

Additional End of Life/Decision Making Resources:

<https://www.tndecisionmaking.org/healthcare-surrogate-lev4/>

<https://www.disabilityrightstn.org/>

What does TN Law say?

The Tennessee Health Care Decisions Act creates Health Care Surrogates. You can read the law in Tennessee Code Annotated Title 68 Chapter 11 Section 1803: <https://www.lexisnexis.com/hottopics/tncode/>

How do I learn more?

The Tennessee Health Care Decisions Act creates Health Care Surrogates. You can read the law in Tennessee Code Annotated TCA Sec. 33-2 219-221: <https://www.lexisnexis.com/hottopics/tncode/>

<https://www.tn.gov/health/health-program-areas/health-professional-boards/hcf-board/hcf-board/advance-directives/advance-directives-faq.html#:~:text=You%20can%20use%20the%20Advance,at%20the%20end%20of%20life.>

<https://www.tn.gov/content/tn/health/health-program-areas/health-professional-boards/hcf-board/hcf-board/advance-directives.html>

<https://www.tn.gov/content/tn/health/health-program-areas/health-professional-boards/hcf-board/hcf-board/advance-directives.html#resources>

Overview of Supported Decision-making, Power of Attorney, and Conservatorship

PRESUMPTION OF CAPACITY:

- All people are presumed by law to have the capacity to carry-out and manage their life decisions and affairs ***unless*** a judge rules that they lack decision-making capacity or, in limited circumstances, a medical surrogate is appointed.
- Just because a person has a disability does ***NOT*** mean that a that he/she cannot make informed decisions and/or provide input on decisions.
- Can the person understand decision-making? **We all make bad decisions, but can he/she understand decision-making?**
- Not following advice cannot be the sole evidence for finding the person lacks capacity.

LEAST RESTRICTIVE ALTERNATIVE:

- Tennessee law requires that we **preserve as many decision-making rights as possible** for a person with a disability. Before immediately seeking a conservatorship that removes certain rights of a person, consider the person's capacity and whether other alternatives such as using supported decision-making or a power of attorney may be beneficial.

SUPPORTED DECISION-MAKING:

- ***What is it:*** The practice of supporting a person in making life decisions without removing their rights.
 - A way everyone can make as many of their own choices as possible regardless of disability, age, behavioral health diagnosis, etc.
 - **A way to increase decisions a person can make and can learn to make, *even if the person has had rights removed.* Yes, SDM should be used in conservatorships whenever possible!**
- ***How it works:*** It helps people...
 - Understand information, issues and choices involved in making a decision
 - Ensure that decisions are based on their own preferences rather than someone else's preferences
 - Interpret and/or communicate decisions to other parties, rather than having others speak for them
- ***Practical application:*** It is having a trusted friend who can help explain options in a way that helps the person understand choices and then make his own choice. We all use it – Have you ever made a large purchase or decided whether you wanted to have a medical procedure and talked through the options or process with a friend beforehand? If so, YOU have used SDM. That other person helped you process a decision you had to make, but ultimately you made that decision, not them – that is SDM!

POWER OF ATTORNEY:

- A written agreement between two people that allows a person to make decisions on behalf of another.
- **The person does NOT lose any rights, though.** The person is still able to make his own decisions, but if he doesn't want to or his health deteriorates to the point he cannot, then the other person can make them for him.
- **Important** – You must have capacity to understand what a POA does and how it impacts you before you can sign a POA. If the person lacks this capacity, then a conservatorship should be considered as an option.

CONSERVATORSHIP:

- A **legal proceeding** wherein a judge makes the determination that a person lacks the mental capacity to make certain decisions. A person does not – and should not – have all rights removed without medical documentation and a legal finding that the person does not have the capacity to make those decisions related to the right.
- Consider the person's specific needs, and limit rights removed to **only** those areas in which the person does not have the capacity to make his/her own decisions. There is no "one size fits all" conservatorship. **Only remove rights that absolutely must be removed to protect the person!**
- **Go into the relationship with these rules for the conservator:**
 - Treat the individual with dignity and respect
 - Honor the individual's preferences and wishes to the greatest extent possible
 - Support the individual to make his/her own decisions to the greatest extent possible
 - Do not let personal beliefs, preferences, etc. influence decisions made on behalf of the individual
- **Example of Rights Retained/Removed**
 - To participate in activities and therapies
 - To vote
 - To own a gun
 - To apply for benefits
 - To give, withhold, or withdraw consent for medical or mental examinations or treatment
 - To work
 - To dispose of personal property
 - To drive
 - To make purchases
 - To enter into contractual relationships
- **How to use SDM in a conservatorship** – The conservator should still have conversations with the person and ask what he wants, discuss options, and allow input. The conservator ultimately has decision-making authority over the rights removed (as written in the conservatorship order), but this does not mean the conservator should not attempt to discuss matters with the person. Also, the conservator can help the person better understand options for rights not covered by the conservatorship.

Frequently Asked Questions About Physician Order for Scope of Treatment or POST Form

1. How does the Physician Order for Scope of Treatment (POST) form ensure that the patient's wishes are followed?

POST forms are a physician's active order set for the patient's current medical condition, which also include resuscitation and treatment preferences. They help ensure that the wishes of a patient are followed even if the patient lacks capacity to make decisions. Seriously ill or frail patients, especially those whose health care givers would not be surprised if they were to die within a year, are encouraged to complete a POST form. The form takes the patient's wishes and puts them into a physician's order set that can be followed at any Tennessee health care facility as well as by first responders.

2. Who should discuss and complete the POST form with patients?

Any health care professional can assist with the completion of a POST form. In many cases, physicians will initiate conversations with their patients to understand their wishes and goals of care. Depending on the situation and setting, other trained staff members including nurses, social workers, or chaplains may also play a role in the POST conversation and completion of the form. They cannot, however, sign the order.

3. Who can sign the POST? Will an oral order be acceptable?

Physicians sign POST forms. An oral ("verbal") order can be used if the institution's policy allows for them. In 2012 a rule change allows a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA) to sign a POST form on discharge or transfer from a hospital or long-term care facility when a physician is not available to sign.

