

BONNER COUNTY BOARD OF COMMUNITY GUARDIANS

**c/o Bonner County Prosecutor's Office
127 South First Avenue, Sandpoint, Idaho 83864**

REFERRAL FORM

The volunteer Community Board of Guardian is provided to Bonner County adults who reside within the county as a last resort when no family or friends are available to step in and help. The Board's purpose is to protect people who are not capable of making decisions for themselves, such as financial, health and other aspects of daily living.

PERSONAL INFORMATION OF INDIVIDUAL WHO IS THE SUBJECT OF THE REFERRAL:

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Current Residence: _____

Previous Residence: _____

Phone: _____

Is the Individual on Medicaid: YES NO

Is the Individual on Medicare: YES NO

Individual's Physician(s): _____

Physician's Address and Phone Number: _____

Date last seen by physician(s): _____

Does the Individual's physician(s) agree with proposed guardianship/conservatorship?

YES NO

If yes, will they provide a letter stating their position and diagnosis? _____

Current Diagnoses (including mental health and level of intellectual disability if applicable): _____

Current Medications and what they are prescribed for: _____

Social Worker Name and Phone Number (if applicable): _____

Current Services: _____

FINANCIAL INFORMATION:

ASSETS (Bank Accounts, Stocks, Bonds, Real Estate, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

INCOME SOURCE(S) AND AMOUNT(S):

1. _____

2. _____

Name / Contact of Payee, if applicable: _____

Does the Individual have a burial plan? YES NO

If yes, where and with whom? _____

FAMILY AND/OR FRIENDS CONTACTS:

Does the Individual have any known family or friends? YES NO

If yes, please list the name and relationship for each person and any other pertinent information:

NAME	RELATIONSHIP	ADDRESS	PHONE #

Are any family members or friends willing to petition for guardianship / conservatorship?

YES NO

If no, why not? _____
