

OFFICIAL USE ONLY Date Entered: \_\_\_\_\_  
 MRN#: \_\_\_\_\_ FC#: \_\_\_\_\_  
 Staff Reviewing: \_\_\_\_\_  
 Service Recipient:  Eligible  Ineligible  N/A  
 Family Guardian:  Eligible  Ineligible  N/A  
 Date Reviewed: \_\_\_\_\_

DATE STAMP RECEIVED



NEW MEXICO  
 Developmental  
 Disabilities  
 Council

**OFFICE OF GUARDIANSHIP SERVICES REQUEST**  
**PART "A"**

\*\*Please print clearly or type responses: illegible submissions will delay processing.\*\*

**SECTION I. Type of Services Request:**

- Alternatives to Guardianship / Supported Decision-Making
- New case for initial guardianship appointment
- Review or change of a current guardianship case for a non-Office of Guardianship client
- Current Office of Guardianship client: case review / successor appointment (FC#: \_\_\_\_\_)
- Something else: \_\_\_\_\_

**SECTION II. About The Person Who Will Receive Services ("Service Recipient"):**

Legal Name: \_\_\_\_\_  
 First / Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last / Family Name \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Personal Pronouns (optional): \_\_\_\_\_ Honorific (optional): \_\_\_\_\_ Race / Ethnicity: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Does this person need an interpreter, translator, or other form of communication support?  Yes  No  Unknown

Specify / Explain: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (incl. area code): \_\_\_\_\_

Phone Type:  Personal  Room #  Someone else's personal number  Home Landline  Facility Main Number

Other: \_\_\_\_\_ Can OOG text or leave a message at this number?  Text  Voicemail  No  Unknown

Additional Phone Number(s) & Type(s): \_\_\_\_\_

Residential Address (current): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Living Arrangement:  Home Owned or Rented by Service Recipient  Staying or Living with Family or Friends  
 Supportive Housing  Hospital or Facility  Other Structured Setting  Homeless  Unknown  Other

Specify / Explain: \_\_\_\_\_

Permanent Address (if different), or the most recent residential address prior to facility admission:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed  Unknown

Highest Education Completed: \_\_\_\_\_ Currently Enrolled in School? \_\_\_\_\_

Employment:  Employed Full-time  Employed Part-time  Not in Labor Force  Unemployed  Unknown

If Not In Labor Force:  Homemaker  Student  Retired  Disabled  Resident of Institution  Not Applicable  
 Sheltered / Noncompetitive Employment  Unknown  Other: \_\_\_\_\_

Income Source:  Wages / Salary  Retirement / Pension  Disability  Public Assistance  None  Unknown  
 Other: \_\_\_\_\_

**Special Populations.** (check all that apply) The Service Recipient is:

(1) a Military Veteran, or otherwise receiving or eligible for VA services:  Yes  No  Unknown  
(a) Specify:  Veteran  Family Member of a Veteran  Neither  Unknown

(2) a Jackson Class member or Foley Settlement party:  Jackson  Foley  Neither  Unknown

(3) currently or recently the subject of an Adult Protective Services investigation:  Yes  No  Unknown  
(a) Outcome of Adult Protective Services investigation:  Pending  Substantiated  Unsubstantiated

(4) in CYFD custody, participating in Fostering Connections, or otherwise CYFD-involved:  Yes  No  Unknown

(5) eligible for Home & Community-Based Medicaid Waiver or similar programs:  No  DD Waiver  Mi Via Waiver  
 ICF/IID  Medically Fragile  On Central Registry / Developmental Disabilities waitlist  
 Allocated, but not receiving services  Unknown  Other: \_\_\_\_\_

(6) currently or recently under a Mental Health Treatment Guardianship:  Yes  No  Unknown

(7) currently under a guardianship or conservatorship in another State or Tribal Court:  Yes  No  Unknown

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### SECTION III. About The Person Filling Out This Form (“Requestor”):

**The Service Recipient is filling out this form (independently or with assistance):**

**Stop Here if You’re Requesting Alternatives to Guardianship / Supported Decision-Making Services for Yourself**

→ No additional information is needed. See the last page of this packet for Submission Instructions.

