



KAREN KELLY
CLARK COUNTY PUBLIC GUARDIAN
515 Shadow Lane
Las Vegas, NV 89106
(702) 455-4332
Fax: (702) 455-4797
www.clarkcountynv.gov

Please find the attached form to be completed when making a referral to the Office of the Public Guardian for the Representative Payee Program. **PLEASE NOTE: REPRESENTATIVE PAYEE PROGRAM IS FOR CLIENTS OVER THE AGE OF 60.** The following general information you may find helpful in making your referral.

1. A client for referral must be eligible for Social Security benefits, VA benefits, Civil Service pension plan, or a private pension plan that will grant fiduciary responsibility to the Public Guardian.
2. A client must have no one suitable to act on his/her behalf.
3. A client must be of diminished physical and/or mental capacity to the extent that the individual is incapable of effectively managing his/her finances.
4. Once the referral form has been submitted to our office, please keep us informed of any significant changes pertaining to the client.
5. Medical documentation or a letter should accompany the referral from the person making the referral as to the reason why the referral is being made. For example, many referrals are made because the client is experiencing great difficulty paying their rent and utilities due to physical or mental debilitation. Other referrals are made because the client is being financially exploited and abused by a friend or a family member. (A lack of information provided will delay the referral process)

Following the referral evaluation, you will be informed of our decision.

If you have any suspicions of elder abuse, neglect, or exploitation, please report to one of the following agencies immediately:

1. State of Nevada Aging and Disability Services Division: 486-3545
2. Nevada State Welfare: 486-5000
3. Any Police Department
Las Vegas Police Department Abuse & Neglect: 828-3364
North Las Vegas Police Department: 649-9111
Henderson Police Department: 565-8933
Boulder City Police Department: 293-9224
4. Office of the Attorney General: 486-3420

REPRESENTATIVE PAYEE REFERRAL FORM

Date: _____

Complete this form as thoroughly as possible and mail to:

KAREN KELLY
Clark County Public Guardian
515 Shadow Lane
Las Vegas, NV 89106
(702) 455-4332

www.clarkcountynv.gov

Sent By: _____

Telephone Number: _____

Agency: _____

Signature: _____

(PLEASE TYPE OR PRINT)

1. Name of Proposed Client: _____

2. AKA: _____ 3. Mother's Maiden Name: _____

4. Age: _____ 5. D.O.B.: _____ 6. Birth Place: _____ 7. Ethnic Origin: _____

8. Religious Preference: _____ 9. Highest Education: _____

10. Employment History: _____

11. Medicaid/CCSS #: _____ 12. Social Security #: _____

13. Medicare #: _____ 14. VA#: _____ 15. Branch: _____

16. Home Address: _____ 17. Telephone: _____

18. Does Proposed Client Live Alone? _____ 19. Marital Status: _____ 20. U.S. Citizen _____ Yes _____ No

21. If no, Country of Origin _____ Naturalized _____ Resident Alien _____ (Attach Immigration Papers)

22. Current Location of Proposed Client (Hospital, Nursing Facility, Etc.)

(If at a Group Home, attach current Admission Agreement)

23. Is there a Discharge Plan, if so, please describe:

24. Does any person or institution have Legal Guardianship or Representative Payeeship for the Proposed Client? _____ Yes _____ No If yes, who? _____

25. Other Agencies/Social Workers involved in case:

26. ATTACH A COPY OF THE CURRENT MEDICAL RECORDS THAT INDICATE CLIENT'S INABILITY TO MANAGE THEIR OWN FUNDS.

27. **VIOLENT THREATS OR ACTIONS NOTED:** _____ Yes _____ No Describe:

28. Criminal History (Describe):

29. Conditions leading to Referral/Purpose of Representative Payeeship:

30. Brief Psycho/Social Assessment:

31. Relatives/Significant Others (Must include all immediate family members, relationships, address and telephone numbers. Attach additional sheets if necessary)

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

32. Will/Trust - Attach Copy

WILL Yes No Location: _____

TRUST Yes No Location: _____

33. Income Source (attach copies of applications)

INCOME SOURCE	AMOUNT	DIRECT DEPOSIT/ BANK		PENDING	SUSPENDED
		Yes	No		
SSA	_____	_____	_____	_____	_____
SSI	_____	_____	_____	_____	_____
VA	_____	_____	_____	_____	_____
Pension	_____	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

34. Assets

ASSETS	NAME	ADDRESS	ACCOUNT NUMBER	ACCOUNT BALANCE
Checking Account				
Savings Account				
CD/IRA Trust Fund				
Deed of Trust				
Stocks/Bonds				
Real Property (House Land, etc.)				
Mobile Home				
Vehicle (Include Year, Make, Model & Vin #				
Burial Plot/ Plan Insurance				
Safe Deposit Box				
Other				
Other				

35. Insurance

INSURANCE	AGENCY/PROVIDER	ADDRESS OR TELEPHONE NUMBER	POLICY #	MONTHLY PREMIUM
Life Insurance				
Health Insurance				
Home Insurance				

PLEASE ATTACH COPIES OF ANY PERTINENT INFORMATION

After Clicking "Submit by Email" you will receive a message to choose Internet service type. If you choose "Internet Email", you will be asked to save the form and attach to Email. Please send to all e-mail addresses indicated. Receipt confirmation will be sent within two business days.

**OR
MAIL TO:**

Karen Kelly
Clark County Public Guardian
515 Shadow Lane
Las Vegas, NV 89106

**OR
FAX TO:**
702-455-4797

FOR OFFICE USE ONLY:

APPROVED/REJECTED _____

DATE: _____