

Please fill out this form as completely and accurately as you can.
Upon completion, you may mail or fax to MMGS and someone will
be in contact with you as soon as possible.

Mid-Michigan Guardianship Services, Inc.
600 West Maple Street
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Lansing, MI 48906

Phone: 517.372.9853

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Mid-Michigan Guardianship Services, Inc.

Application / Referral for Services

**Please fill our completely put N/A in any section that does not apply. Incomplete application will be returned.

Client Name _____ Date ____/____/____

Date of Birth____/____/____ SSN____/____/____ Race _____

____Male ____Female ____ Non-binary ____ Other Marital Status_____

Complete Address _____

____ AFC ____ Nursing Home ____ Independent ____ Lives with Family ____ Other

Home Phone _____ Cell Phone _____

Email Address _____

Medicaid Number _____ Medicare Number _____

Other Insurance_____ Policy Number_____

Source(s) of Income and Amount(s): **Application will not be considered if left blank**

_____ Social Security _____ SSI _____ Pension

_____ Other **Must include amounts**

Does the client receive VA? ____Yes ____No If yes, please provide the following

information: _____ Claim Number _____ Branch of

Service _____ Amount Received

Please list any other assets including bank accounts, home(s), vehicles(s), land, life insurance(s), IRA, CD, pre-paid funeral arrangements, etc.

Is there a payee? Who?

Is there a Power of Attorney for financial decisions? Please include contact information?

Is there a Power of Attorney or Patient Advocate for medical decisions? Who?

Is there an Advance Directive or a Living Will?

What is the Primary Diagnosis?

Secondary Diagnosis?

Physician(s) Information

Indicate "unknown" if you do not have this information

Please list all current medications

Indicate "unknown" if you do not have this information

Please provide medical history including any past surgeries

Indicate "unknown" if you do not have this information

Please list any relevant family history/dynamics

Please list any professional involvement (CMH, TCOA, etc.)

What service(s) are you seeking?

_____ Guardian _____ Conservator _____ Payee _____ Trustee

What is the reason for the referral? Please be as detailed as possible.

What specific actions, both short and long term, should be taken on the client's behalf?

Mid-Michigan Guardianship Services, Inc. is a professional guardianship organization and does not receive any type of outside funding. We rely on fees charged for our services in order to operate. We charge an opening fee, a closing fee, and a monthly rate for services. We also charge for postage and mileage. We work with various agencies on a contractual basis, as well.

How will services be paid for?

Private Pay _____

Auto Insurance _____

Contract _____

If contract, please list which one _____

Must include all legally interested parties even if they are not currently involved
Please list all interested parties. Attach a separate paper if necessary.

Name	Relationship	Address	Phone Number

Source of Referral

Name _____ Agency _____

Phone Number _____ E-Mail: _____