



Guardianship Client Intake Form

Date: _____ Staff: _____

Name(s): _____

Address: _____

Phone: _____ Email: _____ Family Unit: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Referred by: _____ Marital Status: _____

SS#: _____ - _____ - _____ () ID/Lic. #: _____ DOB: _____

SS#: _____ - _____ - _____ () ID/Lic. #: _____ DOB: _____

Monthly Income: \$ _____ From: (Circle) SS Employed Retired Veteran

Own: ___ Rent: ___

Medically Insured: Medicare: _____ Medicaid: _____ Military: _____ Private: _____ Disabled: _____

Ethnicity: (Circle) Caucasian Hispanic Origin African American Native American Other

Education (last grade completed): (Circle) 0-11 12/GED Associates Bachelors Masters

Temporary Guardianship ___ Permanent Guardianship ___ How long in Laramie Co. _____

Children:

1. Name: _____ DOB: _____ SS# _____ - _____ - _____

Current Address: _____

Where Born: _____

Mother's Name _____ Last known address: _____

Phone: _____

Father's Name: _____ Last known address _____

Phone _____

School attending: _____ Grade _____ Education Concerns: _____

Therapist: _____ Behavior Concerns: _____

Is child insured? Yes No If yes, insured by: _____

2. Name: _____ **DOB:** _____ **SS#** ____ - ____ - _____

Current Address: _____

Where Born: _____

Mother's Name _____ Last known address: _____

_____ Phone: _____

Father's Name: _____ Last known address _____

_____ Phone _____

School attending: _____ Grade _____ Education Concerns: _____

Therapist: _____ Behavior Concerns: _____

Is child insured? Yes No If yes, insured by: _____

3. Name: _____ **DOB:** _____ **SS#** ____ - ____ - _____

Current Address: _____

Where Born: _____

Mother's Name _____ Last known address: _____

_____ Phone: _____

Father's Name: _____ Last known address _____

_____ Phone _____

School attending: _____ Grade _____ Education Concerns: _____

Therapist: _____ Behavior Concerns: _____

Is child insured? Yes No If yes, insured by: _____

4. Name: _____ DOB: _____ SS# ____ - ____ - ____

Current Address: _____

Where Born: _____

Mother's Name _____ Last known address: _____

_____ Phone: _____

Father's Name: _____ Last known address _____

_____ Phone _____

School attending: _____ Grade _____ Education Concerns: _____

Therapist: _____ Behavior Concerns: _____

Is child insured? Yes No If yes, insured by: _____

5. Name: _____ DOB: _____ SS# ____ - ____ - ____

Current Address: _____

Where Born: _____

Mother's Name _____ Last known address: _____

_____ Phone: _____

Father's Name: _____ Last known address _____

_____ Phone _____

School attending: _____ Grade _____ Education Concerns: _____

Therapist: _____ Behavior Concerns: _____

Is child insured? Yes No If yes, insured by: _____

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**Pending/active court actions - list type (custody, guardianship, adoption, etc.),
Docket/Case number, court (district/municipal and number), city/state:**

Provider: (Circle) Grandparent(s) Aunt/Uncle Sibling Friend Other_____

Reason(s) for out of home care: ___ Child Abuse/Neglect ___ Drugs ___ Alcohol ___ Other

Explain:

Child's addresses (list month/year for each) for the last 5 years (list all):

Why is a guardianship necessary:

Why is the proposed guardian/petitioner a fit and proper person to serve as a guardian for the child/children?