4. Is the patient's signature required on the POST form?

No. The signature of a patient, parent of minor, or surrogate (conservator, power of attorney, agent, or legal representative) is highly recommended but not required by Tennessee law. The law states that a POST order must be signed by a physician for his/her patient with whom he/she has a bona fide physician-patient relationship, but only with the consent of the patient or consent of their surrogate, or other authorized person. A POST form signed by the patient cannot be overruled by the family.

5. Who is responsible to ensure the POST is provided on transfer from one care facility to another? Is a copy as good as the original?

The health care facility initiating transfer must provide the receiving facility a copy of the POST form according to the law. Ambulance services should receive a copy of the POST form if the patient has a DNR order. The ambulance service and receiving facility should honor the POST

that has a physician signature if an emergency situation arises. A copy of the POST form is as good as the original. Several copies should be made available for the receiving facility, transporting entity, as well as patients and families. Repeated behavior of not copying and completing the POST form is a violation of the law and should be reported to the Division of Health Care Facilities, Complaint Section. (Local number 615-741-7221 or toll free number 1-877-287-0010).

6. Are POST forms used differently in a home care, hospice setting or acute hospital setting?

No. Rules and regulations for use of the POST are the same for all licensed facilities in the state. POST forms should also be honored outside of health care facilities.

7. Are there any situations in which a health care provider could honor a POST if the POST has not yet been signed by a physician, but had otherwise been completed by the patient and a nurse?

To honor a POST form it must be signed by the physician, this makes it valid. However, an incomplete POST form may still be useful as an expression of the patient's wishes.

8. Is a POST form legal if signed by a physician that does not have privileges at the facility to which the patient is admitted?

Yes. Properly completed forms are valid at all Tennessee health care facilities. Tennessee Code Annotated Section 68-11-224(e)(1). The law takes into consideration the fact that the patient entering a given facility may have a physician who does not have privileges at that facility.

9. Does a POST form completed at one facility have to be redone when that patient/resident is admitted somewhere else?

No. The POST form does not have to be redone, but it should be reviewed with the patient/resident and/or family for any needed changes. The POST form is valid if signed by a physician. If there are no changes in the plan of care reflected in the current POST, then it should NOT be redone or re-written on transfer. Directions for reviewing the POST are on the back of the form. Please note that family cannot override a valid POST form previously signed by the patient. See below.

10. When should a patient's POST form be reviewed?

It is good clinical practice to review a patient's POST form when any of the following occur:

- The patient is transferred from one medical or residential setting to another;
- There is a significant change in the patient's health status, or there is a new diagnosis;
- The patient's treatment preferences change.

Pursuant to Tennessee Code Annotated § 68-11-224(e)(1) the POST shall remain in effect until revoked or it is physiologically impossible to provide the treatment indicated on the form.

11. Does the POST form replace traditional advance directives?

No. The POST form complements an advance directive (living will, power or attorney, health care agent, etc.), but is not intended to replace that document. An advance directive is still necessary to appoint a legal health care decision maker, and is recommended for all adults, regardless of their health status.

Both POST and advance directives can be completed in advance. Both can contain wishes related to end of life care. If patients do not wish to be resuscitated they must fill out a POST form with their physician. First responders cannot follow end of life wishes contained only in an advance directive like a living will.

12. How should a health care facility handle a conflict between the patient’s instructions via a valid advance directive and the instructions included on a valid POST?

To determine which instruction to follow, the treating physician must look at the date each document was completed. Instructions on the most recent document must be followed if they conflict with an older document. Conflicts may also be resolved by the facility’s ethics committee or administration. This resolution should be documented in the medical record.

13. Can family members, present at the time a patient goes into cardiac arrest, override a POST signed by the patient and a physician that states Do Not Resuscitate?

No. Family members cannot override a POST signed by a patient and physician that states “Do Not Resuscitate.” A POST signed by the patient is documentation of the patient’s wishes.

14. Can an agent/power of attorney/surrogate for health care decisions override the patient’s wishes outlined on a POST which has been signed by the patient and a physician?

No. He/She is legally obligated to follow the patient’s wishes for end-of-life care, if known, and to make decisions in the patient’s best interest. A POST signed by the patient is documentation of the patient’s wishes.

DDA CONSERVATORSHIP REQUEST FORM

This Conservatorship Request Form and supporting documents (Request Packet) are intended for use ***only*** for people who are eligible for the Tennessee Department of Disability and Aging (DDA) to file for conservatorship. The ***minimum*** eligibility requirements for DDA to file for conservatorship are:

1) Must Include One of These:

Person needing a conservator must be enrolled in one of the following, *but* enrollment does **not** guarantee approval of request:

- Tennessee Department of Disability and Aging waiver (1915(c) waiver), including persons supported through Harold Jordan Center and DDA regional Community Homes (ETH, WTH, MTH)
- CHOICES
- ECF CHOICES
- Katie Beckett (must be actively enrolling in ECF CHOICES or CHOICES)
- MAPs
- Money Follows the Person (Referral by TN Center for Decision-Making Support)

2) Must Include One of These:

Person needing a conservator must be:

- Financially indigent
- Not financially indigent, but received prior approval in writing from DDA's Office of General Counsel (written approval must be included with Request Packet; this is **NOT** a commitment to process, only for review)

3) Must Include Both of These:

- Person needing a conservator must be over the age of eighteen (18) (or will be 18 years old when petition is filed, if currently enrolled in the Katie Beckett Program and actively enrolling in the CHOICES Program or ECF Choices Program)
- Person needing a conservator must have an urgent or emergency such as an immediate need or the current conservator is no longer living or able to serve and there is no one available to make decisions in accordance with the previous Order

General questions regarding the appointment of a conservator for a person who meets the above requirements should be directed to the DDA Office of General Counsel at 615-770-1115 (Phil Vaughn, Paralegal, Phil.Vaughn@tn.gov) or DDA.Conservatorships@tn.gov. Questions regarding completed request packets or request packets already in progress should be directed to your regional contact (see next page).

