

# Public Guardianship for the Elderly Program Application

East Tennessee Human Resource Agency (ETHRA)  
 9111 Cross Park Dr., Suite D-100  
 Knoxville, TN 37923  
 Phone: 865-691-2551 ext. 4218, Fax: 865-531-7216

Date: \_\_\_\_\_

<b>Personal Information</b>		
<b>Client's Full Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Mother's Maiden Name</b>	<b>Mother's Place of Birth</b>	<b>Mother's Date of Birth</b>
<b>Client's City, County, State, and Country of Birth</b>		
<b>Current Residential Address</b>		
<b>Current Mailing Address</b>		
<b>Residential County</b>	<b>Type of Residence</b>	
<b>Directions to Residence</b>		
<b>Sex</b>	<b>First Language</b>	<b>Race/Ethnicity</b>
<b>Highest Educational Level Obtained</b>	<b>Profession</b>	
<b>Religious Affiliation</b>	<b>Clergy's Name</b>	<b>Clergy's Phone Number</b>
<b>Veteran</b>  YES                      NO	<b>Branch</b>	<b>Dates of Service</b>

Support System		
<b>Marital Status</b>	<b>Number of Marriages</b>	<b>Date of Marriage(s)</b>
<b>Spouse's residential address</b>		<b>Type of residence</b>
<b>Spouse's Name(even if deceased)</b>		<b>Spouse's date of death (if deceased)</b>
<b>If deceased, spouse's burial location</b>		<b>If spouse deceased, funeral home</b>
<b>Was spouse a veteran?</b> YES      NO	<b>Branch</b>	<b>Dates of Service</b>
<b>Child:</b>  Reason child not C'or:	<b>Address</b>	<b>Phone Number</b>
<b>Child:</b>  Reason child not C'or:	<b>Address</b>	<b>Phone Number</b>
<b>Child:</b>  Reason child not C'or:	<b>Address</b>	<b>Phone Number</b>

<b>Family Member:</b> <b>Relationship:</b> Reason not C'or:	<b>Address</b>	<b>Phone Number</b>
<b>Family Member:</b> <b>Relationship:</b> Reason not C'or:	<b>Address</b>	<b>Phone Number</b>
<b>Family Member:</b> <b>Relationship:</b> Reason not C'or:	<b>Address</b>	<b>Phone Number</b>
<b>Neighbor/Friend</b>	<b>Address</b>	<b>Phone Number</b>
<b>Neighbor/Friend</b>	<b>Address</b>	<b>Phone Number</b>
<b>Background Information re: Family/Friends</b>		
<b>Home Health Agency's</b>	<b>Address</b>	<b>Phone Number</b>
<b>Description of Home Health Services being provided:</b>		
<b>Other Home/Community Based Services being received</b>		
<b>Medical Equipment Supplier</b>	<b>Address</b>	<b>Phone Number</b>

<b>List of Medical Equipment</b>			
<b>Health Information</b>			
<b>Primary Care Physician</b>	<b>Address</b>	<b>Phone Number</b>	
<b>Other Physician/Specialist</b>	<b>Address</b>	<b>Phone Number</b>	
<b>Other Physician/Specialist</b>	<b>Address</b>	<b>Phone Number</b>	
<b>Hospital of Choice</b>	<b>Address</b>	<b>Phone Number</b>	
<b>Pharmacy of Choice</b>	<b>Address</b>	<b>Phone Number</b>	
<b>Medicaid Number:</b>		<b>Medicaid Effective Date</b>	
<b>Medicare Pt. A Number</b>		<b>Medicare Pt. A Effective Date</b>	
<b>Medicare Pt. B Number</b>		<b>Medicare Pt. B Effective Date</b>	
<b>Medicare Pt. D Provider Name, Address, and Phone Number</b>		<b>Medicare Pt. D Number:</b>	
<b>Medicare Advantage Plan</b>	<b>Address</b>	<b>Phone Number</b>	

<b>Medicare Supplement Plan Name, Address, and Phone Number</b>	<b>Address</b>		<b>Phone Number</b>
<b>Veteran's Administration Number</b>			
<b>TennCare Choices MCO</b>		<b>TennCare Choices Care Coordinator</b>	
<b>Current Medical Condition</b>			
<b>Medical History</b>			
<b>Current Medications Name, Amount, Dosage</b>			

