

TIFFANY POARCH
Public Fiduciary

GILA COUNTY PUBLIC FIDUCIARY
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LAURA SHORT
Deputy Public Fiduciary

REFERRAL INFORMATION SHEET

CHECK LIST OF REQUIRED ATTACHMENTS:

- 1. Declination to serve from relatives _____
- 2. Physician's Statement _____
- 3. Social Worker's Report _____
- 4. Completed Referral Information Sheet _____

ACTION REQUESTED:

- Guardian and Conservator _____
- Guardian Only _____
- Conservator Only _____

Basic Information:

Name of Client: _____ Social Security Number: _____
Last First Middle

Current Address: _____ Telephone No. _____
Street City State Zip

Home Address: _____ Telephone No. _____
Street City State Zip

Date of Birth: _____ Place of Birth: _____ Marital Status: _____

Spouse: _____ Clubs: _____ Religion: _____ Sex: _____

Race: _____ Veteran? YES ___ NO ___ U.S. Citizen? YES ___ NO ___

AHCCCS? YES ___ NO ___ AHCCCS ID NO. _____

Medical Insurance: _____ Policy No. _____
Company Name, Address & Telephone Number

Doctor: _____ Attorney: _____
Name, Address & Telephone Number Name, Address & Telephone Number

Does client have a burial plan? YES ___ NO ___ Where? _____

Does client have a Will? YES ___ NO ___ Location of Original Will: _____
Please attach a copy, if available

Referral Agency: _____
Name Address Telephone No. Person to Contact

PHYSICIAN'S STATEMENT ATTACHED FROM: _____
Name, Address & Telephone No.

Bank Accounts Information

<u>Type of Account</u>	<u>Name & Location</u>	<u>Name on Account</u>	<u>Amount</u>
<u>Checking</u>	_____	_____	_____
<u>Savings</u>	_____	_____	_____
<u>Certificate of Dep.</u> Give Location of Key	_____	_____	_____
<u>Safe Deposit Box</u>	_____	_____	_____
<u>Other</u>	_____	_____	_____

Real Property

Give the following information: Is the property owned or rented by the potential ward; Name of the present occupant of property; Name(s) in which title to property is vested; Address of property; Legal description of property, Including county, Docket and page where deed is recorded; Estimate value of property; Amount of mortgage; Name, Address, and Telephone Number of mortgage holder; Amount of monthly payment; Date late payment made; Are payments current; Amount of rental.

Other Assets: (Vehicles, Mobile Homes, Boats, Furniture, Stocks, Bonds, Insurance Policies, Etc.)

<u>Title in Name(s) of</u>	<u>Description of Property</u>	<u>Where is Title, Certificate, etc.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Debt

<u>To</u>	<u>For</u>	<u>Amount</u>	<u>Date Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL WORKERS REPORT ATTACHED FROM: _____
 Name, Address & Telephone No.

Relative / Friend Information: (List in order as follows: Spouse, Parents, Adult Children, Next-Of-Kin, Persons having care or custody, Friends)

Statement if inability or unwilling to serve, or evidence of notification thereof, must accompany this form

<u>Relationship to Ward</u>	<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
<u>Spouse</u>	_____	_____	_____
<u>Parents</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Information

<u>Source</u>	<u>Account No.</u>	<u>Amount</u>	<u>Date Payable</u>
<u>Social Security</u>	_____	_____	_____
<u>S.S.I (Welfare)</u>	_____	_____	_____
<u>Veterans Admin.</u>	_____	_____	_____
<u>Civil Service</u>	_____	_____	_____
<u>Pensions / Annuities</u>	_____	_____	_____
<u>Other</u>	_____	_____	_____