**Someone other than the Service Recipient is submitting this form:**

Requestor’s relationship to the Service Recipient:  family member or close friend  case manager or consultant

staff at the hospital or facility where the person is admitted  Adult Protective Services staff  CYFD staff

other service provider or professional  court personnel  someone else: \_\_\_\_\_

Legal Name: \_\_\_\_\_

First / Given Name

Middle Initial

Last / Family Name

Suffix

Personal Pronouns (optional): \_\_\_\_\_ Honorific (optional): \_\_\_\_\_ Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_ Interpreter / translator needed?  Yes: \_\_\_\_\_  No

Agency Name & Job Title (if not family): \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (incl. area code): \_\_\_\_\_

Phone Type:  Personal / Direct  Home Landline  Work / Office  Facility Main Number  Other: \_\_\_\_\_

Can OOG text or leave a message at this number?  Text  Voicemail  No  Unknown

Additional Phone Number(s) & Type(s): \_\_\_\_\_

Full name & contact information of someone who could reach Requestor if the Office of Guardianship is unable to, or someone who could otherwise take over the Services Request. This may be another of the Service Recipient's family members, or the Requestor's supervisor or someone else at the agency, a case worker, or other service professional:

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#### SECTION IV. Why Guardianship Services Are Requested:

**(A)** The Service Recipient has functional impairments caused by (*check all that apply*) § 45-5-101(C) & (F):

mental illness  mental deficiency  physical illness  physical disability (such as a traumatic brain injury)  
 chronic use of drugs  chronic intoxication  some other cause: \_\_\_\_\_

**(B)** What are the Service Recipient's primary diagnoses *that affect their ability to make decisions for themselves?*

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**(C)** Give two or three examples of behaviors you have observed where these conditions have impacted the Service Recipient's ability to understand, make, or communicate decisions *about their personal care*: \_\_\_\_\_

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**(D)** Give two or three examples of behaviors you have observed where these conditions have impacted the Service Recipient's ability to understand, make, or communicate decisions *about their financial affairs*: \_\_\_\_\_

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**(E)** List any specific decisions that are pending and that the Service Recipient may not be able to make on their own:

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## Requestor Verification:

By initialing & signing below, Requestor affirms under penalty of perjury under the laws of the State of New Mexico, in compliance with Rule 1-011(B) of the Rules of Civil Procedure, that the statements and documents submitted are true and correct, and that they understand the following:

[Initial] \_\_\_\_\_ Submission **does not** create an attorney-client relationship between the Office of Guardianship and the Service Recipient, Requestor, Proposed Family Guardian(s), or any other person.

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Requestor Full Name (print)

Signature

Date

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## SECTION V. Service Recipient's Formal Identification & Financial Eligibility:

### (1) Formal Identification (at least one *must* be provided):

- Government Issued ID
- Social Security Card or Individual Taxpayer Identification Number
- *For applications submitted by hospital or facility:* "face sheet," inquiry, demographics page(s), or similar.

### (2) Proof of Financial Eligibility (for Guardianship Services ONLY):

The Service Recipient must be financially and otherwise eligible for Medicaid or a similar public benefit like those that provide medical insurance, food, housing, or other financial assistance. *Proof of benefit must be submitted with the Service Request.*

Each benefit has its own type of documentation, which may be a physical or digital card; benefit award letter; a printout from the enrollment portal webpage; or something else.

#### **Examples of qualifying public benefits include:**

- Medicaid ("Centennial Care")
- Social Security Income
- Social Security Disability Income
- SNAP ("Food Stamps") or EBT
- TANF / NM Works or WIC
- NM General Assistance for disabled adults
- Medicare Savings Programs (QMB, SLMB, or QI)
- Low Income Home Emergency Assistance Program (LIHEAP)
- Section 8 or Section 811 Housing Assistance

**If the Service Recipient does not receive any public benefits,** proof of income must be submitted with the Service Request. The following financial documentation may be used:

- Income Tax Return or W-2 Form (most recent)
- Paystubs
- Unemployment Insurance Benefits
- Retirement or Pension information
- Court Order for Child Support or Spousal Support
- Trust or Custodianship Beneficiary documents
- Other Beneficiary documents (e.g. Veterans Affairs)

## SECTION VI. Services Request for Family / Friend Guardianship:

If a person's family member or close friend is able and willing to serve as guardian, then the case is considered a request for Family Guardianship. Family generally has priority for appointment. § 45-5-311.

The Court can also appoint "co-guardians" if more than one family member or close friend is able and willing to serve as guardian. The co-guardians can generally act together or independently.

**This Services Request is for a:**  Family Guardianship (one person)  Family Co-Guardianship

Professional Guardianship → No additional information needed. See last page for Submission Instructions.

