

## ADA COUNTY BOARD OF COMMUNITY GUARDIANS ADA COUNTY COMMISSIONERS

252 E. Front Street, Ste 199 BOISE, ID 83702 PHONE: 208-287-7978 FAX: 208-287-7999

## 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 15-5-424, 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	Date	
CANDIDATE'S INFORMATION:			
Candidate's Name	Social Security Num	nber Date	
Address	City	Zip Code	
Phone Number Date of H	Sex: Birth Female Male	Marital Status Married Divorced Widowed Separated Never Married	
REFERRAL INFORMATION:			
Person Making Referral	Phone Number	Date	
Address	City	Zip Code	
Reason for Referral:			

## **MEDICAL INFORMATION:**

Medical Diagnosis and Prognos	sis of Candidate:	
Physician's Name	Address	City
Zip Code P	hone Number	
FINANCIAL INFORMATIO	ON:	
Monthly Social Security	Other Income	Person Handling Finances
Bank Accounts: Checking Savings	Amount (if known)	
Property Owned by Candidate	List Can	didate's Expenses:
Property Owned by Candidate		
NEXT OF KIN: Nearest Relative		
Name	Address/City/State/Zip	Phone Number
Name	Address/City/State/Zip	Phone Number
Name	Address/City/State/Zip	Phone Number

COMMENTS:
Signature
Title
Date