



**Dane County Department of Human Services
Division of Adult Community Services**

Director – Lynn Green
Division Administrator – Fran Genter
Adult Protective Services

JOSEPH PARISI
DANE COUNTY EXECUTIVE

Community Referral Form for Guardianship And Protective Placement

Complete the attached forms to make a referral for Guardianship of the Person, Guardianship of the Estate and/or Protective Placement to Dane County Adult Protective Services (APS). These forms include a three-page referral form and a six-page statutorily required Examining Physician or Psychologist Report. Determination of incompetence is dependent upon a medical report of a physician, psychiatrist or psychologist. In a short, written narrative, please state why a guardian of the person and/or estate is needed plus what less restrictive actions have been taken to permit this person to care for themselves without a guardian or protective placement. If Protective Placement is also being requested, explain the reason it is necessary. If there are questions, please call 242-6200 and ask to speak to an Adult Guardianship Program Social Worker in the Adult Protective Services Unit.

Individual Being Referred

Client Name _____ Address _____
(First, Middle, Last) (Street, City, State, Zip code)

Home Phone _____ Date of Birth _____

Finances

Monthly Income from Social Security _____	Monthly Income from SSI _____
Monthly Income from SSDI _____	Monthly Income from VA _____
Monthly Gross Earnings _____	Any Other Income – Specify Source of Income _____

Does the Individual:

Own Property? _____	Own a Home? _____
On Medical Assistance? _____	On CIP/COP? _____
On MAPP? _____	Have a Trust? (List type and amount) _____

Have a Case Manager or Support Broker? (Provide name, phone number, address and email) _____

On CARE WI? (Provide name, phone number, address and email) _____

Guardian Information

Proposed Guardian

Proposed Standby Guardian

Legal Name _____ Address _____ City/St/Zip _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address _____	Legal Name _____ Address _____ City/St/Zip _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address _____
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Notification

By law, family members must be noticed of Guardian proceedings. Please list family members and contact information, including estranged family members below. Start with the individual who would be seen as the next of kin for this person. For example: their spouse, children, mother, or father. If the person does not have a spouse or children and their parents are deceased, then list their siblings. **If this person has Advanced Directives such as Power of Attorney for Health Care or Durable Power of Attorney for Finances, please attach a copy.**

	Name	Last Known Address	Phone # and Email:
Partner/Spouse			
Mother			
Father			
Living Children			
Living Siblings			
Rep Payee			
POAHC Agent			
DPOA Agent			

Before submitting/submission to Adult Guardianship Program make sure you have done the following:

- _____ Prior consultation at Adult Guardianship Program Social Worker.
- _____ Completed referral.
- _____ Narrative as to why Guardianship and/or Protective Placement is needed.
- _____ Attached the **original** Examining Physician's Report. The EPR must be signed and dated by the physician/psychologist.
- _____ Attach Power of Attorney for Health Care. Include the activation page signed by 2 physicians, if applicable.
- _____ Attach Durable Power of Attorney for Finances if the document(s) exist.
- _____ Completed the Notice List.

Person Making Referral

Name/Relationship _____

Agency _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

MAIL THIS REFERRAL FORM WITH NARRATIVE and COMPLETED ORIGINAL MEDICAL EVALUATION TO:

Adult Guardianship Program
Adult Protective Services
Dane County Department of Human Services
1202 Northport Drive, Madison WI 53704