



# Amaral Associates

*Protecting the interests of our community's elders*

## REFERRAL FORM

**Petitioning Attorney:**

**Agency/Facility/Hospital  
Representing:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency/Facility/Hospital is seeking  Guardian  Conservator  
 Temporary Appointment  Permanent Appointment

Is there a current Guardian/Conservator?  Yes  No If yes, who? \_\_\_\_\_  
Is this person resigning?  Yes  No

### Client Information:

Name \_\_\_\_\_

Age \_\_\_\_\_

Language Spoken?  English  Spanish  Other \_\_\_\_\_

US Citizen?  Yes  No

Veteran?  Yes  No

Admission date \_\_\_\_\_

Anticipated length of stay?  Short term  Long Term

Address prior to admission \_\_\_\_\_  
 Rent  Own

### Heirs and Significant Others

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*Indicate with a \* above, those who are involved with the client.*

**Medical and Psychiatric diagnosis:**

*(May attach discharge summary, medical certificate or other medical documentation)*

---

---

---

---

---

---

---

Is client on any anti-psychotic medications?     Yes     No

**Other important information that would be helpful to know**

*(i.e. who client lived with, family dynamics, client likes and dislikes, client position regarding current or future placement)*

---

---

---

---

---

---

---

**Income**

Source(s) of Income:

- Social Security                       SSI
- SSDI     Veteran's
- Annuity     Pension

**Assets**

**Total Value of Assets:** \$ \_\_\_\_\_

- Vehicle     Checking Account                       Savings Account
- Money Market                                       Certificate of Deposit                       Investment Accounts
- Stocks     Real Estate (Address: \_\_\_\_\_)

Is client receiving Medicaid?     Yes     No

If yes, through what State? \_\_\_\_\_

Does client have PPA?     Yes     No

Completed by \_\_\_\_\_ Date: \_\_\_\_\_