

Adult Guardianship/Conservatorship

Referral/Notification to KGP

KIPS Investigation ID: Click or tap here to enter text.

Send copy to: Kansas Guardianship Program Address: 3248 Kimball Ave. Manhattan, KS 66503-0353 Email: dataadmin@ksgprog.org & cc KGP Regional Liaison Telephone: 785-587-8555			
DCF Region:	Click or tap here to enter text.		
County:	Click or tap here to enter text.		
Date Sent to KGP:	Click or tap to enter a date.		
APS Protection Specialist:	Name: Click or tap here to enter text.	Email: Click or tap here to enter text.	Phone: Click or tap here to enter text.

I. Referral Information (*Sections I, II, III, IV, V – Completed by DCF/APS*)

A. Client Information

Name: Click or tap here to enter text. Address: Click or tap here to enter text. Telephone: Click or tap here to enter text.	SSN: Click or tap here to enter text.	DOB: Click or tap to enter a date.
	Gender: Click or tap here to enter text.	Medicaid #: Click or tap here to enter text.
	MCO Representative: Click or tap here to enter text.	MCO Phone: Click or tap here to enter text.

B. Services Requested

<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Temporary
<input type="checkbox"/> Guardianship & Conservatorship	<input type="checkbox"/> Temporary
<input type="checkbox"/> Successor Guardianship	<input type="checkbox"/> Successor Conservatorship

C. Prospective Guardian/Conservator

Prospect available (If yes, complete name, address & phone below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (last, first, middle initial): Click or tap here to enter text. Address (street and number): Click or tap here to enter text. City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text. Telephone: Click or tap here to enter text.	

Prospect available (If yes, complete name, address & phone below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (last, first, middle initial): Click or tap here to enter text. Address (street and number): Click or tap here to enter text. City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text. Telephone: Click or tap here to enter text.	

II. KGP Eligibility

Must meet ALL requirements
<input type="checkbox"/> No family (willing or appropriate)
<input type="checkbox"/> Disabling condition (e.g. <i>Intellectual / Developmental Disability, Aging-related, Severe and Persistent Mental Illness</i>)
<input type="checkbox"/> Financially vulnerable (e.g. <i>Medicaid, SSDI, SSI</i>)
<input type="checkbox"/> APS Referral

III. Describe Current Crisis or Issues

Current / previous ANE investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Investigation: Click or tap to enter a date.
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Describe outcome of investigation(s):	Click or tap here to enter text.
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IV: Additional Information

What less restrictive interventions have been tried?	Click or tap here to enter text.
Describe results and why intervention(s) were unsuccessful.	Click or tap here to enter text.
Is there an Advanced Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a Durable Power of Attorney for Health Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a Durable Power of Attorney for Finances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there currently a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a S.S.A Representative Payee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Name of attorney in fact / agent:	Click or tap here to enter text.
Address	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Is there a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

V: Proposed Ward/Conservatee Summary of Facts

A. Family History

1. Names of nearest relative, their addresses, and their relationship to the proposed ward/conservatee (w/c):			
Name	Relationship	Address	Telephone
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

2. Describe contact, if any, proposed w/c has with immediate or extended family member(s)?	
Click or tap here to enter text.	
3. Names of family members contacted by the Protection Specialist:	
Name	Date of contact(s)
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
4. Reason family member unable to serve as guardian/conservator:	
Click or tap here to enter text.	
5. What other extended family options have been explored (e.g. niece, cousin)?	
Click or tap here to enter text.	

B. Health Status

1. Diagnosis:	Click or tap here to enter text.
2. Medications:	Click or tap here to enter text.

3. Health Status:	Click or tap here to enter text.		
4. Physician(s):	Name:	Address:	Phone:
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
5. Behavior problems/issues:	Click or tap here to enter text.		
6. Special needs (e.g. adaptive devices, etc.)	Click or tap here to enter text.		

C. Services and Supports

1. Agency/Advocate:	Click or tap here to enter text.	Telephone:	Click or tap here to enter text.
Services Provided:	Click or tap here to enter text.		
2. Agency/Advocate:	Click or tap here to enter text.	Telephone:	Click or tap here to enter text.
Services Provided:	Click or tap here to enter text.		
How was the intervention unsuccessful?	Click or tap here to enter text.		

D. Financial Information

Income Type:	Click or tap here to enter text.	Amount:	\$	Frequency:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
	Click or tap here to enter text.	Amount:	\$	Frequency:	Click or tap here to enter text.	Location:	Click or tap here to enter text.

Resources (<i>e.g.: savings accounts, trusts, certificates of deposit, stocks, bonds, etc.</i>)	Click or tap here to enter text.	Amount:	\$	Value:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
	Click or tap here to enter text.	Amount:	\$	Value:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
	Click or tap here to enter text.	Amount:	\$	Value:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
Debts:	Click or tap here to enter text.	Balance:	\$	Location:	Click or tap here to enter text.		
	Click or tap here to enter text.	Balance:	\$	Location:	Click or tap here to enter text.		
Real Estate:	Click or tap here to enter text.	Value:	\$	Location:	Click or tap here to enter text.		
	Click or tap here to enter text.	Value:	\$	Location:	Click or tap here to enter text.		
Other Property:	Click or tap here	Value	\$	Location	Click or tap here to enter text.		

	to enter text.						
	Click or tap here to enter text.	Value	\$	Location	Click or tap here to enter text.		
Insurance (term/whole life, renters, housing, auto, etc.)	Click or tap here to enter text.	Cash Value	\$	Agency	Click or tap here to enter text.	Beneficiary (name and relationship to proposed W/C)	Click or tap here to enter text.
	Click or tap here to enter text.	Cash Value	\$	Agency	Click or tap here to enter text.	Beneficiary (name and relationship to proposed W/C)	Click or tap here to enter text.
Is there anything which requires sale?	Click or tap here to enter text.						
Is there joint ownership on any property	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
If yes, what property and who co-owns such property?	Click or tap here to enter text.						

VI. Notification from KGP (Sections VI, VII – Completed by KGP)

Name (last, first, middle initial):	Click or tap here to enter text.
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Address:	Click or tap here to enter text.		
Telephone:	Click or tap here to enter text.		
Volunteer will contract with KGP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
KGP Approval Signature:		Date:	Click or tap to enter a date.

VII. Court Action

A. Action (<i>check one</i>)	<input type="checkbox"/> Guardian Only <input type="checkbox"/> Conservator Only <input type="checkbox"/> Guardian & Conservator
B. Appointment Date	Click or tap to enter a date.
C. Name of Presiding Judge:	Click or tap here to enter text.
D. District Court Case Number:	Click or tap here to enter text.

Distribution:

- ☐ DCF Region Legal
☐ Other: Click or tap here to enter text.