REGIONAL CONTACTS

Once this Request Form is completed and all additional required documents gathered, email them to the appropriate regional contact for review. The region is determined by the county in which the person supported currently lives. Your regional contact will notify you if additional information is needed prior to submission for approval.

West Region

Karla Goodman, *Conservatorship Coordinator
Karla.Goodman@tn.gov
(901) 745-7235

Michelle Jamias, Conservatorship Support
Michelle.Jamias@tn.gov
(901) 745-7517

(Counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Shelby, Tipton, Weakley)

West Region – Once your request is approved, send all original documents to:

DDA Office of General Counsel
Attn: Yaimerys Martin-Alfaro
UBS Building, 8th Floor
315 Deaderick Street
Nashville, TN 37243

Middle Region

MTRO_Conservatorship@tn.gov

Sondra Everett, *Conservatorship Coordinator
Sondra.Everett@tn.gov
(615) 231-5458

Shawn Gray, Conservatorship Support
Shawn.Gray@tn.gov
(615) 884-6089

Jama Phillips, Deputy Regional Director
Jama.M.Phillips@tn.gov
(615) 231-5288

(Counties: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Dickson, Fentress, Franklin, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Stewart, Trousdale, Warren, Wayne, White, Williamson, Wilson)

Middle Region – Once your request is approved, send all original documents to:

DDA Office of General Counsel
Attn: Phil Vaughn

Via USPS
253 Stewarts Ferry Pike
Nashville, TN 37243

Via FedEx
Spruce Cottage, Suite 1101
275 Stewarts Ferry Pike
Nashville, TN 37214

East Region

Carmel Beatty, *Conservatorship Coordinator
Carmel.Beatty@tn.gov
(865) 594-9339

Julia (Jill) Kiehna, Conservatorship Support
Julia.Kiehna@tn.gov
(423) 787-6953

(Counties: Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Grundy, Hancock, Hamilton, Hamblen, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington)

East – Once your request is approved, send all original documents to:

DDA East Tennessee Regional Office
Attn: Mary Jane Davis, Esq.
520 W. Summit Hill Drive, Suite 201
Knoxville, TN 37902

For Regional Offices Only

Once the completed request form and all required documents are reviewed and approved by the region, email the request form and all documents to DDA.Conservatorships@tn.gov, copying the regional attorney, for review and approval by OGC. Once request is approved by OGC, send originals to the designated addresses above.

INSTRUCTIONS FOR
DDA CONSERVATORSHIP REQUEST FORM

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Please read instructions carefully. Check the box by each section affirming that you have read and understand. Call or email your Regional Contact with any questions. |
| <input type="checkbox"/> | 1. It is preferred that all request packets submitted after 10/01/2024 be on this form, which is noted as “Revised 09/24/2024” in the lower left-hand corner of the form. |
| <input type="checkbox"/> | 2. It is preferred that the request packet and forms are typed, but if handwritten, please print legibly. |
| <input type="checkbox"/> | 3. All documents pertaining to this conservatorship <u>must</u> be printed on one side only. Documents that need to be filed with the court and are printed on both sides will not be accepted. |
| <input type="checkbox"/> | 4. Read through each section and answer <u>all</u> questions that apply. |
| <input type="checkbox"/> | 5. Include an email address and phone number for all contacts when available. |
| <input type="checkbox"/> | 6. Except in VERY limited circumstances, due to the significant potential for conflict of interest, DDA will <u>not</u> file a petition requesting the appointment of a conservator, co-conservator, or standby conservator who is also a paid caregiver. If the desired conservator, co-conservator, or standby conservator is also a paid caregiver for the person with a disability, approval must be obtained from DDA. See request form below for approval request. Note: TennCare does NOT allow for a conservator to be paid for providing CLS or CLS-FM services. This same absolute prohibition may become effective for both DDA and TennCare once Integration occurs. |
| <input type="checkbox"/> | 7. Except in VERY limited circumstances, DDA will <u>not</u> file a petition requesting the appointment of a conservator or successor conservator over the estate (meaning assets such as property, finances, etc.), <i>especially</i> if the proposed conservator is a family member, friend, or natural support. If a conservator over the estate is necessary, DDA’s preference/priority is the appointment of a corporate conservator. If a family member or natural support is requested, though, an explanation must be included with the packet explaining why this is necessary, including a detailed property |

| | |
|--------------------------|---|
| | <p>management plan developed by the proposed conservator that includes plans for any property or money the person supported owns or stands to inherit. If approved, the conservator will be required to secure bond in a specific amount set by the court. Generally, the assets of a person supported are limited to monthly SSI/SSDI benefits which are paid to a representative payee, who in turn ensures bills are paid, resulting in very little expendable funds to manage, so a conservator over the estate/finances is not necessary.</p> <p>NOTE: In most instances, the request for appointment of a family or natural support person over the estate/finances/property will be denied, thereby requiring the family or natural support to file a petition without the assistance of DDA, at his/her own expense.</p> |
| <input type="checkbox"/> | 8. Except in VERY limited circumstances, DDA will not file a petition requesting the appointment of a co-conservator or standby conservator. If a co-conservator and/or standby conservator is desired, an explanation of the need for a co-conservator and/or a standby conservator must be given on the Conservator Request Form and must be approved by DDA. |
| <input type="checkbox"/> | 9. A standby conservator does not automatically become the conservator when the appointed conservator is no longer able or willing to serve. Pursuant to T.C.A § 34-1-119(b), “Under no circumstance can the fiduciary and the standby fiduciary be simultaneous empowered to act.” The court must enter a new order authorizing the standby conservator to function in the place of the current conservator. |
| <input type="checkbox"/> | 10. If a court has issued an Order appointing a conservator for an individual, that Order is considered current until the court issues a subsequent Order stating otherwise, even if the current conservator is deceased. Therefore, when a conservator dies, the court must be notified and a petition to appoint a successor conservator must be filed with the court. A person’s rights are not restored just because a conservator dies. |
| <input type="checkbox"/> | 11. Not all forms in the request packet are required for each conservatorship request. Submit all pages of this request form, but only applicable additional forms need to be submitted (see checklist at end of this form for additional forms needed). If additional forms such as Declaration and Consent to Serve over property and person, Declaration of Standby Conservator, and Confirmation of Previous Report of Examination are needed, they should be requested by contacting your regional contact. |
| <input type="checkbox"/> | 12. Do not fill out the court information at the top of the additional forms (Report of Physician, Declaration of Indigency, etc.). This will be completed by the Office of General Counsel. |
| <input type="checkbox"/> | 13. Before mailing request packet to the region, email all completed forms to your regional contact for approval. You will be informed of any additional information that is needed. |

