APPLICATION FOR GUARDIANSHIP/CONSERVATORSHIP SERVICES THROUGH THE SOUTH DAKOTA DEPARTMENT OF HUMAN SERVICES

This application is to request guardianship and/or conservatorship services through the Department of Human Services for a person who is a resident of South Dakota and has a documented developmental disability as defined in SDCL 27B-1-18.

1. Attach the following MANDATORY documentation:

- Copy of the current Individual Service Plan or Individual Educational Plan.
- A list of any known family members and contact information.
- Copy of current psychological or psycho-educational evaluation or school psychological report and multidisciplinary team report and any adaptive behavior test results.
- Copy of the Inventory for Client Agency Planning (ICAP) summary.
- Copy of current medical history.
- Copy of any legal paperwork pertaining to past guardianship or conservatorship appointment or power of attorney.

★ THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION ★

2. Send completed application to:

Department of Human Services
DHS Guardianship Program
3800 E. Hwy 34
c/o 500 E. Capitol
Pierre, SD 57501-9935

3. If you need assistance with the application, call the DHS Guardianship Program at:

1(800) 265-9684

YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF YOU DO NOT SEND THE REQUIRED INFORMATION
INFORMED CONSENT DECISIONS

Informed Consent: is the ability to consider relevant information, weigh risks and benefits and arrive at a knowing and voluntary decision. (Failure to make a decision the provider would have made does not, by itself, mean the person is not capable of giving informed consent).

TYPES OF GUARDIANSHIP OR CONSERVATORSHIP APPOINTMENTS

1. **Full guardianship**: provides the guardian with decision-making authority and responsibility over the protected person’s personal affairs, including but not limited to, medical, legal, habilitation, employment, and educational matters.

2. **Limited guardianship**: provides a guardian with decision-making authority and responsibility over only selected areas that the person has been determined by the court as unable to manage. For example, a limited guardianship might only apply to health care decisions.

3. **Joint guardianship**: (also referred to as Co-guardianship) involves more than one person acting as the person’s guardian at the same time and sharing in the decision-making authority and responsibilities that accompanies guardianship.

4. **Conservatorship**: provides a conservator with decision-making authority to manage, protect, and preserve the protected person’s estate and finances. As with guardianship, a conservatorship may be full, limited, temporary or joint.

5. **Temporary guardianship (emergency)**: arranges for the temporary care, protection, and support for a person in need of immediate help. Temporary guardianship or conservatorship is appointed only for a 90-day period if it is shown that an immediate need exits and following the regular court procedures could result in significant harm to the person.

LEAST RESTRICTIVE

Examples of less restrictive alternatives to guardianship or conservatorship include:

- Community based services providing training to a person in specific areas;
- Case Management services;
- Utilizing a family member, friend, or advocate willing to assist the person by attending meetings, medical appointments, and having regular contact;
- Representative payee for government benefits, power of attorney, advance directives for health care; and
- Trust account for Social Security back payments, inheritance, settlements, etc.
APPLICATION FOR GUARDIANSHIP and/or CONSERVATORSHIP SERVICES THROUGH THE DEPARTMENT OF HUMAN SERVICES

Name of person referred: ______________________________________________________________

First                                      Middle                                      Last

DOB: ____________________ Current Age: _______ Sex: ________ SSN: __________________________

Name and address of agency and agency contact providing support to the person referred: __________________________

Telephone number of agency contact (service coordinator, case manager, teacher, etc.): __________________________

Email address of the agency contact person: ________________________________________________

Sources and amount of monthly income: SS_________ SSI_________ Wages_________ Other_________

Any pre-paid burial account? Who is the burial account with? _______________________________ Balance: __________

Any trust account? Where is the trust held? _______________________________ Balance: __________

Any tribal affiliation? Name of Tribe: __________________________ Enrollment number: _________

Does this person have an Individual Indian Monies account (IIM)? Yes ☐ No ☐ Balance: __________

What type of living environment and level of supervision does this person have? (Group home, independent living, etc.)

____________________________________________________________________________________

Please list any and all diagnosis:

____________________________________________________________________________________

____________________________________________________________________________________

Please describe the nature and degree of developmental disability and age of onset:

____________________________________________________________________________________

____________________________________________________________________________________

In what areas does this person require help in making decisions? Provide specific examples:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How have decisions been made up to now?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
What less restrictive alternatives to guardianship or conservatorship have been attempted and what were the results?

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Please describe specific reasons or the circumstances which led you to apply now:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Have you contacted anyone else about becoming this person’s guardian and/or conservator? If not, and there are possible candidates, you must do so before proceeding with this application. If the answer is yes, describe your efforts including who you contacted and when, their relationship to the person referred, and the response to your request.

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

List the names and last known information of any known relatives, spouse, guardian, conservators, advocate, foster parents, or other persons involved in this person’s life, past and present (other than those providing direct care). Use additional page if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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</tbody>
</table>

Name and title, if any, of person completing this application:

__________________________________________________________

Relationship to person referred:

__________________________________________________________

Address if different than page three of application:

__________________________________________________________

Telephone number if different than page three of application:

__________________________________________________________

Email if different than page three of application:

__________________________________________________________

<table>
<thead>
<tr>
<th>CURRENT GUARDIANSHIP OR CONSERVATORSHIP STATUS</th>
<th>TYPE OF PROTECTION YOU THINK THIS PERSON REQUIRES</th>
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<tbody>
<tr>
<td>Minor, DSS custody</td>
<td>Full guardianship</td>
</tr>
<tr>
<td>Minor, Court Appointed guardian/conservator</td>
<td>Limited guardianship</td>
</tr>
<tr>
<td>Minor or adult under tribal jurisdiction</td>
<td>Full conservatorship</td>
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<tr>
<td>Adult with current guardian or conservator</td>
<td>Limited conservatorship</td>
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<tr>
<td>No existing appointment</td>
<td>Both guardianship and conservatorship</td>
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<td></td>
<td>Emergency appointment</td>
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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of person completing this application

__________________________________________________________

Date

__________________________________________________________