

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

This application is to request guardianship services through the Department of Human Services for a person who is a resident of South Dakota.

1. Attach the following MANDATORY documentation:

- ⇒ Copy of any legal paperwork pertaining to past guardianship or conservatorship appointment or power of attorney.
- ⇒ Copy of current psychological or neuropsychological evaluation.
- ⇒ List of all appropriate placement options have been pursued.
- ⇒ A list of any known family members or friends and their contact information.
- ⇒ Copy of the current medical history and diagnosis.

* THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION.

2. Send completed application to:

Department of Human Services
Division of Long Term Services
& Supports
3800 E. Hwy 34,
c/o 500 E. Capitol Ave.
Pierre, SD 57501

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

How have decisions been made up to now? _____

What less restrictive alternatives to guardianship 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? 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 whom 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.

Name	Address	Phone Number	Relationship
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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: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of person completing this application	Date
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