

Virginia Public Guardian & Conservator Program Referral Form

Instructions:

To be eligible for guardianship (and/ or conservatorship), through the Virginia Public Guardian & Conservator Program (“Program”), a person must be an adult who is incapacitated, indigent, and without any other suitable person willing and able to serve as the referred individual’s legal decision-maker. See <https://www.vda.virginia.gov/publicguardianship.htm> for additional information.

To refer a person to the Program:

1. **Identify** the Program Provider who serves the geographic area where the person needing guardianship services lives, or if the person is in residential treatment, where the person is expected to live after discharge. A list of Program Providers and their service areas is attached as Appendix A.
 2. **Submit** the completed referral form directly to the appropriate Program Provider. The provider will review the form and may contact you with follow-up questions.
- The Program Provider must screen all referrals for appropriateness and eligibility. If it is determined that the referred person is not appropriate or eligible for services, the Program Provider will notify the entity or individual that made the referral.
 - Getting the referral completed and submitted as quickly as possible is important. Slots in the Program are limited, so many Program Providers have a waiting list for services. The date on which a completed referral form is received effects the order in which referred individuals are considered for open slots with the Program Provider.
 - Guardianship **must** be established by a Virginia circuit court. If a person is accepted for services through a Program Provider, the entity or individual that submitted the referral will need to initiate that legal proceeding. **Financial assistance may be available** to cover some, or all, of the related attorney’s fees incurred. The Program Director for the applicable Program Provider can provide information about this process and the availability of financial assistance.

SPECIAL INSTRUCTIONS FOR CSB SUPPORT COORDINATORS & TRAINING CENTER COMMUNITY INTEGRATION MANAGERS

454 Program slots are reserved for individuals diagnosed with (1) an intellectual disability prior to age 18, or (2) a developmental disability prior to age 22, who have been referred by the Department of Behavioral Health and Developmental Services (DBHDS). If your client has this diagnosis, the referral form should be completed and sent to DBHDS so the individual can be added to the DBHDS ID/DD PGP Waitlist. The referral form should not be sent directly to a Program Provider.

Please save the completed PDF referral form and submit it by secure email to DBHDS at Public.Guardianship@dbhds.virginia.gov. A secure link may be requested at the same email address if needed.

Financial assistance may be available to cover some, or all, of the attorney’s fees incurred by a CSB or Training Center in bringing the court case required to establish a guardianship through the Program.

Additional information about financial assistance and how these CSB/Training Center referrals will be managed by DBHDS can be found at <https://dbhds.virginia.gov/developmental-services/training-centers>.

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REFERRING PARTY			
Name of person completing referral:		Title (if applicable):	
Agency/Organization:		Address:	
Telephone number:	Fax number:	Email address:	
Explain why you believe the referred individual needs a guardian/conservator (continue on page 6 if needed):			
Signature:		Date:	
INFORMATION ABOUT REFERRED INDIVIDUAL			
Demographics			
Full Name:		Date of Birth:	Place of Birth:
Gender:	Social Security Number:	Marital Status:	Race:
Documented diagnosis of Intellectual Disability prior to age 18:			
Documented diagnosis of Developmental Disability prior to age 22:			
US Citizen:	Immigration Status:	Preferred language:	
Current address (include city, state and zip code):			Length of time at address:
Type of living environment:		Telephone Number:	
Permanent Address (if different from above):		Length of time at permanent address:	
Are there plans to move this person?		If "Yes," please explain:	

