

# APPLICATION FOR GUARDIANSHIP/CONSERVATORSHIP SERVICES THROUGH THE SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

This application is to request guardianship and/or conservatorship services through the Department of Social Services for a person who is a resident of South Dakota.

## 1. Attach the following **MANDATORY** documentation:

- ⇒ Copy of any legal paperwork pertaining to past guardianship or conservatorship appointment or power of attorney.
- ⇒ A list of any known family members or friends and their contact information.
- ⇒ Copy of current psychological or neuropsychological evaluation.
- ⇒ Copy of the current medical history and diagnosis.
- ⇒ List of all appropriate placement options that have been pursued.

★ THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION ★

## 2. Send completed application to:

Department of Social Services  
Division of Adult Services & Aging  
700 Governors Drive  
Pierre, SD 57501

FAX: 1-605-773-4085

## 3. If you need assistance with the application, call the Department of Social Services, Division of Adult Services & Aging:

1-866-854-5465

**YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF YOU DO NOT SEND THE REQUIRED INFORMATION**

## INFORMED CONSENT DECISIONS

**Informed Consent:** is the ability to consider relevant information, weigh risks and benefits and arrive at a knowing and voluntary decision. (Failure to make a decision the provider would have made does not, by itself, mean the person is not capable of giving informed consent).

## TYPES OF GUARDIANSHIP OR CONSERVATORSHIP APPOINTMENTS

1. **Guardianship:** provides the guardian with decision-making authority and responsibility over the protected person's personal affairs, including but not limited to, medical, legal, habilitation, employment, and educational matters.
2. **Conservatorship:** provides a conservator with decision-making authority to manage, protect, and preserve the protected person's estate and finances. As with guardianship, a conservatorship may be full, limited, temporary or joint.
3. **Temporary guardianship (emergency):** arranges for the temporary care, protection, and support for a person in need of immediate help. Temporary guardianship or conservatorship is appointed only for a 90-day period if it is shown that an immediate need exists and following the regular court procedures could result in significant harm to the person.

## LEAST RESTRICTIVE

Examples of less restrictive alternatives to guardianship or conservatorship include:

- Community based services providing training to a person in specific areas;
- Case Management services;
- Utilizing a family member, friend, or advocate willing to assist the person by attending meetings, medical appointments, and having regular contact;
- Representative payee for government benefits, power of attorney, advance directives for health care; and
- Trust account for Social Security back payments, inheritance, settlements, etc.



What less restrictive alternatives to guardianship or conservatorship have been attempted and what were the results?

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Please describe specific reasons or the circumstances which led you to apply now:

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Have you contacted anyone else about becoming this person’s guardian and/or conservator? If not, and there are possible candidates, you must do so before proceeding with this application. If the answer is yes, describe your efforts including whom you contacted and when, their relationship to the person referred, and the response to your request.

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List the names and last known information of any known relatives, spouse, guardian, conservators, advocate, foster parents, or other persons involved in this person’s life, past and present (other than those providing direct care). Use additional page if necessary.

Name	Address	Phone Number	Relationship
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Name and title, if any, of person completing this application: \_\_\_\_\_

Relationship to person referred: \_\_\_\_\_

Address if different than page three of application: \_\_\_\_\_

Telephone number if different than page three of application: \_\_\_\_\_

Email if different than page three of application: \_\_\_\_\_

CURRENT GUARDIANSHIP OR CONSERVATORSHIP STATUS	TYPE OF PROTECTION YOU THINK THIS PERSON REQUIRES
Minor, DSS custody	Full guardianship
Minor, Court Appointed guardian/conservator	Full conservatorship
Minor or adult under tribal jurisdiction	Both guardianship and conservatorship
Adult with current guardian or conservator	Emergency appointment
No existing appointment	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of person completing this application	Date
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