

# GUARDIANSHIP INTAKE INFORMATION

DATE: \_\_\_\_\_

WARD/AIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_ MEDICAID/MEDICARE \_\_\_\_\_

PROPOSED GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO WARD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PRE-NEED GUARDIAN: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

NAMES/ADDRESSES: \_\_\_\_\_

NAMES/ADDRESSES: \_\_\_\_\_

ASSETS: \_\_\_\_\_

\_\_\_\_\_

REFERRAL FROM: \_\_\_\_\_