

Department for Aging and Rehabilitative Services
VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM
REFERRAL INFORMATION

Eligibility Criteria: To be eligible for services through the Virginia Public Guardian & Conservator Program, an individual must be over the age of 18, incapacitated, indigent, and without any other suitable person willing and able to serve as the legal decision maker. Please keep in mind that poor judgment alone is not sufficient for a court to appoint a guardian, and less restrictive options must have been ruled out. For additional information, see www.vda.virginia.gov/publicguardianship.htm. Note: If a court has not yet found the referred individual to be incapacitated, do not start the court process until the individual has been offered a slot with the program.

INSTRUCTIONS

- Please review the referral form before starting to complete it, paying close attention to the Alternatives to Guardianship section on pages 4 and 5.
- If you need more space to respond than is provided on the form, you may either continue your response on page 6 or attach additional pages.

CSB Support Coordinators and Training Center Community Integration Managers, skip to the Special Instructions section, below.

Other referring parties:

- Determine from the list on pages 7-8 which Local Public Guardian Program (“Local PGP”) serves the geographic area where the referred person lives or will be living. Email the referral form to the address provided for the Local PGP or mail it to the attention of the Program Director. Attach any additional documents you believe would be helpful.
- The Program Director will review the referral and may contact you with follow-up questions.
- Each Local PGP has limited slots, so the individual may be placed on a waitlist.
- If the Local PGP offers the referred individual a client slot, the next step is to petition a Virginia Circuit Court to appoint the Local PGP as the individual’s public guardian. The referring party will need to engage an attorney to prepare the petition and manage the legal process. The Local PGP can provide information about this process and the availability of any financial assistance for attorney’s fees.

**Special Instructions for CSB Support Coordinators
and Training Center Community Integration Managers**

There are 454 Program slots reserved for individuals referred by the Department of Behavioral Health and Developmental Services (DBHDS) who meet the eligibility criteria described above *and* were diagnosed with either an intellectual disability prior to age 18 or a developmental disability prior to age 22. DBHDS maintains the waitlist for these slots. If your client qualifies, email the referral, the most recent capacity evaluation, if available, and any other supporting documents to Public.Guardianship@dbhds.virginia.gov. You may use the same address if you need to request a secure link.

Note: If there is any change in the individual’s circumstances after the referral is submitted, the currently assigned Support Coordinator must submit a change form to DBHDS. For a link to the form and information about requesting financial assistance for attorney’s fees, see: <https://dbhds.virginia.gov/developmental-services/training-center>.

Virginia Public Guardian & Conservator Program Referral Form

REFERRING PARTY			
Your Name:		Title:	
Agency/Organization (if applicable):		Mailing Address:	
Phone Number(s):	Email Address:	For CSB employees—your Supervisor's Name and Title:	
Why do you believe the referred person needs a public guardian and/or conservator?			
INFORMATION ABOUT THE REFERRED INDIVIDUAL			
Demographics			
Full Name:		Date of Birth:	Place of Birth:
Gender:	Social Security Number:	Marital Status:	Race:
Diagnosis of Intellectual Disability prior to age 18:			
Diagnosis of Developmental Disability prior to age 22:			
Citizenship/Immigration Status:		Preferred language:	
Current address (including city, state, zip code, and county):		How long at this address:	
Type of residence/living situation:		Phone Number:	
Permanent address (if different from above) and residence type:		How long at this address:	
Are there plans for this person to move?	If "Yes," please give details:		

Family/Friends									
Identify family members and non-family supports who have contact with or participate in the care of the individual:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; padding: 5px;">Name & Relationship</th> <th style="width: 40%; padding: 5px;">Contact Information</th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </tbody> </table>	Name & Relationship	Contact Information						
Name & Relationship	Contact Information								
Health Insurance									
Identify all active types of health insurance	Other health insurance:								
Medicaid - Member #:									
Medicare - Member #:									
Financial Resources									
<i>Income</i>									
<u>Monthly gross income:</u> Mark all sources of income that apply: Social Security Disability (SSDI) Social Security Retirement (SSA) Supplemental Security Income (SSI) Veterans Benefit	Employment income — monthly gross: Employer: Other sources — monthly gross: Please specify type(s)—e.g., pension, alimony:								
<i>Other Benefits</i>									
Medicaid Waiver:	Housing Assistance?								
Type:	Type (e.g., Auxiliary Grant, Section 8):								
<i>Bank Accounts and Assets</i>									
To assist in the determination of financial eligibility, please provide information about the referred person's bank account balance, cash resources, and any other known assets—for example, a home or other real estate, an automobile, investment accounts, IRA, life insurance, or trusts. Provide the address of any real estate, if known.									

