



1024 Florida Central Pkwy
 Longwood, FL 32750
 Phone: 407-682-4111
 Fax: 407-682-5511
www.TrustAGED.org
Probono@TrustAGED.org

Professional Guardian Benevolent Fund Application Form

IF PETITIONER IS A HOSPITAL OR FACILITY, CALL AGED ABOUT CASE. RESTRICTIONS MAY APPLY.

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

GDN Phone#: _____ GDN Email: _____

GDN Address: _____

Name of Attorney Representing GDN: _____

County of Venue: _____

Ward's Name: _____ Age: _____

Located at: Home Group Home ALF SNF Other: _____

Name of Facility: _____

Additional Information About the Ward:

- Did this case originate from, or was petitioned by, a hospital or facility? YES NO
If yes: Call AGED for discussion about payment. Restrictions may apply.
- Has the Ward passed away? YES NO
- Has the Ward had their rights restored? YES NO
- Do you expect the will Ward receive funds such as a settlement or inheritance, retroactive gov't benefits (VA, SSA), or from selling assets (personal property, home)? YES NO
- Do the Ward's assets exceed \$10,000? YES NO

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

Notes about assets or any additional information about guardianship.

The Guardian Benevolent Fund requires that all Guardians notify AGED when: the Ward receives assets that could pay guardian fees, the Ward passes away, there is a change of attorney, change of venue, or discharge of the Guardian.

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 invoices for Fees. I will not request funds for any invoices that have been paid in full, or in part, by other sources.

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: _____ Date: _____

Title: _____

Printed Name: _____