CONSERVATORSHIP REQUEST INFORMATION

| I. PERSON COMPLETING THIS FORM | | |
|--|---|---------------------------------|
| Name: Enter your Name | Relationship to Person Supported: Enter Relationship | |
| Name of Business: Enter Name of Business | Title: Enter Your Title | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Choose an item | Zip: Enter Zip Code |
| Phone: Enter Phone # | | Cell Phone: Enter Cell # |
| Fax: Enter Fax # | Email: Enter Email Address | |



| II. PERSON SUPPORTED | | | |
|--|-------------------------------------|---|--|
| Full Legal Name Enter Full Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of Birth: Enter DOB | Social Security #: Enter SS# | Phone: Enter Phone # | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | | |
| City: | State: Choose or Enter State | Zip: Enter Zip Code | |
| County: Enter County | | Region: Choose Region (see page 2 for contact info) | |
| Enrolled/Enrolling in: <input type="checkbox"/> DDA waiver services, including HJC and Community Homes <input type="checkbox"/> CHOICES <input type="checkbox"/> ECF CHOICES <input type="checkbox"/> Katie Beckett <input type="checkbox"/> MAPs <input type="checkbox"/> Money Follows the Person | | | |

| III. PROVIDER AGENCY | | | |
|--|-----------------------------------|---------------------------------|--|
| Agency: Enter Agency Name | | | |
| Contact: Enter Contact Name | | Title: Enter Title | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | | |
| City: Enter City | State: Choose an item | Zip: Enter Zip Code | |
| Office Phone: Enter Phone # | | Cell Phone: Enter Cell # | |
| Fax: Enter Fax # | Email: Enter Email Address | | |

| IV. INDEPENDENT SUPPORT COORDINATOR / CASE MANAGER | | | |
|--|-----------------------------------|---------------------------------|--|
| Agency: Enter Agency Name | | ISC/CM: Enter ISC Name | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code | |
| Office Phone: Enter Phone # | | Cell Phone: Enter Cell # | |
| Fax: Enter Fax # | Email: Enter Email Address | | |

| V. MANAGED CARE ORGANIZATION (MCO) | | | |
|--|-----------------------------------|---------------------------------|--|
| MCO: Enter MCO | | | |
| Contact: Enter Contact | | Title: Enter Title | |
| Mailing Address (incl. Apt./Suite #): Enter Mailing Address | | | |
| City: Enter City | State: Enter State | Zip: Enter Zip | |
| Office Phone: Enter Phone # | | Cell Phone: Enter Cell # | |
| Fax: Enter Fax # | Email: Enter Email Address | | |

| VI. CURRENT CONSERVATORSHIP |
|--|
| Is there an order of conservatorship in place for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No *The conservatorship is still in effect as long as there is not a separate order ending the conservatorship, even if the current conservator is deceased. If no, skip to Section VII. |
| The current order appoints: <input type="checkbox"/> Conservator <input type="checkbox"/> Co-Conservators <input type="checkbox"/> Standby Conservator (Check all that apply) *Note: A standby conservator cannot act as a co-conservator, nor do they automatically become the conservator when the appointed conservator is no longer able to serve. |



Pursuant to T.C.A § 34-1-119, under no circumstance can the conservator and the standby conservator be simultaneously empowered to act, the court must enter a new order authorizing the standby conservator to function in the place of the current conservator.

In what county was the conservatorship granted? Enter County
*Include a copy of the current appointment order and any subsequent orders that amend the appointment order.

A. Current Conservator / Co-Conservator

| | | |
|--|--|----------------------------|
| Full Name: Enter Full Name | | |
| This person was appointed as the: <input type="checkbox"/> Conservator <input type="checkbox"/> Co-Conservator | Relationship to Person Supported: Enter Relationship | |
| Is the conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: <u>Enter Date of Death</u> *If yes, include copy of death certificate and obituary if available, then skip to next section. If no, complete the contact information below and include a Declaration of Current Conservator, if current conservator is able to complete one. If they are not, provide the reason why. (You may be called to testify about this in court.) | | |
| Reason Why Current Conservator Cannot Complete the Statement of Current Conservator: <input type="checkbox"/> N/A (included) or Enter Reason | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Choose an item | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |

B. Current Co-Conservator

| | | |
|--|--|----------------------------|
| <input type="checkbox"/> No Co-Conservator was appointed (If checked, skip to next section.) | | |
| Full Name: Enter Full Name | Relationship to Person Supported: Enter Relationship | |
| Is the co-conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: <u>Enter Date of Death</u> *If yes, include copy of death certificate and obituary if available, then skip to next section. If no, complete the contact information below and include a Declaration of Current Conservator, if current co-conservator is able to complete one. If they are not, provide the reason why. (You may be called to testify about this in court.) | | |
| Reason Why Current Conservator Cannot Complete the Statement of Current Conservator: <input type="checkbox"/> N/A (included) or Enter Reason | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Choose an item | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |

