

TITLE 43A GUARDIANSHIP QUESTIONNAIRE: updated 2/8/24

- 1. Vulnerable Adult LEGAL name:**
- 2. Date of Birth:**
- 3. SSN:**
- 4. Is the client a member of any Oklahoma tribe? (If so which nation and do they have a CDIB card)**
- 5. Address and name of CURRENT residence/placement:**
- 6. If client currently is in an out of home placement where did they live before? (address and county)**
- 7. Do they have a house or an apartment? (If yes where and do they own or rent)**
- 8. Marital Status:**
- 9. If has or had a spouse please list their name and address:**
- 10. Names and address of children: (please list if each child is an adult or minor and if living or deceased)**
- 11. Names and addresses of living parent(s):**
- 12. Names and address of living adult grandchildren:**
- 13. Names and addresses of living adult siblings:**
- 14. Name and address of those claiming to currently be POA, DPOA, or guardian or those who may have been POA, DPOA, or guardian in the past:**
- 15. Name of client's attorney:**
- 16. Name and addresses of any alleged perpetrators:**
- 17. Is the client receiving services from the Department of Mental Health? (if yes please provide as much detailed information as you can regarding these services)**
- 18. Does the client receive Veteran's benefits or are they eligible for such benefits? (If yes please provide as much detailed information as you can regarding benefits).**
- 19. What are the sources of client's income?**
- 20. Please list financial information that you are aware of: (Checking accounts, Savings accounts, Social Security, pensions, trusts, safe deposit box, CDs...)**
- 21. Does the client have any pets that APS needs to take care of?**

- 22. Does the client have any end of life documents such as a will or DNR?**
- 23. Please provide details about the case up to this point:** (When APS received the referral and what it alleged, dates and locations of contact made with client and who made the contact, observations made during visits that support the need for a guardianship, information about contact made with any alleged perpetrators, information about conversations with collaterals that support needing a guardianship, etc...).
- 24. Please list any assessments you completed and the results of those assessments.**
- 25. What are the medical diagnosis or health concerns that you are aware of?**
- 26. Are we asking for guardianship of person, estate, or both?**
- 27. Where will client be placed and when?**
- 28. Any other information?**

**PLEASE SEND WITH THIS PACKET ASSESSMENTS, MEDICAL RECORDS,
AND BANK RECORDS THAT YOU HAVE OBTAINED**