



Guardian/Conservator Referral Form

Please fill out this form to the best of your knowledge and with as much detail as possible. In addition to this referral, The Public Fiduciary Office (PCPF) will also need a completed Report of Physician (ROP). It is available on the same website as this referral form. Please have the ROP legibly filled out; each answer has to contain clear and convincing information regarding specific issues that the physician believes appropriate.

Completed forms may be faxed to (520) 624-7190, emailed to GCD.Referrals@pima.gov or mailed with the ROP. The original ROP must be mailed to the PCPF at 32 N. Stone Ave 4th Floor Tucson, AZ 85701.

If you have any questions please call 724-5454 and ask for the intake unit.

Person completing referral:

Name:

Date:

Phone number & e-mail:

What initiated your involvement?

Alleged person in need of protection:

Full name & aliases:

DOB:

SSN:

Current address and level of care:

Income source(s) and amount:

Location and account numbers of any bank accounts:

Current representative payee:

Next of kin and their contact information:

Current Power of Attorney & contact information:

Medical insurance company and policy number(s). Please include copy of insurance cards when possible:

If on ALTCS: ID#, case manager name and contact information:

If not on ALTCS, has an application been initiated? If so, by whom & on what date?

Current Primary Care Physician (PCP) & contact information:

Medical history and current diagnosis: Please include current medical records when possible.

Receiving Division of Developmental Disabilities services? If so, support coordinator name and contact information and day program or school information:

Why is this person in need of Public Fiduciary services?