**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Bureau of Guardianship Services (BGS) Referral Form**

Used for making referrals to the Bureau of Guardianship Services (BGS) for assistance with

establishing legal guardianship when appropriate for DDD eligible individuals.

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| **Identifying Information** |
| Individual’s Name: Enter text.DDD ID#: Enter text.Date of Birth: Enter text.Last 4 of SSN: Enter text. | Date of Referral: Enter a date. |
| Address: Enter text. |
| County: Choose an item. |
| Program Enrollment: Choose an item. | If “Other,” please clarify: Enter text. |
| Residence Type: Choose an item. |
| If the setting is provider–managed, name of provider: Enter text. |
| Name of Contact: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Day Program / Day Activity: Choose an item. |
| Name of Day Program (if “Employed” or “Other,” please explain): Enter text. |
| County: Choose an item. | Address: Enter text. |
| Name of Contact: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Name of Representative/Payee: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |

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| **Referral Source** |
| Name and title of Support Coordinator or DHS / DCF Staff Member completing this form: |
| Name: Enter text. | Title: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |

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| **Required Information** |
| ***Courts require the following information when processing a guardianship petition.******Consult with Planning Team members and/or review records as needed to obtain the below information:*** |
| Does the individual have a Trust, or other uncommon asset (owning a home/property)? | Yes [ ]  No [ ]  |
| **If yes**, Name of Trustee: Enter text. | *(For additional entries, click below and click on the blue plus sign,* **+***.)* |
| Phone Number: Enter text. | Email Address: Enter text. |
| Has the individual named a Health Care Representative or Power of Attorney? | Yes [ ]  No [ ]  |
| **If yes**, please enter the name: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |

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| **Planning Team Recommendation** |
| According to the Planning Team’s recommendation, the proposed guardian is: Private Party [ ]  BGS [ ]  |
| If Private, who is the proposed guardian?*(To make additional entries for proposed co-guardians, click below and click the blue plus sign,* **+***, on the right.)* |
| Name: Enter text. | Relationship: Enter text. |
| Address: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |

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| **Referral Type** *(Check one)* |
| [ ]  **Priority** | *BGS is needed as the guardian. Guardianship has not previously been established.**A guardianship determination is urgently needed.* |
| [ ]  **Routine** | *Guardianship has not previously been established. The referral is not urgent, and family is available to assist with supported decision making.* |
| [ ]  **Substitute** | *A previously named legal guardian cannot continue. BGS is needed as a substitute guardian.* |
| If this is a **Priority** referral, explain the circumstances for which the Planning Team believes it is urgent.If this is a **Substitute** referral, explain why the guardian(s) cannot continue.**Important**: If applicable, include a brief description of any urgent/imminent consents that are needed. |
| Enter text. |

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| **Required Supporting Documentation** |
| ***All documents associated with the referral type are required unless otherwise stated.******Use the checkboxes to indicate the required documentation included with this referral.*** |
| **Priority**[ ]  Family Information Sheet[ ]  Recommendation for Guardianship Assessment form[ ]  Most recent Psychological Evaluation (does not need to be current, must be complete)[ ]  Current Social History (for guidance on writing a Social History, see the work instructions)[ ]  Copy of Birth Certificate (if available)[ ]  Documentation from Adult Protective Services (APS), Division of Child Protection and Permanency (DCP&P)or court orders (if applicable)[ ]  Parental Rights Termination (required if applicable). Date of termination: Enter text.***If BGS is the proposed guardian, at least ONE of the following is required. Indicate each that applies.***[ ]  A statement indicating that relatives defer to BGS[ ]  A statement that no information is available as to whereabouts of relatives and a description ofefforts to locate them[ ]  Detailed evidence or description regarding unsuitability or unavailability of relatives[ ]  Other - Please specify: Enter text. |
| **Routine**[ ]  Family Information Sheet[ ]  Recommendation for Guardianship Assessment form |
| **Substitute**[ ]  Family Information Sheet[ ]  Prior guardianship judgment[ ]  Most recent Psychological Evaluation (does not need to be current, must be complete)[ ]  Current Social History (for guidance on writing a Social History, see the work instructions)[ ]  Death certificate or Obituary for deceased guardian(s)[ ]  Other - Please specify: Enter text. |

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| ***Completed by DDD*** |
| Date the individual’s DDD Eligibility was established: Enter text. |
| This referral was reviewed by Guardianship Liaison, Enter text. | Date: Enter a date. |
| Summarize the outcome of the review and copy/paste in iRecord case notes (if applicable). |
| Enter text. |

**Instructions:**

* Submit the completed referral form **and** supporting documentation via email using the subject line,

“(DDD ID#), Guardianship Referral” to the appropriate guardianship liaison (see below).

* Submit **all** documentation via one (1) email. ***Multiple emails will cause a delay in processing.***

**Notes:**

* Refer to the BGS Referral Form Work Instructions if there are questions while completing this form.
* After reviewing BGS Referral Form Work Instructions, if there are still questions, contact the appropriate Guardianship Liaison or the BGS Legal Unit, (609) 631-2213.

**Guardianship Liaisons**

**DDD Community Services**

* Janet Lindez, Janet.Lindez@dhs.nj.gov, (973) 977-4426
	+ County of Residence: Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Morris, Passaic, Sussex and Warren
* Vacant (Submit referrals to Janet Lindez until a liaison is appointed for these counties/settings.)
	+ County of Residence: Atlantic, Cape May, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem, Somerset and Union
	+ Purchase of Care (POC) settings out of state.

**DCF/DCP&P/CSOC Community Services**

* Liaisons, Patricia Bernabe and Denise Petrone, DCF-CSOC.Guardianship@dcf.nj.gov

**Developmental Centers** (Referrals are generally sent through the Social Services Department.)

* Green Brook Regional Center, Kalpana Shah, Kalpana.Shah@dhs.nj.gov, (908) 735-4031
* Hunterdon Developmental Center, Caryanne Zettlemoyer, Caryanne.Zettlemoyer@dhs.nj.gov, (908) 735-4031
* New Lisbon DC, Donald Anderson, Donald.Anderson@dhs.nj.gov, (609) 726-1000
* Vineland Developmental Center, Marjorie Baker, Marjorie.Baker@dhs.nj.gov, (856) 696-6000
* Woodbine Developmental Center, Gilbert Stewart, Gilbert.Stewart@dhs.nj.gov, (609) 861-6006