



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

Name of Guardian: \_\_\_\_\_ OPPG#:PG-\_\_\_\_\_ Date: \_\_\_\_\_

GDN Phone#: \_\_\_\_\_ GDN Email: \_\_\_\_\_

GDN Address: \_\_\_\_\_

Name of Attorney Representing GDN: \_\_\_\_\_

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. **REQUIRED: ATTACH LETTERS OF GUARDIANSHIP.**

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and accepted by:

AGED Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_