

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

★ 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 exists 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 & address of agency and agency contact providing support to the person referred: \_\_\_\_\_  
 \_\_\_\_\_

Telephone number of agencies 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? \_\_\_\_\_

Any trust accounts? 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: \_\_\_\_\_

Have any arrangements been made for end of life decisions? Yes  No

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.**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relationship</b>
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relationship</b>
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relationship</b>

**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:** \_\_\_\_\_

CURRENT GUARDIANSHIP OR CONSERVATORSHIP STATUS		TYPE OF PROTECTION YOU THINK THIS PERSON REQUIRES	
	Minor, DSS custody		Full guardianship
	Minor, Court Appointed guardian/conservator		Limited guardianship
	Minor or adult under tribal jurisdiction		Full conservatorship
	Adult with current guardian or conservator		Limited conservatorship
	No existing appointment		Both guardianship and conservatorship
			Emergency appointment

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

<b>Signature of person completing this application</b>	<b>Date</b>
--	-------------