

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	
CANDIDATE'S INFO	RMATION:		
Candidate's Name		Social Security Nur	nber Date
Address		City	Zip Code
Phone Number	Date of Birth	Sex: Female Male	Marital Status Married Divorced Widowed Separated Never Married
REFERRAL INFORM	ATION:		
Person Making Referral		Phone Number	Date
Address		City	Zip Code
Email			

Reason for Referral:

MEDICAL INFORMATION:

Medical Diagnosis and Prognosis of Candidate:

Physician's Name	Address	City	
Zip Code	Phone Number		
FINANCIAL INFORMAT	ION:		
Monthly Social Security	Other Income	Person Handling Finances	
Bank Accounts: Checking Savings	Amount (if known)		
Property Owned by Candidat	te	lidate's Expenses:	
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