

DIVISION OF GUARDIANSHIP	
PRE-GUARDIANSHIP CONSULT CHECKLIST	
ITEMS THAT ARE TYPICALLY NEEDED/ASKED FOR DURING CONSULTS	
NAME OF CLIENT	
<i>Per KRS 210.290 & per 922 KAR 5:150, the following minium criteria MUST be met to refer to State Guardianship</i>	
MUST BE ADULT	<input type="checkbox"/>
PHYSICAL LOCATION IS KNOWN, AND CLIENT HAS BEEN CHECKED ON VERIFYING THEY ARE ALIVE	<input type="checkbox"/>
KY RESIDENT FOR AT LEAST 6 MOS DOES NOT INCLUDE TREATMENT FACILITY/HOSPITAL/LTC/JAIL	<input type="checkbox"/>
US CITIZEN/PERMANENT RESIDENT	<input type="checkbox"/>
AOC CHECK/FELON OR VIOLENT-HISTORY/SEX OFFENDER-HISTORY	<input type="checkbox"/>
GF 01 COMPLETED	<input type="checkbox"/>
SCHOOL RECORDS/PSYCHOLOGICAL TESTS-MOST RECENT/IEP/ADAPTATIVE- IF APPLICABLE	<input type="checkbox"/>
BIMS-IF APPLICABLE	<input type="checkbox"/>
MEDICAL RECORDS	<input type="checkbox"/>
FINANCIAL RECORDS- IF AVAILABLE	<input type="checkbox"/>
LEXUS/NEXUS SEARCH	<input type="checkbox"/>
ADVANCED DIRECTIVES/HEALTHCARE SURROGATE OR POWER OF ATTORNEY	<input type="checkbox"/>
NEXT OF KIN/FRIENDS/FAMILY EXPLORED	<input type="checkbox"/>
SERVICES INITIATED/ATTEMPTED; INCLUDING BUT NOT LIMITED PACE, IN REACH, REP PAYEES, ACT	<input type="checkbox"/>
AGING OUT YOUTH- ONLY- IN ADDITION TO THE ABOVE	
SCL WAIVER APPLICATION APPLIED	<input type="checkbox"/>
SSI APPLIED	<input type="checkbox"/>
SS CARD/BIRTH CERTIFICATE	<input type="checkbox"/>