of Norton</p>
<p>Senior Connections 24 East Cary Street Richmond, VA 23219-3796 Phone: (804) 343-3031 Program Director: Edward Richards erichards@youraaa.org</p>	<p>Counties of Charles City and New Kent City of Richmond</p>