



WORKSHEET FOR CONSIDERATION OF GUARDIANSHIP AND ALTERNATIVES

Recipient Name: _____ Case # _____

Date _____

I. Recipient's capacity to make decisions is in doubt regarding (check all that apply and explain):

- 1. Psychiatric care
- 2. Medical care
- 3. Legal matters
- 4. Financial matters
- 5. Housing
- 6. Placement

II. Emergency Care and Treatment needed. Explain:

III. Relevant Diagnoses:

IV. Assessments/Evaluations Conducted:

V. Additional Evaluations Recommended:

VI. Current Services Provided:

Policy 106.1322 Guardianship and Alternatives – EXHIBIT B

VII. Change in Services Recommended:

VIII. Recipient's Natural and Community Supports:

IX. Adjunct natural and/or community supports recommended:

X. Recipient's Financial Resources

XI. Input of Recipient and Significant Others:

XII. Consideration of Alternatives:

A. Has the need for alternative decision-making been discussed with the recipient?
Yes___ No___ Explain:

B. Has the need for alternative decision-making been discussed with appropriate family members? Yes___ No___ Explain

C. Is the recipient and/or family members identified individual(s) willing to assume alternative decision-making responsibility? Yes___ No___

If yes, identify name, relationship to patient, address and telephone number:

Consumer Name: _____ Case Number: _____

Policy 106.1322 Guardianship and Alternatives – EXHIBIT B

Disposition

I. No Guardianship or Conservatorship is warranted.
Recipient can currently grant informed consent. Recommendations:

II. Appropriate Decision-Making Alternatives (Check all that apply):

_____ A. Durable Power of Attorney (General –DPOA)

_____ B. Designation of Patient Advocate for Mental Health Care/Treatment (DPA –MH)

_____ C. Designation of Patient Advocate (DPA-HC) – Health Care/treatment

_____ D. Designation of Patient Advocate for Health Care and Mental Health Treatment
(DPA-MH/HC)

_____ E. Representative Payee

III. Guardianship or Conservatorship is warranted, as follows:

_____ F. Conservator – Explain why DPOA or Rep Payee is not appropriate:

_____ E. Limited guardian (MI) OR _____ Partial Guardian (DD)

In what specific matter(s)

Explain why DPA-MH is not appropriate

Explain why DPA-HC is not appropriate

Explain why DPA-MH/HC is not appropriate

Consumer Name: _____

Case Number: _____

Policy 106.1322 Guardianship and Alternatives – EXHIBIT B

_____ F. Temporary guardian.

For what specific matter(s)

For how long:

_____ G. Emergency guardian – explain emergency:

_____ H. Full guardian (MI) OR _____ Plenary Guardian (DD)
Explain why preceding alternatives are not appropriate:

Clinician Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Consumer Name: _____ Case Number: _____