

ADA COUNTY
BOARD OF COMMUNITY GUARDIANS
ADA COUNTY COMMISSIONERS
 200 W FRONT ST
 BOISE, ID 83702
 FAX 208 287-7969

REFERRAL FOR GUARDIANSHIP/CONSERVATORSHIP

The Board shall have all powers and duties where applicable by court order as provided under Sections 15-5-312 of the Idaho Code, and/or Sections 15-5-408 and 15-5-424, and in addition thereto shall: (2) have access to all confidential records which concern a person for whom the Board acts.

 Signature of person making referral _____
 Date

INDIVIDUAL'S INFORMATION

_____ Individual's Name		_____ SSN (Social Security Number)	_____ Date of Referral
_____ Individuals Address		_____ Individuals City	_____ Individuals St - Zip
_____ Phone Number	_____ DOB Date of Birth	Sex Female _____ Male _____	Marital Status Married _____ Divorced _____ Widowed _____ Separated _____ Never Married _____

REFERRAL INFORMATION

_____ Person Making Referral	_____ Phone Number	_____ Official Title
_____ Address	_____ City	_____ State-Zip

Reason for Referral: _____

MEDICAL INFORMATION

Medical Diagnosis and Prognosis of Individual: _____

_____ Physician's Name	_____ Address	_____ City
_____ State - Zip	_____ Phone Number	

FINANCIAL INFORMATION

Monthly Social Security

Other Income

Person Handling Finances

Bank Accounts

Amount (if Known)

Other Assets

Checking Savings

Property Owned by Individual

Individual's Expenses

Property Owned by Individual

NEXT OF KIN

Nearest Relative:

Name

Address/St/Zip

Phone Number

Name

Address/St/Zip

Phone Number

Name

Address/St/Zip

Phone Number

Name

Address/St/Zip

Phone Number

ADDITIONAL COMMENTS

Signature

Title

Date