



## **AGS REFERRAL/REQUEST FORM**

**2021**

### **PERSON MAKING THE REFERRAL/REQUEST**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Organisation (if app): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **REFERRAL/REQUEST FOR**

Advocacy  - fill in section 1  
Supported Decision making/Facilitation  - fill in section 2  
Welfare Guardianship—Application support  - fill in section 3  
Welfare Guardianship—Guardian needed  - fill in section 4

***For our up to date cost schedule—Please refer to our website: [adultguardianship.org.nz](http://adultguardianship.org.nz)***

### **SECTION 1—ADVOCACY**

Name of Person requiring advocacy support: \_\_\_\_\_  
Organisation (if app): \_\_\_\_\_  
Person's address: \_\_\_\_\_  
Legal Guardian (if app): \_\_\_\_\_  
Advocacy Issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Time required (approx): \_\_\_\_\_  
Communication: \_\_\_\_\_  
Physical considerations: \_\_\_\_\_  
Cognitive considerations: \_\_\_\_\_  
Other comments: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2—SUPPORTED DECISION MAKING/FACILITATION**

Name of Person requiring support: \_\_\_\_\_

Organisation (if app): \_\_\_\_\_

Person's address: \_\_\_\_\_

Legal Guardian (if app): \_\_\_\_\_

Decision to be made: \_\_\_\_\_

\_\_\_\_\_

People to be involved: \_\_\_\_\_

Location of meeting: \_\_\_\_\_ Time required (approx): \_\_\_\_\_

Communication: \_\_\_\_\_

Physical considerations: \_\_\_\_\_

Cognitive considerations: \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

**SECTION 3—LEGAL GUARDIANSHIP—Support**

Welfare Guardianship application pack.....

Welfare Guardianship & Property Admin pack.....

Welfare Guardianship & Property Manager Pack.....

Welfare Guardianship filling in paperwork by AGST.....

Welfare Guardianship & Prop Admin or Manager filled in by AGST.....

Unsure: *Contact AGST—021 08767583*

**SECTION 4—LEGAL GUARDIANSHIP—No one available—AGST to locate**

Name of Person requiring a guardian: \_\_\_\_\_

Organisation (if app): \_\_\_\_\_

Person's address: \_\_\_\_\_

Family involved (if app): \_\_\_\_\_

Reasons why Guardian required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communication: \_\_\_\_\_

Physical considerations: \_\_\_\_\_

Cognitive considerations: \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_