

RELATIVES AND/OR FRIENDS OF REFERRAL

Name: _____ Relationship to Referral: _____
Address, City, State, Zip: _____
Telephone Number: _____
Has relative or friend been contacted? Yes No

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If more space is needed, please insert names of relatives and/or friends or any other comments at the end of this form under the "Additional Notes and Comments" section .

REFERRAL'S MENTAL AND BEHAVIORAL STATUS

1. Diagnosis:

2. Intellectual challenge/Developmental disability?

3. Please check all that apply:
 - a. Does the referral have impaired memory?
Immediate Recent Remote
 - b. Is referral confused and disoriented to time , place , person ?
If confused and disoriented, please give examples:

4. Is referral able to understand simple concepts and ideas? Yes No
If no, please give examples:

5. Is referral able to:
 - a. Function in his environment Yes No,
 - b. Manage finances Yes No,
 - c. Exercise judgement Yes No,
 - d. Problem solve Yes No ?If answer to the a. thru d. is "no", please give examples:

Burial Arrangements/Wills/Etc.:

Signature of person completing the Referral and Intake Form. Scanned and inserted picture of original signature is acceptable:

Additional Notes or Comments:

This Section For Senior Resource Association – Public Guardian Program use only:

Review of Referral and Intake by:

Referral Accepted: Yes No

If not accepted, please list reason:

If referral is accepted, is the referral placed on the waitlist or is there an immediate opening at SRA-PGP:

Waitlist placement Initiate process to petition for incapacity

Update WellSky Database accordingly and note "disposition": Task Completed

Issue note in the WellSky Database and upload the completed Referral and Intake Form: Task Completed.