C. Current Standby Conservator

| | | |
|--|--|--|
| <input type="checkbox"/> No Standby Conservator was appointed (If checked, skip to next section.) | | |
| Full Name: Enter Full Name | Relationship to Person Supported: Enter Relationship | |
| Is the Standby Conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: <u>Enter Date</u> *If yes, include copy of death certificate and obituary if available. (If yes, skip to next section. If no, complete the remainder of this section.) | | |



| | | |
|--|---------------------------|---------------------------------|
| <input type="checkbox"/> Contact information not known *If the contact information for this person is not known, for legal notice purposes, documentation must be given showing diligent efforts to obtain contact information and attempts to contact standby conservator. (Note: You may be called to testify about this in court.) Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | | Cell Phone: Enter Cell # |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person *For legal notice purposes, documentation must be given showing diligent efforts to attempt to contact standby conservator. (Note: You may be called to testify about this in court.) Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with standby conservator Is the standby conservator still willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: Enter Reason If no, standby conservator is not still willing or able to serve as conservator, contact your regional contact and request a Declaration of Standby Conservator. <input type="checkbox"/> Declaration of Current Standby Conservator completed and included in request packet <input type="checkbox"/> Declaration of Current Standby Conservator not completed and not included in request packet If unable to obtain the Declaration of Current Standby Conservator, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason | | |

| VII. REASON FOR REQUEST |
|--|
| If there is not a current conservatorship in place by the Court, provide reason for need of conservator. Enter Reason If there is a current conservatorship in place by the Court, provide reason for request for change of conservator. Enter Reason |

| VIII. PROPOSED CONSERVATOR AND CLOSEST RELATIVES |
|---|
| It is important when choosing a proposed conservator that the person or entity chosen meets the statutory requirements set out by Tennessee Code Annotated (T.C.A) § 34-3-103 <i>and</i> is agreed upon by the circle of support <i>and</i> the Region as being in the best interest of the person supported. |
| <u>Statutory Requirements of a Proposed Conservator</u> Priorities and preferences; appointments. (T.C.A § 34-3-103) Subject to the court’s determination of what is in the best interests of the person with a disability, the court shall consider the following persons in the order listed for appointment of the conservator: |

| |
|---|
| <p>(1) The person or persons designated in a writing signed by the alleged person with a disability;</p> <p>(2) The spouse of the person with a disability;</p> <p>(3) Any child of the person with a disability;</p> <p>(4) Closest relative or relatives of the person with a disability;</p> <p>(5) A district public guardian as described by § 34-7-104; and</p> <p>(6) Other person or persons. (NOTE: This would include a corporate conservator.)</p> |
| <p>Complete sections A – F below to determine the best conservator for the person supported. Every question must be answered whether or not the person is being requested or is seeking to be the conservator. *Pursuant to T.C.A. §§ 34-1-106 and 108, notice is required to be given to closest relatives of the person supported (i.e., spouse, adult children, parents). If the contact information for any relative is not known, reasonable efforts to obtain contact information for them must be shown. If contact information is known or obtained, reasonable efforts to contact the relative to see if they are willing and able to serve as conservator for person supported and obtain a Declaration of Next of Kin from them, if they are not, must be shown. (Note: You may be called to testify about this in court.)</p> |

| A. Person Designated in Writing | |
|--|--|
| <p>Has anyone been named in writing (includes a notation in a POA or Advance Directive but does NOT include a previous Court Order) by the person supported as someone he/she would like to be conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to section B. If yes, complete the remainder of this section and include a copy of the writing with the request packet.)</p> | |
| <p>Full Name: Enter Full Name</p> | <p>Relationship to Person Supported: Enter Relationship</p> |
| <p>Mailing Address (incl. Apt./Suite #): Enter Address</p> | |
| <p>City: Enter City</p> | <p>State: <input type="text"/></p> |
| <p>Zip: Enter Zip Code</p> | |
| <p>Phone: Enter Phone #</p> | <p>Cell Phone: Enter Cell #</p> |
| <p>Email: Enter Email Address</p> | |
| <p>Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: This person should not be a staff person of the provider agency or a paid caregiver for the person supported.</i></p> <p>If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state reason: Enter Reason</p> | |

| B. Spouse | |
|---|--|
| <p>Does the person supported have a spouse who is still living? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to section C. If yes, complete the remainder of this section.)</p> | |
| <p>Full Name: Enter Full Name</p> | |
| <p><input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: Enter Efforts</p> | |
| <p>Mailing Address (incl. Apt./Suite #): Enter Address</p> | |
| <p>City: Enter City</p> | <p>State: Choose an item</p> |
| <p>Zip: Enter Zip Code</p> | |
| <p>Phone: Enter Phone #</p> | <p>Cell Phone: Enter Cell #</p> |
| <p>Email: Enter Email Address</p> | |
| <p><input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: asdf</p> | |

Contact was made with person
Is this person willing and able to serve as conservator for the person supported?
 Yes No

If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?
 Yes No

If no, state reason: Enter Reason

If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.
 Declaration of Next of Kin completed by this person and included in request packet
 Declaration of Next of Kin not completed by this person and not included in request packet
If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason

C. Adult Children

Does the person supported have any living adult children? Yes No (If no, skip to section D. If yes, complete the remainder of this section. If the person supported has more children than there are spaces, list additional information on a separate sheet and include with the request packet.)

1. Adult Child

Full Name: Enter Full Name Son Daughter

Contact information not known
Provide efforts to obtain contact information, including dates and results: Enter Efforts

Mailing Address (incl. Apt./Suite #): Enter Address

City: Enter City **State:** Enter State **Zip:** Enter Zip Code

Phone: Enter Phone # **Cell Phone:** Enter Cell #

Email: Enter Email Address

Attempted contact, but unable to reach person and/or no response from person
Provide efforts to contact, including dates and results: Enter Efforts

Contact was made with person
Is this person willing and able to serve as conservator for the person supported?
 Yes No

If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?
 Yes No

If no, state reason: Enter Reason

If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.
 Declaration of Next of Kin completed by person and included in request packet
 Declaration of Next of Kin not completed by person and not included in request packet
If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason

2. Adult Child

Full Name: Enter Full Name Son Daughter

Contact information not known



| | | |
|--|---------------------------|---------------------------------|
| Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | | Cell Phone: Enter Cell # |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, state reason: Enter Reason | | |
| If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by person and not included in request packet If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason | | |

| 3. Adult Child | | |
|--|---------------------------|---------------------------------|
| Full Name: Enter Full Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter | | |
| <input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | | Cell Phone: Enter Cell # |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, state reason: Enter Reason | | |
| If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by person and not included in request packet If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason | | |

| D. CLOSEST RELATIVES |
|-----------------------------|
|-----------------------------|



Response to sections for father, mother, and siblings is required, even if unknown. Response to sections for other relatives is not required unless they are the closest living relative or are important in the day-to-day life of the person supported. If adequate space is not available, list additional information on a separate sheet and include with request packet.

