



## REFERRAL FORM

### Services to Adults

#### Referral Criteria:

It is appropriate to refer an adult (over the age of 19 years) to the Public Guardian and Trustee of British Columbia if there is:

- a) a concern about the adult's mental capability to manage financial and legal affairs,
- b) if there is a specific, urgent or immediate need, and
- c) if no other suitable person (family or friend) has the authority or is willing and able to act on the adult's behalf.

#### SECTION ONE: PERSONAL INFORMATION

<b>Name of adult:</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	Alias (if applicable)	Gender
<b>Current location:</b> Apartment /suite number <input type="text"/> Street <input type="text"/>		
City <input type="text"/>	Postal Code <input type="text"/>	Phone <input type="text"/>
<b>Primary residence (If different from above):</b>		
Apartment /suite number <input type="text"/> Street <input type="text"/>		
City <input type="text"/>	Postal Code <input type="text"/>	Phone <input type="text"/>
Marital status: <input type="text"/>	Personal Health Number: <input type="text"/>	
Social Insurance Number: <input type="text"/>	Old Age Security Number: <input type="text"/>	
Date of birth: (MM/DD/YY) <input type="text"/>	Place of birth: <input type="text"/>	
Citizenship: <input type="text"/>	Residency: <input type="text"/>	
Aboriginal status: <input type="text"/>	AANDC Status #: <input type="text"/>	
Religion (if applicable): <input style="width: 100%; height: 40px;" type="text"/>	Language/communication method if other than English: <input style="width: 100%; height: 40px;" type="text"/>	
Date of hospital or facility admission: MM/DD/YY <input type="text"/>	Phone: <input type="text"/>	
Name of hospital or facility: <input style="width: 100%; height: 20px;" type="text"/>	Fax: <input type="text"/>	
	Email: <input type="text"/>	
	City: <input type="text"/>	

## SECTION TWO: REASONS FOR REFERRAL

Describe the problem(s) that the adult needs assistance in resolving. Describe how the involvement of the PGT will assist in the resolution of the problem(s)

Why do you think this adult is unable to make decisions or resolve the problem(s) described previously?

How are the adult's financial and legal affairs presently being managed?

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Self              | <input type="checkbox"/> Government Pension Trusteeship | <input type="checkbox"/> Family    |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Committeeship                  | <input type="checkbox"/> Other     |
|  | <input type="checkbox"/> Representation Agreement       | <input type="checkbox"/> Uncertain |

Do any of the adult's assets require urgent protection?  Yes  No

If yes, please provide details:

Physician's Name: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	
Telephone: <input style="width: 45%;" type="text"/>	Fax: <input style="width: 45%;" type="text"/>
<b>Health Authority</b> Health Authority Name: <input style="width: 95%;" type="text"/>	
Health Unit Name: <input style="width: 45%;" type="text"/>	Address: <input style="width: 95%;" type="text"/>
Contact name: <input style="width: 45%;" type="text"/>	Phone: <input style="width: 25%;" type="text"/> Email: <input style="width: 30%;" type="text"/>
Is the adult aware of this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
If yes, what is the adult's response? <div style="border: 1px solid black; height: 100px; width: 95%; margin: 10px 0;"></div>	

### SECTION THREE: FINANCIAL INFORMATION

**Income:**

<input type="checkbox"/> OAS <input type="checkbox"/> GIS <input type="checkbox"/> CPP	<input type="checkbox"/> Provincial Income Assistance <input type="checkbox"/> DVA <input type="checkbox"/> Private Pension & Type <input style="width: 100%;" type="text"/>
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**Assets:**

	Bank Name	Bank Address	Account#	Phone	Fax
Bank#1	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Bank#2	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Bank#3	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Investment Company	<input style="width: 95%;" type="text"/>				
Personal Property	<input style="width: 95%;" type="text"/>				
Vehicles	<input style="width: 95%;" type="text"/>				
Real Estate:	<input type="checkbox"/> Yes <input type="checkbox"/> No Address: <input style="width: 80%;" type="text"/>				
Real Estate Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Company <input style="width: 80%;" type="text"/>				

