

APPLICATION FOR ASSISTANCE

Additional information for: CASES ABOUT GUARDIANSHIP OF INCOMPETENT ADULT:

Adult's Name: _____ DOB _____

Adult's present address: _____
Street City ZIP

Lives with you? Yes No
If no, name of facility or person where adult resides: _____

Adult's Income (TANF, SS other)?

Adult's Financial Assets(trust fund, etc)?

What is your relationship to the impaired adult? _____

IS THERE A GUARDIANSHIP CASE ALREADY ON FILE?_ Yes NO

If yes: Guardianship court case number: _____

Hearing date/time: _____

Is there currently a guardian appointed by the Court? Yes No

If no: Why is guardianship needed? _____

If yes, Name of Current Guardian: _____