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Family/Friends		
Living Family Member & Non-Family Supports, including for example spouse, children, parents, friends who participate in care. (Use extra sheets if needed).	Name & Relationship	Contact Information
Health Insurance		
<input type="checkbox"/> Medicaid Member #: <input type="checkbox"/> Medicare Member #:	<input type="checkbox"/> Other health insurance (list): Member #:	
Financial Resources		
Income		
Check all that apply: <input type="checkbox"/> Black Lung Benefit Social Security Disability (SSDI) Social Security Retirement (SSA) Supplemental Security Income (SSI) Veterans Benefit	<input type="checkbox"/> Salary/Wages Employer: Gross monthly payment: <input type="checkbox"/> Other (e.g., pension, alimony) Gross monthly payment:	
Other Benefits		
Medicaid Waiver: Type:	Type of Housing Assistance (e.g., Auxiliary Grant, Section 8):	
Bank Accounts		
Bank Name & Location	Account Number	Balance

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Other Assets	
<p>If you have reason to believe that the referred person owns other assets, identify and describe those assets here. For example, other assets may be a home, other real estate, automobile, investment accounts, IRA, life insurance, or a trust established for the benefit of the referred person. If the asset is a home or other real estate, provide the address, if known:</p>	
Medical/Mental Health Diagnoses	
Current Medical Diagnoses:	
Current Mental Health Diagnoses:	
Psychiatric Hospitalizations during the past five years (include dates):	
Substance Abuse History:	
CSB/BHA providing services (if applicable):	Support Coordinator/Case Manager (if applicable)

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	Name & Specialty (if applicable)	Contact Information
Physician/Mental Health Providers providing services in the past 12 months		
Legal/Criminal History		
Pending legal proceedings (include jurisdictions and/or dates, if known):		
Criminal convictions during past five years (include jurisdictions and/or dates, if known):		
Alternatives to Public Guardianship		
Does the person currently have a guardian and/or conservator?		
If "Yes," provide the name, relationship and contact information for guardian and/or conservator:		
Explain why current guardian and/or conservator is no longer appropriate:		

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Power of Attorney:	If "Yes," name and contact information:
Medical Power of Attorney:	If "Yes," name and contact information:
Advanced Medical Directive:	If "Yes," name and contact information:
Social Security Representative Payee or Bill Paying Service:	If "Yes," name and contact information:
Explain extent of family and/or friends involvement in person's life:	
Explain why family and/or friends are not available to serve as guardian and/or conservator:	
Explain why current alternatives to public guardianship are no longer adequate:	
Assessments/Evaluations	
<p>Indicate whether either of the following types of assessments/evaluations have been completed during the past twelve months. Provide a copy, if available.</p> <p><input type="checkbox"/> UAI</p> <p><input type="checkbox"/> Capacity Evaluation or CSB Assessment of Capacity</p>	

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Other Important Information

Use this section to include other important information that may be useful in determining the need for public guardianship/conservatorship:

FOR PUBLIC GUARDIAN/CONSERVATOR PROGRAM USE ONLY

Referral received by:

Date referral received:

Virginia Public Guardian and Conservator Program Geographic Service Areas

AGENCY NAME	SERVICE AREA
<p>Alleghany Highlands Community Services (CSB) 543 Church Street Clifton Forge, VA 24422 Phone: (540) 863-1620 Program Director: Amanda Webb awebb@ahscb.org</p>	<p>Counties of Alleghany, Bath, Highland, and Rockbridge</p> <p>Cities of Covington, Buena Vista, and Lexington</p>
<p>Appalachian Agency for Senior Citizens, Inc. 216 College Ridge Road Wardell Industrial Park PO Box 765 Cedar Bluff, VA 24609-0765 Phone: (276) 964-4915 Program Director: Leslie Hughes lhughes@aasc.org</p>	<p>Counties of Buchanan, Dickenson, Russell, and Tazewell</p>
<p>The Arc of Northern Virginia 2755 Hartland Road, Suite 200 Falls Church, VA 22043 Phone: (703) 208-1119 Program Director: Noelle St. Amant-Aden noelle.stamantaden@thearcofnova.org</p>	<p>Counties of Arlington, Fairfax, and Prince William</p> <p>Cities of Alexandria, Falls Church, Fairfax, Manassas, and Manassas Park</p>
<p>Autumn Valley Guardianship P.O. Box 1201 Harrisonburg, VA 22803 Phone: (540) 908-4437 Program Director: Nicole Marie autumnvalleyguardianship2@gmail.com</p>	<p>Counties of Augusta, Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren</p> <p>Cities of Harrisonburg, Staunton, Waynesboro, and Winchester</p>
<p>Bridges Senior Care Solutions P.O. Box 1310 Fredericksburg, VA 22402 Phone: (540) 899-3404 Program Director: Carol Ewing carolewingbridges@gmail.com</p>	<p>Counties of Albemarle, Caroline, Culpeper, Essex, Fauquier, Fluvanna, Greene, Halifax, King George, Lancaster, Loudoun, Louisa, Madison, Matthews, Mecklenburg, Middlesex, Nelson, Northumberland, Orange, Prince William, Rappahannock, Richmond, Spotsylvania, Stafford, and Westmoreland</p> <p>Cities of Charlottesville, Fredericksburg, and South Boston</p>

