

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

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*?

(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*: _____

(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*: _____

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

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.

Requestor Full Name (print) _____

Signature _____

Date _____

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 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.
		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

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 NMSources.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 NMCourts’ website (<https://adultguardianship.nmcourts.gov>)

Explore State Programs at www.nm.gov/app

Find Legal Assistance at State Bar of New Mexico (www.sbnm.org)

State of New Mexico Legislature (www.nmlegis.gov)