Medical & Mental Health Issues

Current medical diagnoses and severity of symptoms:

Current mental health diagnoses, and a description of mental health symptoms or concerns:

Psychiatric hospitalizations during the past five years (including dates, if known) :

Substance abuse history and current usage:

If the individual has a Support Coordinator or a Case Manager who is not the referring party identified on page 1, provide the name, agency, and contact information.

	Name & Type or Specialty	Practice or Group Name and City
Physicians and mental health providers who have provided services in the past 12 months:		

Legal/Criminal History

If there are any pending legal proceedings, provide the type, jurisdiction, and upcoming court dates:

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Identify criminal arrests and convictions during the past five years (include jurisdictions and dates, if known), and any history of violent, destructive, or threatening behavior:

Alternatives to Public Guardianship

If there is currently a private guardian, conservator, or both, check the applicable box(es) and provide contact information. Also, explain the person's relationship to the referred individual and why the person is unable, unwilling, or inappropriate to continue serving.

Guardian

Conservator

What is the extent of involvement of family and friends in the referred person's life? Please explain why these individuals have been ruled out as a potential guardian and/or conservator.

Is there a Power of Attorney?

If "Yes," provide name and contact information of agent:

Is there an Advance Health Care Directive (Medical Power of Attorney)?

If "Yes," provide name and contact information of agent:

Is there an Advance Directive (living will)?

If "Yes," provide name and contact information of agent:

Is there a Social Security Representative Payee or Bill Paying Service?

If "Yes," provide name and contact information:

Given that public guardianship is the option of last resort and involves the loss of most rights, have all less restrictive alternatives, including informal supports and Supported Decision Making, been ruled out? (See https://vacourts.gov/courts/circuit/resources/guardian_options_pamphlet.pdf.)

Assessments/Evaluations

Indicate whether either of the following types of assessments/evaluations have been completed during the past twelve months. If so, please provide a copy.

Universal Assessment Instrument

Capacity Evaluation or CSB Assessment of Capacity

Other Important Information

Use this space to add additional information in response to any question above (please indicate which one), or to provide other information that may be useful in determining the need for public guardianship and/or conservatorship. You may also attach additional pages.

Your signature:

Date:

FOR LOCAL PGP USE ONLY

Referral reviewed by:

Date received:

Department for Aging and Rehabilitative Services (DARS)

Virginia Public Guardian & Conservator Program

www.vda.virginia.gov/publicguardianship.htm

Local Public Guardian Programs	Service Area
<p>AHCSB Public Guardian Program Email: awebb@ahcsb.org</p> <p>Parent organization: Alleghany Highlands CSB 543 Church Street, Clifton Forge, VA 24422</p>	<p><u>Counties:</u> Alleghany, Bath, Highland, Rockbridge</p> <p><u>Independent Cities:</u> Buena Vista, Covington, Lexington</p>
<p>AASC Public Guardian & Conservator Program Email: guardianship@aasc.org</p> <p>Parent organization: Appalachian Agency for Senior Citizens, PO Box 765, Cedar Bluff, VA 24609-0765</p>	<p><u>Counties:</u> Buchanan, Dickenson, Russell, Tazewell</p>
<p>The Arc of Northern Virginia's Public Guardianship of Last Resort Program Email: publicguardianship@thearcofnova.org</p> <p>Parent organization: The Arc of Northern Virginia 3060 Williams Drive, Suite 300, Fairfax, VA 22031</p>	<p><u>Counties:</u> Arlington, Fairfax, Prince William*</p> <p><u>Independent Cities:</u> Alexandria, Fairfax, Falls Church, Manassas, Manassas Park</p>
<p>Bridges Public Guardianship Program Email: carolewingbridges@gmail.com</p> <p>Parent organization: Bridges Senior Care Solutions P.O. Box 1310, Fredericksburg, VA 22402</p>	<p><u>Counties:</u> Albemarle, Augusta, Caroline, Clarke, Culpeper, Essex, Fauquier, Fluvanna, Frederick, Greene, King George, Lancaster, Louisa, Loudoun, Madison, Mathews*, Middlesex*, Nelson, Northumberland, Orange, Page, Prince William*, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, Westmoreland</p> <p><u>Independent Cities:</u> Charlottesville, Fredericksburg, Harrisonburg, Staunton, Waynesboro, Winchester</p>
<p>CCEVA Public Guardianship Program Email: publicguardianship@cceva.org</p> <p>Parent organization: Catholic Charities of Eastern Virginia, 1132 Pickett Road, Norfolk, VA 23502</p>	<p><u>Counties:</u> Accomack, Gloucester*, Greenville, Isle of Wight*, James City*, Mathews*, Northampton, Southampton*, Surry, York*</p> <p><u>Independent Cities:</u> Chesapeake*, Emporia, Franklin*, Hampton*, Newport News*, Norfolk*, Poquoson*, Portsmouth*, Suffolk*, Virginia Beach*, Williamsburg*</p>

