Website: www.Colorado-OPG.org

Phone: 720-552-5215

Please use this checklist as a guide to gather appropriate documentation to complete your referral to the Colorado Office of Public Guardianship.

DEMOGRAPHICS		INCOME AND ASSETS INFORMATION
	Name of Alleged Incapacitated Person (AIP)	☐ AIP income sources – Employment, SSI, SSDI, Private retirement, Any other earned income, etc.
	Date of birth (Must be 21 or older)	
	Address	☐ Owner of real property and address
	Social Security Number	
	County of residency	 Owner of a vehicle and vehicle description (Make/ Model/Year/Color)
	Race/Ethnicity	☐ Credit Card and Bank Accounts/Statements
	Gender	
	Veteran Status	☐ Trust/Annuities
	Confirmation of no pending guardianship	☐ Life Insurance/Burial Insurance
	proceedings by Adult Protective Services	
INCAPACITY INFORMATION □ Diagnoses (Primary/Secondary & Additional)		BENEFITS INFORMATION
		☐ Name and contact information of AIP's Caseworker
⊔ A	neuropsychological evaluations to support	(Long-term care, Medicaid/Medicare, Veteran's Association, Adult Protection, etc.)
	diagnoses	☐ Active/Denied Food stamps
□ Pı	rovide a description of how these diagnoses limit the AIP and deems them as incapacitated	☐ Active/Denied Medicaid
□н	listory of Substance Abuse	☐ Active/Denied Medicare
		☐ Social Security Administration (SSA) benefits
		☐ SSA Representative Payee contact information
		☐ Veteran's Administration (VA) benefits
		☐ VA Fiduciary contact information ☐ Aid to the Ared Blind and Disabled (AABD)

COLORADO OFFICE OF PUBLIC GUARDIANSHIP—REFERRAL CHECKLIST

FAMILY AND SUPPORT CONTACT INFORMATION

 Name and contact information of all known family members 	ATTACHMENTS
☐ Specific steps taken to contact each family member and to assess appropriateness	□ Proposed Petition□ Evaluations and medical documentation
□ Name and contact information of known interested friends	☐ Income documentation (Employment, SSI, SSDI, Private retirement, any other earned income, etc.)
Steps taken to contact each interested friend and to assess appropriateness	\square Banks statements and Credit card statements
	\square Letter from SSA approving the Representative
	Payee
PENDING CRIMINAL OR OTHER PROCEEDINGS	
☐ Criminal charges and outstanding warrants	
☐ Child Custody, Divorce, Child support	
☐ Immigration	
 Please include case identification information, including cand upcoming hearing, if applicable 	ounty and case number,
REFERRAL PROCESS—PLEASE NOTE THAT REFERRING PAFILE THE PETITION FOR GUARDIANSHIP WITH THE APPROPRIATE	
☐ A referring party is required to Register on the CO OPG Complete a Referral on the Colorado OPG website.	website. Once registered, the referring party can
☐ A complete referral will allow the Colorado OPG to dete meets the statutory requirements of the OPG. If the requirements AND the Colorado OPG has the caselo provide, an Acceptance of Appointment with the De	referral meets the Colorado OPG eligibility oad capability, the Colorado OPG will file, or
☐ A referral will not be considered complete until all inform will notify the referring party that the information was incomplete. The Colorado OPG may contact the reference.	received and if it is considered complete or
☐ An incomplete referral will not be considered. The referring referral. At 30 days, the referral will automatically be referring party. A new referral will need to be complete.	closed and the Colorado OPG will not notify the