

CORPORATE GUARDIANSHIP PROGRAM STATUS APPLICATION

- If at any time the department determines that the corporate guardianship no longer meets the criteria set out in DHS 85, Wis. Admin. Code, the department may withdraw its approval upon 30-day written notice to the non-profit corporation or former non-profit corporation, the court or courts that assigned the corporations' guardianships, the ward, his or her family, other interested parties, and the county agency designated under Chapter 55.02, Wis. Stats.
- Any party adversely affected by a decision of the department about the suitability of a private non-profit corporation to serve as guardian may appeal that decision to the department's office of administrative hearings under Chapters 227.064 and 227.07-13, Wis. Stats.
- Collection of the information on this form is required to assist the department in determining whether a non-profit corporation or an unincorporated association is a suitable agency and is qualified to serve as a guardian as stated in DHS 85, Wisconsin Administrative Code. Failure to provide the requested information may result in denial of the corporate guardianship status.

• **A completed application shall include:**

1. The filed endorsement of the Articles of Incorporation submitted to the Wisconsin Department of Financial Institutions, if applicable.
2. A copy of the applicant's written grievance procedure for use by wards and interested parties.
3. A business plan that includes staffing projections.
4. A statement agreeing in writing to submit such reports and answer such questions as the department shall require in monitoring a corporate guardian.
5. Any additional information requested by the Department.

• **Provide a copy of your corporate bond** [per DHS 54.46(4)a].

• Individuals who apply for regulatory approval as Guardianship Program Managers must submit the following:

1. DHS form F-82064, Background Information Disclosure (BID)
2. DHS form F-82069, Background Information Disclosure Appendix
3. A \$10.00 processing fee for each person, payable to the **Division of Quality Assurance**

- Submit **BID forms** and fees to: **DHS / Division of Quality Assurance**
Office of Caregiver Quality
ATTN: Entity Background Checks
P.O. Box 2969
Madison, WI 53701-2969

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- Questions about completion of this form may be directed to **608-266-6646**.

- Submit this **application form** to: **DHS / Division of Quality Assurance**
ATTN: Corporate Guardianship Coordinator
P.O. Box 2969
Madison, WI 53701-2969

I. ORGANIZATION INFORMATION

| | | | |
|-------------------------------------|------------------|-------------------|----------|
| Name – Organization | | Date Incorporated | |
| Mailing Address | City | State | Zip Code |
| Name – Guardianship Program Manager | Telephone Number | E-mail Address | |
| Name – Secondary Contact Person | Telephone Number | E-mail Address | |

A. Primary Purpose of Organization

B. Anticipated Number of Wards

NOTE: Initially, your agency will be approved to serve up to 20 wards. To increase that number, contact the Department.

C. Disability and Age Groups to be Served

| Disability | Age Group | Disability | Age Group | Disability | Age Group |
|------------|-----------|------------|-----------|------------|-----------|
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D. Counties to be Served

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II. CORPORATE STRUCTURE – BOARD OF DIRECTORS AND EMPLOYEES

- A. Attach an organizational chart** that delineates the lines of authority and identifies the board of directors, any advisory committees, consultants, lead person responsible for the corporate guardianship program, staff / volunteers, and funding resources.
- B. List below** only those board members or employees who also are members or employees of a community board, a county human services board, or county social services department as specified in DHS 85.12(4) and indicate the county or counties affected. (Attach additional pages if necessary.)

| Name | Corp Guardianship Agency Role | Other Agency Affiliation <i>(Specify agency and role.)</i> | County(ies) Affected |
|------|-------------------------------|---|----------------------|
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III. STAFF

A. Name - Person Designated as the Guardianship Program Manager

B. Attach a list of the guardianship program staff members, *including volunteers*, providing (1) names, (2) addresses, (3) job titles, (4) job descriptions, (5) job qualifications, and (6) monthly hours of direct, as well as indirect, services to wards.

IV. FUNDING

- A. Identify** all sources of actual or anticipated funding for the corporate guardianship program.
- B. Attach** copies of any funding contracts for corporate guardianship program services.

| Source | Amount |
|--------|--------|
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Anticipated Annual Cost Per Ward

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V. ASSURANCES

The applicant corporation, through the actions of its guardianship program manager, agrees to:

1. Communicate any change in the internal assignment of responsibilities to the department, the local planning agency, or interagency mechanism designated under Chapter 55.02, Wis. Stats., the ward, and to the court within fourteen (14) days following its effective date. *[DHS 85.09(1)(d)]*
2. Be immediately accessible by phone during normal working hours to the local planning agency or interagency mechanism designated under Chapter 55.02, Wis. Stats. *[DHS 85.11(3)]*
3. Ensure that the person responsible on behalf of the corporation for administering the guardianship shall be readily accessible in person or by phone to the ward and to other persons concerned. *[DHS 85.11(4)]*
4. Submit such reports and answer such questions as the department shall require in monitoring corporate guardianships. *[DHS 85.05(4)]*
5. Ensure periodic personal contact with the ward, at least once every three (3) months, to ascertain the status of the ward, take necessary action to see that the ward receives needed services, and to assure that the ward is well treated, properly cared for, and is provided with the opportunity to exercise legal rights. Personal contact with a ward protectively placed under Chapter 55.06, Wis. Stats., shall be onsite personal contact. *[Person – DHS 85.14(7); Estate – DHS 85.14(8)]*
6. Ensure that, when serving as guardian of the person of a ward, an annual report is filed on the condition of the ward to the court that ordered the guardianship and to the county agency designated under Chapter 55.02, Wis. Stats.

SIGNATURE – Guardianship Program Manager

Date Signed