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.
- A list of any known family members or friends and their contact information.
- Copy of current psychological or neuropsychological evaluation.
- Copy of the current medical history and diagnosis.
- List of all appropriate placement options that have been pursued.

* 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>Minor, DSS custody</td>
<td>Full guardianship</td>
</tr>
<tr>
<td>Minor, Court Appointed guardian/conservator</td>
<td>Full conservatorship</td>
</tr>
<tr>
<td>Minor or adult under tribal jurisdiction</td>
<td>Both guardianship and conservatorship</td>
</tr>
<tr>
<td>Adult with current guardian or conservator</td>
<td>Emergency appointment</td>
</tr>
<tr>
<td>No existing appointment</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of person completing this application | Date