### SECTION FOUR: FAMILY OR OTHER CONTACT PERSONS:

Name 1	<input style="width: 90%;" type="text"/>	Name 2	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>	Address	<input style="width: 90%;" type="text"/>
Postal Code	<input style="width: 90%;" type="text"/>	Postal Code	<input style="width: 90%;" type="text"/>
Telephone	<input style="width: 90%;" type="text"/>	Telephone	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>	Email	<input style="width: 90%;" type="text"/>
Relationship	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>
Name 3	<input style="width: 90%;" type="text"/>	Name 4	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>	Address	<input style="width: 90%;" type="text"/>
Postal Code	<input style="width: 90%;" type="text"/>	Postal Code	<input style="width: 90%;" type="text"/>
Telephone	<input style="width: 90%;" type="text"/>	Telephone	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>	Email	<input style="width: 90%;" type="text"/>
Relationship	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>

Have involved family members/friends been notified about this referral?  Yes  No

If not, why:

## SECTION FIVE: REFERRAL SOURCE

Pursuant to s.17(3) of the *Public Guardian and Trustee Act* (R.S.B.C.1996, c.383), the Public Guardian and Trustee must not disclose or be compelled to disclose the identity of a person who makes a report resulting in an investigation or audit under s. 17 of the *Public Guardian and Trustee Act*.

Referred by:			
Date of referral: (MM/DD/YY)			
Relationship to the adult being referred:			
Telephone number:		Email:	
Address:			
Apartment/Suite Number	Street	City	Postal Code

**PLEASE NOTE:** This is the manual submission form. An electronic, fillable submission form is also available on the PGT website at: [www.trustee.bc.ca](http://www.trustee.bc.ca). Please attach any other relevant comments, information, or additional notes pages you have generated. Mail or fax this form to:

Greater Vancouver Regional Office	Lower Mainland Regional Office	Vancouver Island Regional Office	Interior-North Regional Office
700-808 West Hastings St. Vancouver, BC V6C 3L3 Tel: 604.775.1007 Fax : 604.660.9498  <i>email:</i> <a href="mailto:ClericalRequest6@trustee.bc.ca">ClericalRequest6@trustee.bc.ca</a>	700-808 West Hastings St. Vancouver, BC V6C 3L3 Tel: 604.775.1007 Fax : 604.660.9479  <i>email:</i> <a href="mailto:ClericalRequest6@trustee.bc.ca">ClericalRequest6@trustee.bc.ca</a>	1215 Broad Street Victoria, BC V8W 2A4 Tel: 250.356.8160 Fax: 250.356.7442  <i>email:</i> <a href="mailto:Victoria-Clerical@trustee.bc.ca">Victoria-Clerical@trustee.bc.ca</a>	1345 St. Paul St. Kelowna, BC V1Y 2E2 Tel: 250.712.7576 Fax: 250.712.7578  <i>email:</i> <a href="mailto:kpiffa@trustee.bc.ca">kpiffa@trustee.bc.ca</a>

### Service BC Toll Free Numbers:

In Vancouver: 604.660.2421

In Victoria: 250.387.6121

Elsewhere in BC: 800.663.7867

Personal information on this form is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* (R.S.B.C.1996, c. 383) and the *Adult Guardianship Act* (R.S.B.C. 1996, c. 6) to determine and put in place any arrangements necessary to protect the legal rights and financial or personal care interests of an adult who may not be able to manage his or her affairs independently. Personal information is collected, used and disclosed by the Public Guardian and Trustee in accordance with the *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection of this personal information relating to the *Freedom of Information and Protection of Privacy Act*, please contact the Public Guardian and Trustee Information and Privacy Officer, 700-808 West Hastings Street, Vancouver, BC, V6C 3L3 at Phone: 604. 660.5104.

If you have any questions about your referral or the assessment and investigation process, please contact a Regional Consultant in your regional PGT office listed above.

### For Internal Use Only

Case Handler: _____	Case #: _____	HICS: _____ Yes (Attached) _____ No
Date (MM/DD/YY) _____	Comet# _____	InfoCall: _____ Yes (Attached) _____ No
Screening _____		Provide Service _____