### For Family Guardianship & Co-Guardianship Requests ONLY (check all that apply):

**The Requestor (contact information in Section III) is a proposed family guardian.**

A proposed family guardian or co-guardian is someone other than the Requestor (complete the below):

Legal Name: \_\_\_\_\_

First / Given Name

Middle Initial

Last / Family Name

Suffix

Personal Pronouns (optional): \_\_\_\_\_ Honorific (optional): \_\_\_\_\_ Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_ Interpreter / translator needed?  Yes: \_\_\_\_\_  No

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (incl. area code): \_\_\_\_\_

Phone Type:  Personal / Direct  Home Landline  Work / Office  Facility Main Number  Other: \_\_\_\_\_

Can OOG text or leave a message at this number?  Text  Voicemail  No  Unknown

Additional Phone Number(s) & Type(s): \_\_\_\_\_

## Proof of Proposed Family Guardian Qualifications & Eligibility

Training: All proposed guardians must complete training, including watching the Adult Guardianship & Conservator Orientation Program videos: <https://adultguardianship.nmcourts.gov/about/orientation-program/>

Government Issued ID and Financial Eligibility Documentation is required for **each** proposed family guardian.

Office of Guardianship services are designed to assist low income New Mexicans with very limited resources. The household income of a proposed family (co-)guardian must not exceed 200% of the federally established poverty level. Financial eligibility can be established by proof of the proposed guardian's qualification in Medicaid or a similar public benefit, or by providing documentation of all income & benefits. (NMAC 9.4.21.8)

**List documents provided:** \_\_\_\_\_

## Proposed Family Guardian Verification:

*By initialing & signing below, each proposed family (co-)guardian affirms under penalty of perjury under the laws of the State of New Mexico, in compliance with Rule 1-011(B) of the Rules of Civil Procedure, that the statements and documents submitted are true and correct and that they understand the following:*

| Initials (1) | Initials (2) | Understand & Agree:   |
|--------------|--------------|---|
|              |              | Submission of this Services Request <b>does not</b> create an attorney-client relationship between the Office of Guardianship and the Service Recipient, Requestor, Proposed Family Guardian(s), or any other person. |
|              |              | Complete and accurate financial eligibility and other information has been provided.  |
|              |              | The Proposed Family Guardian(s) are willing & able to complete all required guardianship training prior to any appointment and otherwise comply with the rules of guardianship.                                       |

Guardian 1 – Full Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian 2 – Full Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Page 6 contains submission instructions and resources only.

## **SUBMISSION INSTRUCTIONS**

### **OFFICE OF GUARDIANSHIP SERVICES REQUEST: PART “A”**

Services Requests may be submitted to the addresses below, via Email, Fax, or U.S. Mail, or delivered in-person during standard business hours (Monday through Friday, 8am to 5pm – closed for all State Holidays).

Please print clearly or type responses. Illegible or incomplete submissions will be returned to the Requestor and result in a delay of processing.

*After submission, be sure to let us know if any information changes!*

**Email:** [DDCOOG.Intake@ddc.nm.gov](mailto:DDCOOG.Intake@ddc.nm.gov)

**Fax:** (505) 841-4455

**U.S. Mail:** DDC-Office of Guardianship  
Attn: Intake Coordinator  
625 Silver Avenue SW, Suite 100A  
Albuquerque, NM 87102

If you have questions or need assistance, please call (505) 841-4549

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## **LEGAL INFORMATION & RESOURCES**

All New Mexico laws can be found online at NMOneSource.com, using the “Search” function.

### Alternatives to Guardianship in New Mexico

- Supported Decision-Making Act, Section 24-7D-1
- Uniform Health-Care Decisions Act, Section 24-7A-1
  - Optional Form for Advance Health-Care Directive, Section 24-7A-4
- Mental Health Care Treatment Decisions Act, Section 24-7B-1
  - Optional Form for Advance Directive for Mental Health Treatment, Section 24-7B-7
- Uniform Power of Attorney Act, Section 45-5B-1
  - Statutory Form Power of Attorney, Section 45-5B-301
  - Agent’s Certification, Section 45-5B-302

### Statutes & Rules Governing Guardianship / Conservatorship in New Mexico

- Uniform Probate Code
  - Article 5: Protection of Persons Under Disability and Their Property, Section 45-5-101
  - Article 5, Part 3: Guardianship of Incapacitated Persons, Section 45-5-301
  - Article 5, Part 4: Protection of Property of Persons Under Disability, Section 45-5-401
- Office of Guardianship Act (Human Rights, Article 16B), Section 28-16B-1
- New Mexico Administrative Code, Title 9 – Human Rights, Chapter 4: Persons With Disabilities, Part 21: Guardianship Services, NMAC 9.4.21.1

### Official Court Forms, Trainings & Other Useful Information

Available on the NM Courts’ website (<https://adultguardianship.nmcourts.gov>)

Explore State Programs at [www.nm.gov/app](http://www.nm.gov/app)

Find Legal Assistance at State Bar of New Mexico ([www.sbnm.org](http://www.sbnm.org))

State of New Mexico Legislature ([www.nmlegis.gov](http://www.nmlegis.gov))