



Referral Application

Mid-Michigan Guardianship Services Inc.

Mid-Michigan Guardianship Services, proudly celebrating 44 years of public service to our community

Date of Referral: _____

Referral Source:

Worker or Family Member Name: _____ Agency/Relationship: _____

Phone Number: _____

E-Mail: _____

What Service(s) are you seeking? (check all that apply)

Guardian _____ Standby Guardian _____ Conservator _____ Rep Payee _____ Trustee _____

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

Demographic Information: (Proposed Client)

Last Name	First Name	Middle Name	Maiden Name (if any)
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Date of Birth	Place of Birth	Mother's Maiden Name
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Cell Phone Number	Home or other Phone	Social Security Number
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Demographic Information Continued:

Address

State

Zip Code

Independent

Family/Roommate

AFC

Asst Living

Long Term Care

Homeless

Is the individual current on: Rent, AFC or LTC PPA ____ Yes ____ No If "No" amt owed _____

Marital Status:

____ Never Married

____ Married

____ Divorced

____ Widowed

____ Other

Does the individual have a valid driver's license?

Y / N

State ID?

Y / N

Clinical Information:

What is the individual's primary diagnosis? _____

Please list any relevant family history/dynamics: _____

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

Primary un-met need (s) that require immediate attention? _____



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Insurance:

Medicare Number: _____

Medicaid Number: _____

Currently Active Yes No

Medical: Yes / No Food Assistance: Yes / No

Medicaid Case Number _____
(9 digits)

Other Insurance _____

Policy Number: _____

Income Sources:

_____ RSDI Social Security	Amount: _____	DAC Status (current or eligible) Yes / No (Disabled adult child drawing off deceased parent's SSA)
_____ SSI Social Security	Amount: _____	
_____ Pension	Amount: _____	Source: _____
_____ VA Benefits	Amount: _____	Claim #: _____
_____ Wages	Amount: _____	Employer: _____
_____ Other	Amount: _____	Source: _____

Assets:

_____ Home or other Real Estate _____ Vehicle(s) _____ Life Insurance _____ Pre-Paid Funeral

_____ Other Assets _____

Banking Information:

Bank #1: _____

Bank Name & Location	Account Type	Any Joint Owner(s)
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Bank #2: _____

Bank Name & Location	Account Type	Any Joint Owner(s)
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Other: _____

Stocks, Bonds, 401K, Trusts



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Mid-Michigan Guardianship Services is a non-profit public guardianship agency; however, we do not receive outside public funding. We charge fees for our services to cover staffing and operational costs. Fees are based on a sliding scale, and some cases are accepted on a contract, discount, or pro-bono basis depending on the situation. This determination is made by the Executive Staff once a case has been evaluated. Our fee table is available upon request.

How will our services be paid?

_____ Private Pay from client's income

_____ Private Pay – other than client's income _____
payment source

_____ Auto Insurance

_____ Contract (must be approved by MMGS & Contracting authority prior to acceptance)

If contract approved list contract: _____

Referral Submission:

Once you have completed the referral return it to our office via fax, email, US Mail or in person by appointment only. (Submitting a referral in person does not guarantee or imply acceptance)

1-517-372-1518 (fax)

office@mmgsinc.com

**Mid-Michigan Guardianship Services
600 W. Maple St, Suite C
Lansing, MI 48906**

Referrals will be reviewed and a decision will usually be made within 48-72 business hours. Please make sure you have included your complete contact information on page 1 of the referral. If accepted, the acceptance is valid for 28 days. If a petition is not filed within that time period, you must contact MMGS to confirm we are still willing to accept the case. We will not hold a spot for an individual past the 28 day window if you have not contacted our office.

Incomplete Referral Applications may not be considered