<b>Mental Status including all known diagnoses</b>			
<b>Communication</b>	<b>Cogitative Status</b>	<b>Ambulation</b>	
<b>Financial Information</b>			
<b>Amount of Social Security</b>	<b>Amount of SSI</b>	<b>Amount of SSDI</b>	
<b>Amount of VA Benefit</b>	<b>Type of VA Benefit</b>		<b>Draws on Self or Spouse</b>
<b>Amount of Railroad Retirement</b>	<b>Other Income</b>	<b>Other Income</b>	
<b>Amount in Additional Bank Account:</b>	<b>Type of Account</b>	<b>Bank Name</b>	<b>Bank Address</b>
<b>Safety Deposit Box</b> YES                      NO	<b>Location of Safety Deposit Box</b>	<b>Address</b>	<b>Name of person with Key</b>
<b>Real Estate Address</b>	<b>Type of Real Estate</b>	<b>Is the client the sole owner?</b>	<b>If not, who is/are the other owner(s)?</b>
<b>Real Estate Address</b>	<b>Type of Real Estate</b>	<b>Is the client the sole owner?</b>	<b>If not, who is/are the other owner(s)?</b>

<b>Real Estate Address</b>	<b>Type of Real Estate</b>	<b>Is the client the sole owner?</b>	<b>If not, who is/are the other owner(s)?</b>
<b>Personal Property (including any vehicles, jewelry, etc.):</b>			
<b>Life Insurance Company</b>	<b>Address and Phone Number</b>	<b>Policy Number</b>	
<b>Amount of Life Insurance</b>	<b>Is Policy paid up?</b>	<b>Cash Value of Policy</b>	<b>Beneficiary</b>
<b>Life Insurance Company</b>	<b>Address and Phone Number</b>	<b>Policy Number</b>	
<b>Monthly Expenses Amount:</b>	<b>To Whom</b>	<b>Monthly Expenses Amount:</b>	<b>To Whom</b>
<b>Monthly Expenses Amount:</b>	<b>To Whom</b>	<b>Monthly Expenses Amount:</b>	<b>To Whom</b>
<b>Monthly Expenses Amount:</b>	<b>To Whom</b>	<b>Monthly Expenses Amount:</b>	<b>To Whom</b>
<b>Monthly Expenses Amount:</b>	<b>To Whom</b>	<b>Monthly Expenses Amount:</b>	<b>To Whom</b>
<b>End of Life Wishes</b>			
<b>POST Form?</b>	<b>Location of POST</b>	<b>Advance Directive?</b>	<b>Location of Advance Directive</b>
<b>Does the client wish to have a funeral and be buried?</b>	<b>Funeral Home</b>	<b>Funeral Home Address and Phone Number</b>	

<b>Cemetery of Choice</b>		<b>Address and Phone Number</b>	
<b>Does the client wish to be cremated?</b> YES            NO            Unknown		<b>Crematory</b>	<b>Crematory Address and Phone Number</b>
<b>Funeral/cremation paid for?</b>		<b>Actions to take with ashes/grave site</b>	
<b>Does the client have a will?</b> YES            NO            Unknown		<b>Location of Will</b>	
<b>Attorney who drafted Will</b>		<b>Individuals to contact in event of death</b>	
<b>Legal Information</b>			
<b>Does client have an attorney?</b>		<b>Contact information for attorney</b>	
<b>Does the client have a Durable Power of Attorney?</b> Finances        Healthcare        Both		<b>Contact information for attorney who drafted DPOA</b>	
<b>Attorney-in-fact name</b>		<b>Contact information</b>	
<b>Location of DPOA</b>		<b>Comments</b>	
<b>Is the client currently under conservatorship by another person or entity?</b> YES        NO        Unknown	<b>If yes, whom?</b>	<b>Address and Phone Number</b>	



<b>Type of Service Requested</b>	
<input type="checkbox"/> <b>Conservator of Person and Property</b>	<input type="checkbox"/> <b>Durable Power of Attorney for Healthcare and Finances</b>
<input type="checkbox"/> <b>Conservator of Person</b>	<input type="checkbox"/> <b>Durable Power of Attorney for Healthcare</b>
<input type="checkbox"/> <b>Conservator of Property</b>	<input type="checkbox"/> <b>Durable Power of Attorney for Finances</b>
<b>Requested By</b>	
<b>Name of Person Completing Application:</b>	<b>Address and Phone Number</b>
<b>If there is a petitioning attorney in this case, Name</b>	<b>Address and Phone Number</b>
<b>APS Counselor</b>	<b>APS Counselor contact information</b>