PUBLIC GUARDIAN AND TRUSTEE OF BRITISH COLUMBIA

REFERRAL FORM

Assessment and Investigation Services

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) a specific, urgent or immediate need, and

c) no other suitable person (family or friend) has the authority or is willing and able to act on the adult's behalf

PERSONAL INFORMATION

Legal name of adult being referred:

Surname | First Name | Middle Name

Maiden Name | Alias (if applicable)

Date of birth: (MM/DD/YY) | Gender

Marital status: | Name of Spouse (if applicable)

Current location:

Street | Apartment / suite number

City | Postal Code | Phone

Name of hospital or facility (if applicable): | Date of hospital or facility admission: (MM/DD/YY)

Primary residence (if different from above):

Street | Apartment / suite number

City | Postal Code | Phone

Social Insurance #: | Personal Health #:

DVA #: | Old Age Security #:

Citizenship: | Place of Birth:

Aboriginal status: | AANDC Status #:

Religion (if applicable): | Language/communication method if other than English:

Is the adult aware of this referral: ☐ Yes ☐ No ☐ Unsure

If yes, what is the adult's response?

MEDICAL INFORMATION

Physician's Name:

Address:

Telephone: Fax:

The Adult is Assisted by:

Health Authority

Program & Location

Contact Name Phone Email

FINANCIAL INFORMATION:

Income:

☐ OAS ☐ GIS ☐ CPP ☐ DVA ☐ Provincial Income Assistance

☐ Private Pension: Type & Location

Assets:

Bank Name	Branch & Address	Account Number	Approximate Balance

Does the Adult Own any of the Following:

Real Estate? ☐ Yes ☐ No Address

If Yes, is the Real Estate Insured? ☐ Yes ☐ No ☐ Unsure Name of Insurance Company

Investments? ☐ Yes ☐ No Name of Investment Company

Vehicles? ☐ Yes ☐ No Description

Any Other Personal Property, Excluding Real Estate? ☐ Yes ☐ No Description & Insurance Information

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

If yes, please provide details

REASONS FOR REFERRAL

Describe the problem(s) that the adult needs assistance in resolving and the urgent or immediate need.

What is the concern you have regarding the adult's mental capability to manage financial and legal issues?

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

☐ Self ☐ Government Pension Trusteeship ☐ Committeeship ☐ Other
☐ Power of Attorney ☐ Representation Agreement ☐ Family ☐ Uncertain

Is there another person willing and able to act on the adult's behalf?

FAMILY OR OTHER CONTACT PERSONS:

1. Name:
   Address:
   Telephone:
   Email:
   Relationship:

2. Name:
   Address:
   Telephone:
   Email:
   Relationship:

3. Name:
   Address:
   Telephone:
   Email:
   Relationship:

4. Name:
   Address:
   Telephone:
   Email:
   Relationship:

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

If not, why:

REFERRAL SOURCE

Referred by:	Date of referral: (MM/DD/YY)
Relationship to the adult being referred:	
Telephone number:	Email:

Address:

Apt/Suite # | Street | City | Postal Code

For CFA Manager's use only: Do you anticipate the PGT to be involved in making a CFA decision?:

☐ Yes ☐ No ☐ Unknown

Please attach any other relevant comments and information.

If you have any questions about completing this form, feel free to contact us at the numbers listed below.

Mail, fax or Email the completed form as per the information below

Assessment and Investigation Services

700 - 808 West Hastings St.
Vancouver, BC V6C 3L3

Toll Free Tel: 1 877.511.4111
Local: 604.660.4507
Toll Free Fax: 1 855.660.9479
Local Fax: 604.660.9479
E-Mail: AIS-PDS@trustee.bc.ca

***Note:** To email this form, the user must have Adobe Pro installed. To email without Adobe Pro: print the completed form, scan it and attach the scan to your email.

The information in this form is collected for the purpose of protecting the legal rights and financial or personal care interests of an adult who may not be able to manage his or her affairs independently. The identity of a person who makes a report of abuse or neglect to the PGT is protected from disclosure by law. All information provided to the PGT is held in the strictest confidence, in accordance with BC's *Freedom of Information and Protection of Privacy Act* and other legislation.

If you have any questions about the collection, use or disclosure of the information in this form, please contact the PGT's Information and Privacy Officer, 700-808 West Hastings Street, Vancouver, BC, V6C 3L3, tel. 604. 660.5104.