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A guide for referring hospital Social Workers and Case Managers

Referral Acceptance Criteria

- ✓ Age 18 or older
- ✓ Determined by a physician to be medically or mentally incapacitated and unable to make decisions for themselves
- ✓ Physically located within Marion County
- ✓ Hospitalized or an outpatient in crisis
- ✓ Determined by physician to require 24/7 professional supervised care services capable of being paid for through insurance or government benefit programs
- ✓ Without a willing, able, or suitable relative or other significant person to serve as guardian

Complete Referral Checklist

- ➔ Is referral completely filled out including indications of any information that is unknown?
- ➔ Are there any known family members?
 - ➔ If so, what efforts have been made by the hospital to contact the family and what was their response?
 - ➔ If family or other significant person wants to be guardian, have they been referred to the hospital Medical-Legal Partnership, if one exists?
 - ➔ Are all known family members listed in the referral, regardless of their desire or ability to be involved?
 - ➔ Has an effort been made to include contact information for known family members?
- ➔ Is the physician's report included?
 - ➔ Does the report indicate that the individual lacks capacity and clearly indicates the reason why?
 - ➔ Is the report specific about what decisions can and cannot be made by the individual?
 - ➔ Does the physician's report indicate emergency vs. urgency?
 - ➔ If the physician's report indicates a person can appear at court, does the hospital have a plan to bring them to the hearing?
- ➔ Are supporting notes or medical documentation included with information about social history and medical condition?
- ➔ Is it clear from the referral what immediate decisions need to be made once guardianship is established (i.e. discharge, medical procedure, goals of care discussion)