



### 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. \_\_\_\_\_

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#### Ward:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

Where Born: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Last known address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Last known address \_\_\_\_\_

Phone \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Last known address \_\_\_\_\_

Phone \_\_\_\_\_

School attending: \_\_\_\_\_ Grade \_\_\_\_\_ Education Concerns: \_\_\_\_\_

Therapist: \_\_\_\_\_ Behavior Concerns: \_\_\_\_\_

\_\_\_\_\_

Is ward insured? Yes No If yes, insured by: \_\_\_\_\_

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**Proposed Guardian:** (Circle) Parent Grandparent(s) Aunt/Uncle Sibling Friend Other \_\_\_\_\_

**Reason(s) for out of home care:** \_\_\_ Abuse/Neglect \_\_\_ Drugs \_\_\_ Alcohol \_\_\_ Other

**Explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there a power of attorney? If yes, attach the name and address of all names under the POA:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why is a guardianship necessary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why is the proposed guardian/petitioner a fit and proper person to serve as a guardian for the ward/s?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_