

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
Suite C
Lansing, MI 48906

Phone: 517.372.9853

Fax: 517.372.1518

E-Mail: office@mmgsinc.com

Please Note

If accepted, this referral is valid for 28 days from the date of acceptance. If no petition is filed within the 28 day period, you must reaffirm that MMGS is still willing to accept the case as we will not hold a spot in our caseload past the 28 day mark.



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 or PPA for LTC**

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: _____