Deceased and Unknown Parent(s): If a parent is deceased, provide the name and indicate “deceased.” If whereabouts are unknown, check that box, but be prepared to testify under oath that you have no way of obtaining this information. Check the person’s service records! A deceased sibling does not have to be listed.

1. Father

| | | |
|---|---------------------------------|----------------------------|
| Full Name: Enter Full Name | | |
| <input type="checkbox"/> Deceased Approximate Date of Death, if known: Enter Date of Death | | |
| <input type="checkbox"/> Contact information not known | | |
| Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person | | |
| Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person | | |
| Is this person willing and able to serve as conservator for the person supported? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, state reason: Enter Reason | | |
| If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. | | |
| <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet | | |
| <input type="checkbox"/> Declaration of Next of Kin not completed by this person and not included in request packet | | |
| If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason | | |

2. Mother

| | | |
|---|---------------------------------|----------------------------|
| Full Name: Enter Full Name | | |
| <input type="checkbox"/> Deceased Approximate Date of Death, if known: Enter Date of Death | | |
| <input type="checkbox"/> Contact information not known | | |
| Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person | | |
| Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person | | |



Is this person willing and able to serve as conservator for the person supported?
 Yes No

If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?
 Yes No

If no, state reason: Enter Reason

If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.
 Declaration of Next of Kin completed by this person and included in request packet
 Declaration of Next of Kin not completed by this person and not included in request packet

If unable to obtain Declaration from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason

| 3. Living Adult Sibling | | |
|---|---------------------------------|----------------------------|
| Full Name: Enter Full Name <input type="checkbox"/> Brother <input type="checkbox"/> Sister | | |
| <input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person | | |
| Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, state reason: Enter Reason | | |
| If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person and not included in request packet | | |
| If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason | | |

| 4. Living Adult Sibling | | |
|--|---------------------------------|----------------------------|
| Full Name: Enter Full Name <input type="checkbox"/> Brother <input type="checkbox"/> Sister | | |
| <input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |

| |
|---|
| Email: Enter Email Address |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts |
| <input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: Enter Reason If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person and not included in request packet If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason |

| 5. Living Adult Sibling | | |
|---|---------------------------------|----------------------------|
| Full Name: Enter Full Name <input type="checkbox"/> Brother <input type="checkbox"/> Sister | | |
| <input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: Enter Reason If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person and not included in request packet If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts and Reason | | |

| 6. Other Close Relative or Natural Support with Interest to Serve | |
|--|--|
| Full Name: Enter Full Name | Relationship to Person Supported: Enter Relationship |
| <input type="checkbox"/> Contact information not known | |



| | | |
|--|---------------------------|---------------------------------|
| Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | | Cell Phone: Enter Cell # |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, state reason: Enter Reason | | |
| If no, person is not willing or able to serve as conservator and is a close relative, provide a Declaration of Next of Kin. | | |
| <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person and not included in request packet | | |
| If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it of Next of Kin was not obtained: Enter Efforts and Reason | | |

| E. District Public Guardian | | |
|---|---------------------------|---------------------------------|
| Has a district public guardian, as described by § 34-7-104, been appointed for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to section F. If yes, complete the remainder of this section.) | | |
| Full Name: Enter Full Name | | |
| <input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | | Cell Phone: Enter Cell # |
| Email: Enter Email Address | | |
| <input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: Enter Efforts | | |
| <input type="checkbox"/> Contact was made with person Is this person willing and able to continue to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, state reason: Enter Reason | | |
| If no, person is not willing or able to continue to serve as conservator, provide a Declaration of Current Conservator. | | |
| <input type="checkbox"/> Declaration of Current Conservator completed by person and included in request packet <input type="checkbox"/> Declaration of Current Conservator not completed by person and not included in request packet. If unable to obtain Declaration of Current Conservator from this person, provide | | |



efforts to obtain statement, including dates, results, and reason it was not obtained: Enter Efforts

F. Proposed Conservator

Please be sure to read “Instructions for DDA Conservatorship Request Form” on pages 3 and 4, specifically sections 6-9 pertaining to requirements, rules, and restrictions for conservators, co-conservators, and standby conservators. If your request requires additional information such as the reason for the request (e.g., appointment of a co-conservator), then please remit the documentation with your packet. Failure to do so may result in the denial of the packet at the regional level and require resubmission.

1. Corporate Conservator

Is the proposed conservator a corporate conservator? Yes No (If yes, complete the remainder of this section, then skip to the next section. You do not need to provide a Consent to Serve for a corporate conservator. If no, skip to the next section.)

Explain reason for requesting corporate conservator as opposed to a family member.
Enter Reason

Does the Circle of Support/PCSP Planning Team agree that a corporate conservator serving as the conservator for the person supported is in the best interest of the person supported? Yes No
If no, state reason: Enter Reason

2. Non-Corporate Conservator (Individual, Not a Business)

Is the proposed conservator someone listed in one of the sections above? Yes No
(If yes, answer the next question, if it applies, list the person’s name below, then skip to the section below entitled “Required Registry Checks.” A Declaration and Consent to Serve must be completed by the proposed conservator will need to be included with the request packet. If no, complete the remainder of this section.)

