



GUARDIANSHIP SCREEN (DDPAS-8)

(Please Print or Type)

PAS Agency Name: _____

Date Form Completed: _____

Individual's Name: _____

SSN: _____

Address: _____

Phone Number: _____

Diagnosis: _____

Does the individual have a legal guardian? _____ (If no, continue) If yes, attach official court orders adjudicating disability and appointing the legal guardian.
(No other information is needed. Sign and date this form.)

Has Power of Attorney been established for this individual? _____ (If yes, attach documentation establishing Power of Attorney, review the document, and continue).

In each of the following areas, consider the individual's abilities, skills and reactions in terms of decision-making and memory:

Health Care

- Yes No Is reliable in regard to taking own medication
- Yes No Knows when he or she has a health problem
- Yes No Lets appropriate people know about health needs/problems
- Yes No Is able to indicate verbally or by gesture if in pain
- Yes No Cooperates with treatment and/or living arrangements suggested, when given information
- Yes No Is able to request medical, dental and other appointments

Informed Consent

- Yes No Cooperates with treatment when given information
- Yes No Cooperates with living arrangements
- Yes No Understands and is able to discuss alternatives to present and/or suggested treatments
- Yes No Is able to make reasonable decisions regarding alternative medical treatments suggested by doctors
- Yes No Understands and is able to discuss possible risks of suggested treatment or potential placement opportunities
- Yes No Expresses treatment needs and living arrangement preferences



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Legal Matters

- Yes No Cooperates with the signing of documents presented by a person he/she trusts, if given good information
- Yes No Is able to request the services of a lawyer, if warranted
- Yes No Is able to instruct counsel (i.e., can define relevant legal problems, make decisions based on alternatives presented by counsel)
- Yes No Is reasonably skeptical of strangers
- Yes No Is reasonably independent in thinking through problems and making decisions

Check the Type and Scope of Guardianship that Appears to be Needed:

- | | | |
|---------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Total Guardian of Estate | <input type="checkbox"/> Temporary Guardian of Estate | <input type="checkbox"/> Limited Guardian of Person |
| <input type="checkbox"/> Total Guardian of Person | <input type="checkbox"/> Temporary Guardian of Person | <input type="checkbox"/> Successor or Transfer of Guardian |
| <input type="checkbox"/> No Guardian Needed | | |

Relatives and Other Interested Parties

Since OSG is the "guardian of last resort," it is imperative to include all known family members, friends, organizations or other interested persons in the guardianship process.. If applicable, provide the following information. Additional names can be attached.

1.

(Name)	(Relationship)	(Address)
Phone <input style="width: 80%;" type="text"/>		

2.

(Name)	(Relationship)	(Address)
Phone <input style="width: 80%;" type="text"/>		



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I have discussed guardianship with the individual's relative(s) and/or other interested person. Yes No If yes, indicate the response(s):

Financial (Complete the following information about the individual's financial status to the extent known)

Trust Fund (type of trust)	_____	Bonds	_____	Stocks	_____
Homestead	_____	Inheritance	_____	Insurance	_____

Is someone else managing the financial or personal affairs of the individual? Y/N

If yes, is this person a family member representative payee legal guardian? If managed by an agency/organization, note agency name and a contact person: _____ Phone _____

Source and Amount of Income

Assets: Real Estate and Personal Property (Note approximate value)

Social Security	\$ _____	Payee	_____	Less than \$2,000	_____	Description	_____
SSI Amount	\$ _____	Payee	_____	Less than \$25,000	_____		_____
Pension	\$ _____	Payee	_____	Less than \$50,000	_____	Location	_____
Other	\$ _____	Payee	_____	More than \$50,000	_____		_____

Guardianship Referral - Based on this screen and other attached materials, I believe that (check one):

- There is no reason to refer this individual for further guardianship assessment.
- There is a question about this individual's capacity to make informed decisions, I have referred this individual to the Office of State Guardian.

For further assessment and possible guardianship determination, please contact: Office of State Guardian Intake, P.O. Box 7009, Hines, IL 60141.
Phone: (866) 274-8023



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I have personally reviewed the information and data sources referenced in this document and certify that they are accurately described on this summary and they are currently available in the record.

Signature of PAS QIDP _____

Date _____

Address _____

Phone _____

INSTRUCTIONS FOR COMPLETING THE DDPAS-8

Pas Agency: Enter the name of the PAS agency

Date Form was Completed: Enter the date the form was completed by a PAS agency QIDP

Name: Enter full legal name of the individual. Enter the individual's Social Security Number, address, phone number and diagnosis. If the individual has a guardian or if there is Power of Attorney established, follow instructions on the form.

Assessment of Decision-Making/Memory Skills: In each area, consider the individual's abilities, skills and reactions in terms of decision-making and memory.

Type/Scope of Guardianship Needed: Check the applicable type for which the individual requires/does not require guardianship.

Relative & Other Interested Parties: PAS QIDP must include all known family members, friends, organizations or other interested persons in the guardianship process. Indicate whether guardianship was discussed with them. If so, indicate the person's response.

Financial: 1) Indicate whether the individual has a trust fund, bonds, stocks, homestead, inheritance or insurance and whether someone is managing the financial or personal affairs of the individual. If yes, indicate if this person is a family member, representative payee, legal guardian. If managed by an agency/organization, note the name and phone number. 2) Indicate the individual's source and amount of income (Social Security, SSI, Pension, Other) and the name of the payee. 3) Indicate whether there is real estate or personal property. If yes, indicate the approximate value and provide a description and location of the real estate or personal property.

Guardianship Referral: Indicate whether there is no reason to refer the individual for further guardianship assessment or if there is a question about the individual's capacity to make informed decisions. If #2 is marked, the PAS agency must refer the individual to the Office of State Guardian.

Signature: The PAS agency QIDP must complete the form by supplying his/her name, phone number, address and date.