* Area assigned to more than one provider

Local Public Guardian Programs	Service Area
<p>CCC Public Guardian Program Email: CCCPublicGuardianship@cccova.org</p> <p>Parent organization: Commonwealth Catholic Charities, 1601 Rolling Hills Drive, Richmond, VA 23229</p>	<p><u>Counties:</u> Amelia, Brunswick, Buckingham, Charlotte, Chesterfield, Cumberland, Dinwiddie, Henrico, Lunenburg, Nottoway, Prince Edward</p> <p><u>Independent Cities:</u> Colonial Heights</p>
<p>District Three Public Guardian Program Email: guardianship@district-three.org</p> <p>Parent organization: District Three Governmental Cooperative, 4453 Lee Highway, Marion, VA 24354</p>	<p><u>Counties:</u> Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, Wythe</p> <p><u>Independent Cities:</u> Bristol, Galax, Radford</p>
<p>Family Service of Roanoke Valley Public Guardian and Conservator Program Email: mevans@fsrv.org</p> <p>Parent organization: Family Service of Roanoke Valley, 360 Campbell Avenue SW, Roanoke, VA 24016</p>	<p><u>Counties:</u> Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, Roanoke</p> <p><u>Independent Cities:</u> Lynchburg, Roanoke, Salem</p>
<p>JFS of Tidewater Public Guardian & Conservator Program Email: JFST-PGP@JFSHamptonRoads.org</p> <p>Parent organization: Jewish Family Service of Tidewater, 5000 Corporate Woods Dr, Suite 300, Virginia Beach, VA 23462</p>	<p><u>Counties:</u> Gloucester*, Halifax, Henry, Isle of Wight*, James City*, King & Queen, King William, Mathews*, Mecklenburg, Middlesex*, Patrick, Pittsylvania, Southampton*, York*</p> <p><u>Independent Cities:</u> Chesapeake*, Danville, Franklin*, Hampton*, Martinsville, Newport News*, Norfolk*, Poquoson*, Portsmouth*, South Boston, Suffolk*, Virginia Beach*, Williamsburg*</p>
<p>MEOC Public Guardian and Conservator Program Email: info@meoc.org</p> <p>Parent organization: Mountain Empire Older Citizens, 1501 3rd Avenue East, P.O. Box 888, Big Stone Gap, VA 24219</p>	<p><u>Counties:</u> Lee, Scott, Wise</p> <p><u>Independent Cities:</u> Norton</p>
<p>Public Guardian & Conservator Program of Jewish Family Services Email: publicguardian@JFSRichmond.org</p> <p>Parent organization: Jewish Family Services, 6718 Patterson Avenue, Richmond, VA 23226</p>	<p><u>Counties:</u> Goochland, Hanover, Powhatan, Prince George, Sussex</p> <p><u>Independent Cities:</u> Hopewell, Petersburg</p>
<p>Senior Connections Public Guardian Program Email: publicguardianship@youraaa.org</p> <p>Parent organization: Senior Connections, The Capital Area Agency on Aging, 1300 Semmes Ave, Richmond, VA 23224</p>	<p><u>Counties:</u> Charles City, New Kent</p> <p><u>Independent Cities:</u> Richmond</p>

* Area assigned to more than one provider