

Please fill out this form as completely and accurately as you can.
Upon completion, you may mail or fax to MMGS and someone will
be in contact with you as soon as possible.

Mid-Michigan Guardianship Services, Inc.
600 West Maple Street
Suite C
Lansing, MI 48906

Phone: 517.372.9853

Fax: 517.372.1518



Mid-Michigan Guardianship Services, Inc.

Application / Referral for Services

Client Name _____ Date _____

Date of Birth _____ Social Security Number _____

Gender ____ Male ____ Female Race _____ Marital Status _____

Address _____

____ AFC ____ Nursing Home ____ Independent ____ Lives with Family ____ Other

Home Phone _____ Cell Phone _____

Email Address _____

Medicaid Number _____ Medicare Number _____

Other Insurance _____ Policy Number _____

Source(s) of Income and Amount(s):

_____ Social Security _____ SSI _____ Pension

_____ Other

Does the client receive VA? _____ Yes _____ No

If yes, please provide the following information:

_____ Claim Number _____ Branch of Service

_____ Amount Received

Please list any other assets including bank accounts, home(s), vehicles(s), land, life insurance(s), IRA, CD, pre-paid funeral arrangements, etc.

What is the primary diagnosis?

Secondary Diagnosis?

Physician(s) Information

Please list all current medications

Please provide medical history including any past surgeries

Please list any relevant family history/dynamics

Please list any professional involvement (CMH, TCOA, etc.)

What service(s) are you seeking?

_____ Guardian _____ Conservator _____ Payee _____ Trustee

What is the reason for the referral? Please be as detailed as possible.

What specific actions, both short and long term, should be taken on the client's behalf?

Mid-Michigan Guardianship Services, Inc. is a professional guardianship organization and does not receive any type of outside funding. We rely on fees charged for our services in order to operate. We charge an opening fee, a closing fee, and a monthly rate for services. We also charge for postage and mileage. We work with various agencies on a contractual basis, as well.

How will services be paid for?

Private Pay _____

Auto Insurance _____

Contract _____

If contract, please list which one _____

Please list all interested parties. Attach a separate paper if necessary.

Name	Relationship	Address	Phone Number

Source of Referral

Name _____ Agency _____

Phone Number _____