If the proposed conservator is not a family member of the person supported, please explain reason for requesting this person as opposed to a family member. Also, provide information as to the extent of interaction between the proposed conservator and the person supported. Enter Reason and Interaction

Full Name of Proposed Conservator: Enter Full Name

Relationship to Person Supported: Enter Relationship

Mailing Address (incl. Apt./Suite #): Enter Address

City: Enter City **State:** Enter State **Zip:** Enter Zip Code

Phone: Enter Phone # **Cell Phone:** Enter Cell #

Email: Enter Email Address

Does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? Yes No

If no, state reason: Enter Reason

3. Required Registry Checks

Does the proposed conservator’s name appear on the Tennessee Department of Health registry of persons who have abused, neglected, or misappropriated the property of vulnerable persons, established by Tenn. Code Ann. § 68-11-1001? Yes No

Does the proposed conservator’s name appear on the national sex offender registry



maintained by the United States Department of Justice? Yes No

Using the link below, please provide a copy of the results for the following links in your packet, proving that the person is not on either registry. Both registries must be checked using the various names and aliases of the proposed conservator, unless the request is for a corporate conservator.

<https://apps.health.tn.gov/AbuseRegistry/default.aspx>

<https://www.nsopw.gov/>

Has the proposed conservator ever been convicted or pled *nolo contendere* (no contest) to a felony or misdemeanor? Yes No

*If yes, include in the request packet a copy of the judgment for each conviction or plea or a statement: 1) listing each conviction/plea; 2) the date of each conviction/plea; and 3) the county and court of record for each conviction/plea.

| IX. OPPOSITION TO ESTABLISHMENT OF CONSERVATORSHIP | | |
|---|--------------------------|---------------------|
| To your knowledge, is anyone opposed to the establishment of a conservatorship? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip next section. If yes, complete the remainder of this section.) | | |
| Reason person is opposed, if known: Enter Reason | | |
| Relationship to Person Supported: Enter Relationship | | |
| <input type="checkbox"/> Contact information already listed in this form (If checked, skip to next section. If not, complete remainder of this section) | | |
| <input type="checkbox"/> Contact information not known | | |
| Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |
| Reason conservatorship is opposed, if known: Enter Reason | | |

| X. OPPOSITION TO PROPOSED CONSERVATOR | | |
|---|--------------------------|---------------------|
| To your knowledge, is anyone opposed to the proposed conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip next section. If yes, complete the remainder of this section.) | | |
| Full Name of Person Opposed to Possible Conservator: Enter Full Name | | |
| Relationship to Person Supported: Enter Relationship | | |
| <input type="checkbox"/> Contact information already listed in this form (If checked, skip to next section. If not, complete remainder of this section) | | |
| <input type="checkbox"/> Contact information not known | | |
| Provide efforts to obtain contact information, including dates and results: Enter Efforts | | |
| Mailing Address (incl. Apt./Suite #): Enter Address | | |
| City: Enter City | State: Enter State | Zip: Enter Zip Code |
| Phone: Enter Phone # | Cell Phone: Enter Cell # | |
| Email: Enter Email Address | | |
| Reason proposed conservator is opposed, if known: Enter Reason | | |

| XI. MEDICAL AND CARE INFORMATION |
|----------------------------------|
|----------------------------------|

The most recent ISP/PCSP and BSP should be submitted as part of this packet.
If any of the information in these documents differs from the information provided in this request, either update the ISP/PCSP and/or BSP before it is submitted or provide an explanation: Enter Explanation

A Report of Examination should be submitted as part of this packet. Per T.C.A. § 34-3-105, an exam of the person supported, and a report of that examination must be completed by a physician, psychologist, or senior psychological examiner.

A report completed by anyone else (such as a physician's assistant or a nurse practitioner) will not be accepted.

Report of Examination was completed by:

Physician Psychologist Senior Psychological Examiner

Make sure the report is completed in its entirety, including the date of last exam in question # 2. Incomplete reports will not be accepted. Per T.C.A. § 34-3-105, the examination must be completed "*not more than ninety (90) days prior to the filing of the petition.*" We ask that this request packet be submitted to DDA no more than thirty (30) days after the date of the examination to allow sufficient time to draft and file the petition and related documents with the court. If 30 days is not feasible, the regional office should address this with the designated senior attorney for that region. We suggest obtaining the Report of Examination last, so it does not expire while you are obtaining other required information and documents.

*** The Report of Examination must be printed on one side only.** The court will not accept two sided documents.**Date of last exam:** Date

Person supported's level of intellectual disability (i.e. profound, moderate, mild) and full-scale IQ, if known: Enter Level of Disability

Person supported's primary diagnosis: Enter Primary Diagnosis

Person supported's other diagnoses (i.e. GERD, Schizophrenia, Bipolar, etc.): Enter Other Diagnoses

Brief description of person supported's

Decision-making ability: Enter Description

Ability to function: Enter Description

Daily needs: Enter Description

Services provided based on his/her intellectual disability: Enter Description

XII. FINANCIAL INFORMATION

A Declaration of Indigency must be completed to be able to show the court the person supported's financial status. The declaration should be completed by someone with knowledge of the finances of the person supported, usually the rep payee. *The Declaration of Indigency must be printed on one side only. The court will not accept two sided documents.

Is the monthly income of the person supported higher than his/her monthly expenses?

Yes No * If yes, note difference under the Assets section.

Are the monthly expenses of the person supported higher than his/her monthly income?

