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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Person making referral: |       |
| Phone: |       | Agency/position: |       |
| Is person receiving any other LSS Service? If yes, what?       |

|  |  |
| --- | --- |
| ***[LSS use only]*** | Name of County:      Court File # *(if available):*     County approval for payment: [ ]  No [ ]  Yes, by whom?       |

|  |
| --- |
| **Referral for**: [ ]  Guardianship [ ]  Conservatorship [ ]  Both [ ]  General [ ]  Emergency |
| **Current situation/reason for referral:**1. Impairment/Diagnosis causing lack of capacity or understanding to make or communicate responsible decisions regarding personal or financial affairs:

     1. Specific behavior showing inability to meet medical, nutrition, shelter, clothing, safety and/or financial needs:

     1. **Attach Supporting Documentation**
 |

**Billing Information:**

|  |  |
| --- | --- |
| Party responsible for payment to LSS: |       |
| Address: |       |
| Phone: |       |
| Relationship: |       |

**Current Support Team:**

|  |  |  |  |
| --- | --- | --- | --- |
| County Case Manager  | Phone | Fax | Email |
|       |       |       |       |
| County Financial Worker  | Phone | Fax | Email |
|       |       |       |       |
| Day Program/Main Contact | Address |
|       |       |
| Day Program Phone | Fax | Email |
|       |       |       |

 |

**Client Data:**

|  |
| --- |
| Name: (last) (first) (middle) |
|                   |
| Permanent Address (house number, street, apartment, city, zip): |
|        |
| Current Address *if different from permanent:* |
| Facility Name *if applicable* | Address (number, street, city) | Admission Date |
|       |       |       |
| Date of birth | Gender | Marital status | Place of Birth (City, State) | Client Phone |
|       |       |       |       |       |
| Primary Physician | Clinic | Address (number, street, city) | Physician Phone |
|       |       |       |       |
| Medicare #  | Medical Assistance # | Other Insurance | Effective Dates of Insurance |
|       |       |       |       |
| Code Status |  Ethnicity | Religion/Faith |
|       |       |       |
| Mothers Maiden Name | Parents First and Last Names | Social Security Number |
|       |       |       |

**Interested Persons: *(Name, Address, Phone, Email)***

|  |
| --- |
|      Spouse/Partner  |
|

Health Care Agent

Caregiver *(if other than Spouse/Partner)*

Parent(s)

Child

Child

Legal Representative

Financial POA

**Other Contacts: *(Name, Address, Phone, Email)***

|  |
| --- |
|       Attorney |
|

Home Health Care

|  |
| --- |
|      Mental Health Professional |
|

Dentist

**Income:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Security:** |       | **SSI:** |       |
| **Pension Co. Name:** |       | Pension Amount: |       |
| Pension Co Phone: |       | Fax:  |       | Email:  |       |
| **Veteran Benefits:** |       | Amount: |       |
| **Other Income 1:** |       | **Other Income 2:** |       |

**Assets *(Banking or Investments)*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Real estate address**: |       | Estimated Value: |       |
| **Account Name**: |       | Type of Account : |       |
| Address: |       | Phone & Fax:  |       |
| Account #: |       | Value: |       |
| **Account Name:** |       | Type of Account : |       |
|  Address: |       |  Phone & Fax: |       |
| Account #: |       |  Value: |       |
| **Account Name:** |       | Type of Account : |       |
|  Address: |       |  Phone & Fax: |       |
| Account #: |       |  Value: |       |

 **Other:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vehicle Make:** |  | **Year** |  | **Value** |  |
| **Funeral/Prepaid Burial – Name:** |  | **Policy #:** |  | **Value** |  |
| **Safety Deposit Box:** |  | **Where:** |  | **Keys:**  |  |
| **Debts/Liens/Judgments:** |  | **Amount:** |  |
| **Pets:** |  | **Type”** |  | **#:** |  |

**###**