

Confidential Intake Form, Guardianship

Date: _____

I. The Proposed Ward

Name of Proposed Ward: _____

Gender of Proposed Ward: _____

Social Security Number: _____

Drivers License Number or Texas Identification
Number: _____

Age / Date of Birth of Proposed Ward: _____ / _____

Address of Proposed Ward: _____

Telephone of Proposed Ward: _____

Alleged Disability of Proposed
Ward: _____

Proposed Ward's
Physician: _____

Address of Physician: _____

Telephone/ Facsimile of
Physician: _____ / _____

Monthly Income of Proposed Ward: SSA _____ SSI _____

SSDI _____ Child Support _____ Other: _____

Other Assets of Proposed Ward:(house, car, stocks, bonds, bank
accounts):

Is There an Existing Guardianship? Yes _____
No _____

If Yes, What is the Cause
Number? _____

County and Court Where
Established? _____

Is the Proposed Ward Married? Yes _____
No _____

Name of Spouse: _____

Address: _____

Telephone: Home: _____ Work _____ Cell _____

II. The Proposed Guardian(s)

Name of Proposed
Guardian: _____

Relationship to the Proposed
Ward: _____

Social Security
Number: _____

Drivers License Number: _____

Date of
Birth: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail
address: _____

Average Gross Household
Income: _____

Number of People in Household: _____

Name of Proposed Co-Guardian: _____

Relationship to the Proposed
Ward: _____

Social Security
Number: _____

Drivers License Number: _____

Date of
Birth: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail
address: _____

Average Gross Household
Income: _____

Number of People in Household: _____

III. Immediate Family of the Proposed Ward

Father, Biological or Adoptive:
Name: _____

Address: _____

Telephone: _____

E-mail
address: _____

Mother, Biological or Adoptive:
Name: _____

Address: _____

Telephone: _____

E-mail
address: _____

Siblings, Including Half-Siblings, Biological or Adoptive:
Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Name: _____

Age/ Birth Date: _____

Address: _____

Telephone: _____ e-mail address: _____

Does the Proposed Ward have any children? Yes _____

No _____

If yes, please provide their names, ages, and contact information in the space below:

IV. The Guardianship

Why do you feel a guardianship is necessary at this time? Please describe the particular disability of the Proposed Ward.

What do you hope to accomplish with this guardianship?_____

Are supports and services in place, such as school, vocational programs, extracurricular activities, day-hab programs, in-home care, respite care? If so, please describe them:_____

V. Qualifications of the Proposed Guardian(s)

_____ Yes / No _____

Have you ever been arrested for any crime?_____ / _____

Have you ever been the subject of a CPS/APS investigation?
_____ / _____

Have your parental rights ever been terminated?
_____ / _____

Are you a paid provider for the proposed ward?
_____ / _____

Are you a person of notoriously bad character? _____ / _____

Will anyone contest this guardianship? _____ / _____

Does the Proposed Ward have an estate? (house, car, bank account other than social security?)
_____ / _____

Have Powers of Attorney been signed by the Proposed Ward?
_____ / _____

Have lesser restrictive alternatives to guardianship been explored and determined infeasible? _____ / _____

If No, please explain: _____

_____.

Do you owe a debt to the Proposed Ward? _____ / _____

Does the Proposed Ward owe you any money? _____ / _____

How were you referred? _____

I represent that the answers to all of these questions are true and correct, and complete to the best of my ability.

Signature of Guardian

Date

Signature of Co-Guardian

Date