



Advocates & Guardians for the Elderly & Disabled, Inc.
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Guardianship Benevolent Fund Application Form

Name of Guardian: _____ Date: _____

Name of Attorney Representing Guardian: _____

County of Venue: _____ (Attach Letters of Guardianship.)

Ward's Name: _____ Age: _____

Lives at: Home Group Home ALF SNF Other: _____

Name of Facility: _____

Total Income: _____ Total Assets: _____
*from all sources *of any kind

To confirm the ward's indigent status, explain the nature, type, and kind of assets above \$10,000 (if any):

What benefits is the ward currently receiving (or have been applied for):

SSI SSDI Medicare: A B C D

Medicaid Program: Meds AD Medically Needy QMB Waiver ICP

Veterans: _____ (name of program)

Or military spouse receiving benefits: YES NO

Under penalty of perjury, I declare that I have read the foregoing, and that the facts stated are true and correct to the best of my knowledge and belief. If the guardian is discharged, removed, or the ward passes away, AGED will be notified immediately.

Guardian's Signature: _____ Date: _____

Reviewed and accepted by:

AGED Signature: _____ Title: _____ Date: _____

Printed Name: _____