



Advocates & Guardians for the Elderly & Disabled, Inc.
 Phone: 407-682-4111 Fax: 407-682-5511
www.trustaged.org probono@trustaged.org

Professional Guardian Benevolent Fund Application Form

Name of Guardian: _____ OPPG#:PG-_____ Date: _____

GDN Phone#: _____ GDN Email: _____

GDN Address: _____

Name of Attorney Representing GDN: _____

County of Venue: _____

Ward's Name: _____ Age: _____

Lives at: Home Group Home ALF SNF Other: _____

Name of Facility: _____

Income (Social Security, Pension, or other income)		Asset (checking, trust, burial and property, car/house)	
Source	Monthly Amount	Asset Type	Value

Medicaid Program: Meds AD Medically Needy QMB Waiver ICP

AGED Benevolent Fund requires that all Guardians notify AGED of any of the changes below within **10 days of occurrence**.

- Change of circumstances:
 - Ward passes away.
 - Ward has rights restored.
 - Change of guardian/attorney
 - Guardianship venue is transferred (by court order)
 - Ward receives funds such as:
 - Personal injury settlement or Inheritance
 - Retroactive government benefits like VA, SS, Pension
 - Sale of assets i.e. personal property, home
 - Ward's Assets exceed \$10,000.

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.

I also acknowledge that the funds I receive from AGED Guardian Benevolent Fund will offset the total amount due on my invoices for Guardian Fees. I will not request funds for any invoices that have been paid in full or part by other sources. I may attempt to obtain funds for the balance due on invoices partially paid by AGED Guardian Benevolent Funds from other sources only to the extent that funds are owed, and not receive duplicate payments.

REQUIRED: Attach Letters of Guardianship and OPPG Letter confirming registration of Professional Guardian and any staff.

Guardian's Signature: _____ Date: _____

Printed Name: _____

Reviewed and accepted by:

AGED Trust Signature: _____ Title: _____ Date: _____

Printed Name: _____