

SOUTH DAKOTA DEPARTMENT OF HUMAN SERVICES

LTSS Guardianship/Conservatorship Establishment Program Application Instructions

This application is to request financial assistance from the department to pay legal costs up to \$500 associated with establishing a permanent guardianship and /or conservatorship of a person 18 years and older with a documented need for a guardian and who is a resident of South Dakota. Funding for this program is based on a first come first serve basis and the availability of the funding each fiscal year. *The DHS Establishment Program funds are for **first time** appointments **only** where there has never been a guardian and/or conservator appointed.*

*THE APPLICATION MUST BE RECEIVED BY THE DEPARTMENT OF HUMAN SERVICES **PRIOR** TO THE HEARING FOR **PERMENENT** APPOINTMENT OF GUARDIANSHIP OR CONSERVATORSHIP TO BE CONSIDERED.*

1. Answer all questions that apply.
2. Attach all required documentation.

ATTACH



A copy of the current psychological evaluation. (within the last 90 days)



A copy of the physician's statement including need for guardian and/or conservator.

3. Send completed application and attachments to:

**South Dakota Department of Human Services
Division of Long Term Services and Supports
3800 E. Hwy 34, 500 E. Capitol Ave.
Pierre, SD 57501**

4. If you need assistance with the application, call LTSS at:

1-866-854-5465

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

SOUTH DAKOTA DHS/LTSS ESTABLISHMENT PROGRAM APPLICATION

TELL US ABOUT THE PERSON THAT NEEDS PROTECTION			
First Name:		Last Name:	
Date of Birth:	Age:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Address:		City:	State, Zip:
Does this person live at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please select one of the following:			
<input type="checkbox"/> Independently in the community <input type="checkbox"/> Supervised setting <input type="checkbox"/> Group home			
TELL US ABOUT THE AGENCY PROVIDING CARE			
Agency Information:			
Address:		City:	State, Zip:
Name of contact person (case manager, teacher, etc.):			
Phone number of contact person:			
TELL US ABOUT THE PERSON(S) WANTING TO BE APPOINTED GUARDIAN OR CONSERVATOR			
First Name:		Last Name:	
Address:		City:	State, Zip:
Relationship to person needing protection:			
Phone Number:			
TELL US ABOUT THE ATTORNEY YOU INTEND TO USE (IF KNOWN)			
Attorney's Name:			
Address:		City:	State, Zip:
Phone number:			
Is there an urgent need for this appointment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why and what are the critical dates?			
Does the person for whom the appointment is needed, currently receive services from the Division of Long Term Services and Supports? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p style="text-align: center;">Have you attached the following <u>required</u> documents with this application?</p> <ul style="list-style-type: none"> A copy of the current psychological evaluation. Copy of the physician statement indicating need for guardian and/or conservator. 			
I certify that the above information is true and correct to the best of my knowledge			
Signature of person completing this application:		Relationship to person needing protection:	
Print Name:		Phone Number:	