**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Request for Guardianship Recommendation**

Used to request a DDD Staff Psychologist’s recommendation regarding an individual’s need for guardianship.

**Note**: For **new** referrals, this form is completed **before** the Bureau of Guardianship Services Referral Form.

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| **Identifying Information** |
| Individual’s Name: Enter text.DDD ID#: Enter text. | Date of Referral: Enter a date.Date of Birth: Enter text. |
| Primary Language: Enter text.Phone #: Enter text.Residence Type: Choose an item. | Address: Enter text. |
| County: Choose an item. |
| Please describe the current living arrangement: |
| Enter text. |
| The 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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| **Contact Information** |
| Name of Primary Contact: Enter text. |  |
| Relationship to the individual: Enter text.Primary Language: Enter text. | Phone Number: Enter text.Email Address: Enter text. |
| Name of Secondary Contact: Enter text. |  |
| Relationship to the individual: Enter text.Primary Language: Enter text. | Phone Number: Enter text.Email Address: Enter text. |
| Name of Additional Contact: Enter text. |  |
| Relationship to the individual: Enter text.Primary Language: Enter text. | Phone Number: Enter text.Email Address: Enter text. |

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| **Additional Information** |
| Please explain why the Planning Team believes guardianship may be needed. |
| Enter text. |

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| **Supporting Documentation** |
| Documentation available for DDD Staff Psychologist review:***Use the checkboxes to indicate the available documents accompanying this referral.******Use the comments field to indicate dates, titles and clarifying comments if needed.*** |
| [ ]  Medical Evaluations | Enter text. |
| [ ]  Psychological/Psychiatric Evaluations | Enter text. |
| [ ]  Psychosocial Assessment/Social History | Enter text. |
| [ ]  Other (please specify) | Enter text. |

**Form Instructions:**

1. Send completed form and available supporting documentation via one (1) email using the subject line: “(DDD ID#), Guardianship Need” to: Jasmin.Robinson2@dhs.nj.gov and Kelly.Friedman@dhs.nj.gov;

Cc: James.Schiralli@dhs.nj.gov

1. After the Request for Guardianship Recommendation form is submitted, the Recommendation for Guardianship Assessment form is normally provided within one week. If the referral source has not heard back within this time frame, please contact Jasmin.Robinson2@dhs.nj.gov to request a status update.
2. Enter an iRecord case note (as applicable) documenting that the Request for Guardianship Recommendation was submitted.

**Guardianship Referral Process:**

1. This ***Request for Guardianship Recommendation*** form is completed and submitted to the DDD MLTSS/PASRR Unit (email addresses are listed under instructions) when the Planning Team believes that an individual may be in need of guardianship. The SC documents the submission in an iRecord case note.
2. The DDD MLTSS/PASRR Unit reviews the form and forwards it to the appropriate DDD Regional Staff Psychologist based on the individual’s county of residence.
3. The psychologist reviews documentation, schedules appointments as needed, and documents their recommendation on an internal ***Recommendation for Guardianship Assessment*** form. (This form is a necessary supporting document when submitting priority or routine referrals to the Bureau of Guardianship Services.)
4. The DDD MLTSS/PASRR Unit reviews the DDD psychologist’s ***Recommendation for Guardianship Assessment***, uploads it in iRecord (if applicable) and forwards it to the referral source.
5. If guardianship is recommended by the DDD Psychologist and assistance with establishing legal guardianship through the Bureau of Guardianship Services is desired, refer to the ***Bureau of Guardianship Services Referral Form Work Instructions*** for remaining steps.
6. Guidance about writing a social history is included in this document.