



Oregon Public Guardian & Conservator Program (OPG)
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PROGRAM REFERRAL INFORMATION

INFORMATION AND REFERRAL

The Oregon Public Guardian & Conservator Program (OPG) provides information and consultation on matters related to guardianship and conservatorship. We encourage you to call and discuss problem situations or a possible referral. **Serious referrals must contain the assessments and information required by the program, to assure that intakes comply with program and court standards, and values.** A referral letter or existing narrative from evaluations, reports or case notes may be substituted if this documentation can sufficiently address the areas of incapacity. In either case, we must have the required information to file. Petitioning the court for guardianship and conservatorship is a process involving assessment, documentation and a legal proceeding in the Oregon Circuit Courts. The court proceedings may be contested and in all cases the court must, at a minimum, find clear and convincing evidence of incapacity and the need for guardianship or conservatorship.

ELIGIBILITY, PROGRAM CRITERIA AND LIMITATION

In all cases, the individual in need must meet the following criteria:

- Age 18 years or over.
- A resident of the State of Oregon.
- At imminent risk of significant abuse, neglect, self-neglect and/or exploitation.
- No less restrictive alternative to guardianship or conservatorship is available.
- No other appropriate person able and willing to serve as guardian or conservator for the individual.
- A reasonable and viable plan for improving the care and safety of the individual is possible.
- The individual meets Oregon statutory, court, and program standards for incapacity (see excerpts below).

In addition to the above eligibility requirements, there are other factors that may limit the ability of the OPG to become involved in some situations. The OPG has a limited budget and staff. Due to the limited resources, the Program lacks the capacity to become involved in every case or to get to cases immediately; at this time, cases are being triaged and prioritized based on highest need. OPG generally will not undertake guardianship where the only goal is to facilitate placement, involuntary treatment or address public safety issues.

For Oregon Public Guardian & Conservator (OPGC) guardianship to be recommended it must meet an OPGC priority criteria:

1. The person faces an imminent or ongoing risk of serious harm due to their situation and incapacity that can only be addressed through guardianship.
2. The person is currently in a medical or mental health hospital, and cannot be safely discharged without guardian authorization.
3. The person is currently living in an in home setting (house, apartment, trailer, etc...), prefers to stay there and would be unable to maintain in that setting without the oversight of a guardian.

GUARDIANSHIP (Personal and Health Care Decisions)

OPG may petition the court on cases for which it has agreed to serve as guardian; the court decides whether guardianship and/or conservatorship will be granted. Within statutory and program criteria, we triage referrals for urgency and risk to the individual.

In addition to investigations and needs assessments completed by OPG, we rely on independent professional assessments to determine and document incapacity. **Referrals must be documented sufficiently to allow an intake decision, a responsible and complete court filing, and to support a contested case hearing. Please include pertinent medical records with your referral.**

"Incapacitated" means a condition in which a person's ability to receive and evaluate information effectively or to communicate decisions is impaired to such an extent that the person presently lacks the capacity to meet the essential requirements for the person's physical health and safety. *"Meeting the essential requirements for physical health and safety" means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene and other care without which serious physical injury or illness is likely to occur.*" ORS 125.005(5).

CONSERVATORSHIP (Property and Financial Decisions)

Typically OPG declines conservatorship cases because the individual has the means to pay for private conservator. However, referrals for conservatorship only may be accepted when the client is an individual with declining capacity and is likely to continue to require conservatorship in the foreseeable future. Priority is given to situations involving exploitation or where conservatorship may preserve a more independent lifestyle for the individual.

"Financially incapable" means a condition in which a person is unable to manage financial resources of the person effectively for reasons including, but not limited to, mental illness, mental deficiency, physical illness or disability, chronic use of drugs or controlled substances, chronic intoxication, confinement, detention by a foreign power or disappearance. *"Manage financial resources" means those actions necessary to obtain, administer and dispose of real and personal property, intangible property, business property, benefits and income.* ORS 125.005(3).

TEMPORARY FIDUCIARY (Emergency Guardianship)

A temporary fiduciary who will exercise the powers of a guardian may be appointed by the court *"if the court makes a specific finding by clear and convincing evidence that the respondent is incapacitated or a minor, that there is an immediate and serious danger to the life or health of the respondent, and that the welfare of the respondent requires immediate action"*. (ORS 125.600). OPG gives priority for temporary guardianship/conservatorship to cases of abuse and exploitation.

DOCUMENTATION REQUIREMENTS

Documentation should address both incapacity and the results of that incapacity, as outlined in ORS 125.005(5). Opinions should be supported by facts. The factual information must demonstrate that appointment is necessary as a means of providing continuing care and supervision, and must give a clear expectation of what guardianship and/or conservatorship can and will accomplish. Reports should be recent and suitable for court review.

DOCUMENTATION REQUIREMENTS continued

Referral Worksheet/Letter: The worksheet (see attached) should contain the factual information that supports the request for the appointment of a fiduciary (guardian or conservator) and the names/addresses of all persons who have information that would support a finding of incapacity or financial incapability.

Medical Statement: Local court standards require a letter from the treating physician that summarizes the diagnoses, at least one of which relates to the incapacity, and relevant medical issues. This report should outline needed medical decisions, and include a clear statement of opinion about incapacity and a recommendation for guardianship.

Psychological/Psychiatric Assessment: This should directly address the areas of mental or functional incapacity. Extensive testing is not required if simple or partial instruments display the deficit(s) clearly, and are interpreted. In cases involving judgment and insight deficits only, psychological testing is essential, as well as discussion by the clinician concerning the link between reported harmful behavior and the deficit(s).