Yes No

If yes, who covers the overage? Enter Name

| |
|--|
| <p>Is the person supported expected to repay this money? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, note the amount owed and who the money is owed to under the Debts section.</p> |
| <p>Does the person supported have a Special Needs Trust or any other type of trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of trust: Enter Trust Type Current trust account balance, if known: \$ Enter Amount *Provide a copy of the Order establishing the trust and the latest statement for the trust account with the request packet.</p> |
| <p>Does person supported have a representative payee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the representative payee: Enter Name</p> |

| XIII. RIGHTS TO BE TRANSFERRED TO CONSERVATOR |
|---|
| <p>DDA legal counsel, in consultation with program staff, will make the ultimate determination as to which rights of the person supported will be requested to the court to be transferred to the conservator. In accordance with T.C.A. § 34-1-127, the least restrictive alternatives upon the person supported must be chosen that are consistent with adequate protection of his/her person and property. Any rights of the person supported not specifically transferred to a conservator remains with the person supported, and they can exercise all of the powers of a person without a disability. Please keep this in mind when determining which right(s) of the person supported should be transferred to a conservator. Know that you may be called upon to explain why a particular right checked below should be transferred to a conservator.</p> |
| <p>Check one or more of the rights of the person supported below that should be transferred to a conservator.</p> <p><input type="checkbox"/> The right to give, withhold, or withdraw consent and make decisions relative to medical and mental examinations and treatment.</p> <p><input type="checkbox"/> The right to consent to admission to hospitalization, and to be discharged or transferred to a residential setting, group home, or other facility for additional care and treatment.</p> <p><input type="checkbox"/> The right to consent to participate in activities and therapies which are reasonable and necessary for the habilitation of the person supported.</p> <p><input type="checkbox"/> The right to consent or withhold consent to any residential or custodial placement.</p> <p><input type="checkbox"/> The right to make end of life decisions: To consent, withhold, or withdraw consent for the entry of a "do not resuscitate" order or the application of any heroic measures or medical procedures intended solely to sustain life and other medications.</p> <p><input type="checkbox"/> The right to make end of life decisions: To consent or withhold consent concerning the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.</p> <p><input type="checkbox"/> The power to give, receive, release, or authorize disclosures of confidential information.</p> <p><input type="checkbox"/> The right to apply for benefits, public and private, for which the person with a disability may</p> |

be eligible.

Other: Enter Description

The right to communication, visitation, or interaction with other persons, including the right to receive visitors, telephone calls, or personal mail. (*These rights should be sought only when necessary for the safety and security of the person supported. The intention is not to isolate the person supported through a blanket restriction on association. Restrictions should be limited to the timing, duration, and scope that are reasonable to protect the person supported and the community. Pursuant to T.C.A. § 34-3-107, if the person supported is unable to express consent to communication, visitation, or interaction with a person due to a physical or mental condition, then consent of the person supported may be presumed based on the supported person’s prior relationship history with the person.)

If right to communication, visitation, or interaction is checked, provide specific details as to what restrictions are needed and why: Enter Description.

If right to communication, visitation, or interaction is checked, does the Circle of Support/PCSP Planning Team agree that the restriction(s) is/are necessary? Yes No

XIV. ADDITIONAL INFORMATION

Is there any additional information that we may need to know regarding this conservatorship request? Enter Information

XV. CHECKLIST

Below is a checklist of documents to include in the request packet. Be sure to read additional notes to each required document. The following documents must be completed and included in the request packet.

A. Conservatorship Already in Place Only

1. Conservatorship Order

| <u>Included</u> | <u>N/A</u> | <u>Document</u> |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Order appointing current conservator/co-conservators |
| <input type="checkbox"/> | <input type="checkbox"/> | Order(s) that modify the appointment order pertaining to the current conservator/co-conservator |

| | |
|--|--|
| 2. Current Conservator | |
| <input type="checkbox"/> | <input type="checkbox"/> Declaration of Current Conservator (If current conservator is not able to complete this document, provide the reason why in Section VI.A. above.) |
| <input type="checkbox"/> | <input type="checkbox"/> Death certificate of conservator, if available, or copy of obituary (if current conservator is deceased) |
| 3. Current Co-Conservator | |
| <input type="checkbox"/> | <input type="checkbox"/> Declaration of Current Co-Conservator (If current co-conservator is not able to complete this document, provide the reason why in Section VI.B. above.) |
| <input type="checkbox"/> | <input type="checkbox"/> Death certificate of Co-Conservator, if available, or copy of obituary (if co-conservator is deceased) |
| 4. Current Standby Conservator | |
| <input type="checkbox"/> | <input type="checkbox"/> Declaration of Current Standby Conservator (If standby conservator is not able to complete this document, provide the reason why in Section VI.C. above.) |
| <input type="checkbox"/> | <input type="checkbox"/> Death certificate of standby conservator, if available, or copy of obituary (if standby conservator is deceased) |
| <input type="checkbox"/> | <input type="checkbox"/> Declaration and Consent to Serve (If the standby conservator is the proposed conservator.) |
| B. All Requests | |
| 1. Declaration and Consent to Serve | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Declaration and Consent to Serve (Completed by the proposed conservator, unless the proposed conservator is a corporate conservator. Consent to Serve from a corporate conservator will be obtained by DDA Office of General Counsel once the request is approved.) |
| 2. Other Statements | |
| <input type="checkbox"/> | <input type="checkbox"/> Statement by the person supported naming someone that they want to serve as their conservator (See Section VIII.A. above) |
| <input type="checkbox"/> | <input type="checkbox"/> Declaration of Next of Kin, if available (See Sections VIII.B. – D. above) |
| 3. Financial Documents | |
| <input type="checkbox"/> | <input type="checkbox"/> Indigency Declaration of Representative Payee or other Representative of Respondent (Original needed. Must be printed on one side only.) |
| <input type="checkbox"/> | <input type="checkbox"/> Trust Document (If person supported has a Special Needs or any other type of trust.) |
| <input type="checkbox"/> | <input type="checkbox"/> Most Recent Trust Statement (If person supported has a Special Needs or any other type of trust.) |
| 4. Medical Documents | |

| | | |
|---------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Report of Examination |
| 5. Other Documents | | |
| <input type="checkbox"/> | <input type="checkbox"/> | ISP/PCSP |
| <input type="checkbox"/> | <input type="checkbox"/> | BSP |
| <input type="checkbox"/> | <input type="checkbox"/> | Abuse Registry search print-out(s) for the legal name and all aliases, including maiden name, if applicable, of the proposed conservator. (Note: Not applicable for corporate conservator) |
| <input type="checkbox"/> | <input type="checkbox"/> | National Sex Offender Registry search print-out(s) for the legal name and all aliases, including maiden name, if applicable, of the proposed conservator. (Note: Not applicable for corporate conservator) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other relevant document(s) |