TEXAS
Health and Human Services

Form 5156
April 2008-E

Guardianship Services

Referral Checklist

Name of Referred Ward

☐ **New Referral**

The referral packet includes:

- ☐ Form 5013, Contractor's Referral Form;
- ☐ a copy of the Certificate of Medical Evaluation (CME); or
- ☐ a copy of the Determination of Intellectual Disability;
- ☐ a copy of the DADS Assessment; and
- ☐ a copy of current financial statements, such as checking, savings, certificate of deposit and money market accounts, as applicable and available.

Comments: _____

_____

☐ **Referral For Successor Guardianship**

The referral for successor guardianship packet includes:

- ☐ Form 5013, Contractor's Referral Form;
- ☐ ward's face sheet;
- ☐ a copy of the original application of guardianship (for historical information), if available;
- ☐ a copy of the Letters of Guardianship;
- ☐ a copy of the oath;
- ☐ a copy of the original orders, if available;
- ☐ a copy of the Annual Report of the Person;
- ☐ a copy of the Annual Accounting;
- ☐ a copy of the court-approved Monthly Allowance;
- ☐ a copy of the current Individual Service Plan; and
- ☐ a copy of current financial statements, such as checking, savings, certificate of deposit and money market accounts, as applicable and available.
- ☐ Inventory/Order Approving the Inventory;
- ☐ Final Report, as applicable;
- ☐ Final Accounting, as applicable.

Comments: _____

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_____

_____ Signature of the Guardian Supervisor

_____ Date

This Section to be Completed by the Contractor

1. The referral packet was received incomplete on _____ and returned to the DADS Guardianship Supervisor on _____ for the following information: _____

_____

_____

_____

2. The completed referral packet for the above named potential ward was accepted _____ on _____ as representative agent of _____

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