<p>Catholic Charities of Eastern Virginia 4855 Princess Anne Road Virginia Beach, VA 23462 Phone: (757) 467-7707 Program Director: Mirlande Sledge msledge@cceva.org</p>	<p>Counties of Accomack, Gloucester, Greensville, Isle of Wight, James City, Matthews, Northampton, Southampton, Surry, and York</p> <p>Cities of Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg</p>
<p>Commonwealth Catholic Charities 1601 Rolling Hills Drive Richmond, VA 23229 Phone: (804) 285-5900 Program Director: Sarah Stevenson sarah.stevenson@cccovva.org</p>	<p>Counties of Amelia, Brunswick, Buckingham, Charlotte, Chesterfield, Cumberland, Dinwiddie, Henrico, Lunenburg, Nottoway, and Prince Edward</p>
<p>District Three Senior Services 4453 Lee Highway Marion, VA 24354-4269 Phone: (276) 783-8157 Program Director: Emma Walbroehl ewalbroehl@district-three.org</p>	<p>Counties of Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, and Wythe</p> <p>Cities of Bristol, Galax, and Radford</p>
<p>Family Service of Roanoke Valley 360 Campbell Avenue, SW Roanoke, VA 24016 Phone: (540) 563-5316 Program Director: Pamela Adams padams@fsrv.org</p>	<p>Counties of Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, and Roanoke</p> <p>Cities of Bedford, Lynchburg, Roanoke, and Salem</p>
<p>Jewish Family Services of Richmond 6718 Patterson Avenue Richmond, VA 23226 Phone: (804) 282-5644 Program Director: Tanya Jones tjones@jfsrichmond.org</p>	<p>Counties of Goochland, Hanover, Powhatan, Prince George, and Sussex</p> <p>Cities of Hopewell and Petersburg</p>
<p>Jewish Family Service of Tidewater P.O. Box 65127 Virginia Beach, VA 23467 5000 Corporate Woods Dr. Suite 300 Virginia Beach VA 23462 Phone: (757) 938-9130 Program Director: Dorothy Salomonsky dsalomonsky@jfshamptonroads.org</p>	<p>Counties of Gloucester, Henry, Isle of Wight, James City, King & Queen, King William, Matthews, Middlesex, Patrick, Pittsylvania, Southampton, and York</p> <p>Cities of Chesapeake, Danville, Franklin, Hampton, Martinsville, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg</p>

<p>Mountain Empire Older Citizens 1501 3rd Avenue East P.O. Box 888 Big Stone Gap, VA 24219 Phone: (276) 523-4202 Program Director: Angela Peters apeters@meoc.org</p>	<p>Counties of Lee, Scott, and Wise City of Norton</p>
<p>Senior Connections 24 East Cary Street Richmond, VA 23219-3796 Phone: (804) 343-3000 Program Director: Edward Richards erichards@youraaa.org</p>	<p>Counties of Charles City and New Kent City of Richmond</p>