FUNDING SOURCE FOR PETITIONING COSTS

While OPG has the ability to provide ongoing guardianship services once appointed by the court, we operate on a limited budget. We appreciate all efforts at locating alternative payor sources for the court petitioning costs, as it will allow us to stretch our funding dollars to serve as many vulnerable Oregonians as possible. As such, if there is a known source of funding that can be accessed for the petitioning process, please submit contact information as listed below.

Potential funding sources willing/able to pay for cost of petitioning the court

1	Name, Title	Office or Hospital Name			
	Street Address	Room #	City	State	Zip
	Phone	Alt. Phone, Fax, Cell, E-mail (specify)			
2	Name, Title	Office or Hospital Name			
	Street Address	Room #	City	State	Zip
	Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

WORKSHEET SUBMISSION INSTRUCTIONS

To submit the below worksheet for referral, save a copy of this PDF document to your computer (enabled for Adobe Reader users), then send **Attention: OPG Intake** using one of the following methods:

1. **Attach as an E-mail** to info@opg.state.or.us.
2. **Print a copy and FAX** to (971) 250-2889.
3. **Print a copy and MAIL** to the OPG at 3855 Wolverine NE, Suite 6, Salem, OR, 97305.

Any questions, please contact us at (971) 374-3582.



REFERRAL WORKSHEET

SERVICE REQUESTED Guardianship Conservatorship Emergency G/C

PROPOSED ASSESSMENT CLIENT PERSONAL INFORMATION

Exact Full Name		
Date of Birth	Race	Marital Status
Social Security #	VA #	
Medicaid #	Medical Insurance	
Medicare #	Primary language spoken/understood:	

CURRENT LOCATION

Please indicate the individual's current, immediate location.

Facility or Hospital Name (if applicable)

Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			
Expected Date of Discharge (if any)	Notes Re: this Location			

PERMANENT OR REGULAR RESIDENCE

Please indicate where the individual regularly resides, if different from above.

Facility Name (if applicable)

Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			
Dates	Notes Re: this Location			

MAILING ADDRESS

If different from above.

Attention (if not to the individual)

Street Address or PO Box	Room #	City	State	Zip
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REFERRAL SOURCE CONTACT INFORMATION

Please supply your name and contact information.

Date of referral _____

Name, Title	Office or Hospital Name			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

MEDICAL DOCUMENTATIONPsychological/Psychiatric Evaluation No Yes (Attach Copy)Physician Letter No Yes (Attach Copy)Medical History & Physical No Yes (Attach Copy)Authorization for Release of Information No Yes (Attach Copy)**Physicians Who Have Treated or Evaluated**

1	Name, Title	Office or Hospital Name			
	Street Address	Room #	City	State	Zip
	Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

2	Name, Title	Office or Hospital Name			
	Street Address	Room #	City	State	Zip
	Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

CONTACTS**Persons Having Direct Knowledge of Incapacities** (Case manager, social worker, nurse, physician, family, others)

Name, Title	Agency, Office, or Hospital Name			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name, Title	Agency, Office, or Hospital Name			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name, Title	Agency, Office, or Hospital Name			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Individuals Entitled to be Noticed (Spouse, parents, adult children, co-habitants, nearest relatives, attorneys. Include all, even uninvolved.)

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Individuals Nominated, or Acting as, Fiduciary, Trustee, Power of Attorney, or Health Care Representative

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

Name	Relationship			
Street Address	Room #	City	State	Zip
Phone	Alt. Phone, Fax, Cell, E-mail (specify)			

GUARDIANSHIP / CONSERVATORSHIP CRITERIA NARRATIVE

Please give clear examples and/or include documentation demonstrating the issues in these areas.

1. Ability to Evaluate Information/Communication

The person is an adult whose ability to receive and evaluate information effectively or communicate decisions is impaired.

Factual information

2. Health Care

The person does not adequately provide for his/her health care.

Factual information

3. Food/Shelter

The person does not adequately provide for his/her food, nutrition and shelter.

Factual information

4. Clothing/Hygiene

The person does not adequately provide for clothing or personal hygiene.

Factual information

5. Safety/Other Care

The person does not adequately provide for his/her safety and/or other care, without which serious physical injury is likely to occur.

Factual information

6. Management of Financial Resources

The person is unable to manage financial resources effectively.

Factual information

7. Other Less Restrictive Alternatives are Unavailable

Other less restrictive alternative have been attempted or considered and are inappropriate

Factual information

8. Other Relevant Information

Not captured in the above categories

Factual information

Please leave amounts blank if unknown

INCOME AND ASSETS

Monthly Income (Social Security, SSI, pensions, etc.)

Source	Contact Info (if necessary)	Amount
Source	Contact Info (if necessary)	Amount
Source	Contact Info (if necessary)	Amount

Bank Accounts, Certificates of Deposit, Other Accounts

Bank Name and Branch	Account Number	Balance
Bank Name and Branch	Account Number	Balance

Real Property

1	Street Address	Room #	City	State	Zip
	Name on Title	Phone, Fax, Cell, E-mail (specify)			
2	Street Address	Room #	City	State	Zip
	Name on Title	Phone, Fax, Cell, E-mail (specify)			

Personal Property (Automobiles, furniture, jewelry, household furnishings, etc.)

1	Description	Estimated Value
2	Description	Estimated Value
3	Description	Estimated Value

Other Property (Insurance policies, stocks, bonds, funeral arrangements, etc.)

1	Description	Cash Value
2	Description	Cash Value
3	Description	Cash Value