

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.

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 that 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

FAX: 1-605-773-4085

3. If you need assistance with the application, call the Department of Human Services, Division of Long Term Services and Supports:

1-866-854-5465

**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. **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. **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.
3. **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 and address of hospital/agency and hospital/agency contact providing support to the person referred: _____

Telephone number of hospital/agency contact (Social worker, case manager, etc.): _____

Email address of the hospital/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? (Assisted Living, independent living, etc.)

Please list any and all diagnosis:

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 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
Name	Address	Phone Number	Relationship
Name	Address	Phone Number	Relationship

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	Full conservatorship
Minor or adult under tribal jurisdiction	Both guardianship and conservatorship
Adult with current guardian or conservator	Emergency appointment
No existing appointment	

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

Signature of person completing this application	Date
---	------