

Dear Friend of The Arc of the Capital Area:

The Arc of the Capital Area is collaborating with state and local officials, national partners, and our Board of Directors to assist clients as best as possible during the ongoing COVID-19 crisis. Please understand that we are bound by new policies and procedures in light of this pandemic which dictates we must proceed via the use of technology and virtual options for the safety of our staff and those we serve until further notice.

IMPORTANT: You must have internet and technology to participate in this year's program. We will be using video options, such as ZOOM, due to COVID-19 restrictions.

The Arc of the Capital Area's Guardianship and Alternatives to Guardianship Program will begin the first Monday evening of October 5th 2020 via ZOOM.
DEADLINE FOR SUBMITTING APPLICATION IS: FRIDAY - SEPT 11th, 2020

How to qualify for one of 15 spots:

- ✓ Please complete the enclosed forms along with the supported documentation of:
 1. All GROSS income received by all members living in your household
 - a. Copy of one month's worth of employment pay stubs for every working adult in household
 - b. SSI/SSDI award letters for every individual receiving benefits
 - c. Documentation of retirement benefits (if applicable)
 - d. Veteran's Assistance (if applicable)
 - e. Child Support (if applicable)
 - f. Any other form of income
 2. If paystubs are NOT available due to income being paid in cash, we will accept a dated, signed letter of explanation from the employer, or by the person receiving the income, if the employer is not able to provide a letter. ** All letters must provide accurate amount of income received from the source.
 3. If anyone in the household is self-employed or their income varies from month to month, you may provide variations of alternative documentation of that income, call to hear more.

To qualify you must meet eligibility criteria on page 2.

Important notes:

Acceptance into the program is first come first served basis; meaning, the sooner you return a completed application packet and supported documentation, the sooner we can determine if you qualify to secure a spot. We are limited to 15 spots this year.



Guardianship & Alternatives to Guardianship Process

Once a person turns age 18, parents are no longer natural guardians unless a loved one petitions the court to extend legal guardianship to them. Our program offers an **8 month process** for legal guardianship and a way to become educated on the role of legal guardianship, future processes to keep guardianship. Space is limited to **15 available slots** on a first come first serve basis. Individuals who submit complete paperwork and qualify will be granted a guardianship slot.

Applicants MUST have internet access and technology to participate for this year's program due to COVID-19.

Eligibility Criteria:

- “ward” (person with disability) must be 18 years **on OR before** the final hearing
- The “ward” must live in Travis County. (Applicant can live anywhere)
- The “ward” must be deemed incapacitated by assessment of a licensed professional or M.D.
- The “applicant” MUST fall under 250% FPL (federal poverty level)*

What to expect: Sessions are Mandatory to attend

- The Arc only will take “**uncontested**” cases for FULL guardianship;
- You will be educated on alternatives to guardianship in your *FIRST SESSION*, to ensure this path is the best one for you and your loved one without any payment;
- **Sessions are the 1st Monday of Oct., Nov., Jan., Feb., March, April, Final Hearing in May and are anticipated to be virtual online using ZOOM from 6-8pm.**
- You will be guided to obtaining the proper assessments or medical examination necessary for court approval to deem your loved one incapacitated;
- You will be provided all court documentation and guided on how to fill out the documents;
- You will have opportunities to consult with The Arc’s program attorney and his staff regarding your individual situation with questions or concerns;
- You will have a background check conducted by the County in April prior to the final hearing

Program Cost = \$200.00 (due in November) to participate in this program after being deemed eligible and obtaining one (1) of twenty (15) available slots.

Program Start date: Monday in October, October 5th, 2020.

Please Note:

- Some sessions may end early, as the documents are filled out at the pace of the potential guardian. **Each session is mandatory.**
- *The Ward must attend the session in November, but does not have to attend each session thereafter until the final hearing. All Wards **MUST** attend the final guardianship hearing in May.*

Guardianship Program 2020-2021

* FPL = total household gross income

The Arc of the Capital Area- Guardianship Program Application

Guardianship Applicant Information

Applicant (person seeking guardianship) Name: _____

Spouse (if seeking co-guardianship) Name: _____

Will you be seeking **co-guardianship** with your spouse? (this is an option if you are both the married, biological parents of the ward)? (circle one): Yes No

Primary language (circle one): English Spanish Other: _____

Primary phone #: _____ Alternate phone #: _____

Email address: _____

Mailing address: _____

Is applicant Travis County resident? Yes No Number of people in the household: _____

Applicant (person applying for guardianship) **Gender (circle one):** Female Male

Ethnicity (circle one): Hispanic Non-Hispanic

Race (circle one or more): Asian African-American Caucasian Native Hawaiian

 American Indian or Alaska Native Other

Age: (circle one) 18 to 24 25 to 39 40 to 54 55 to 64 65 to 74 75 and over

Zip Code: _____

Client/potential Ward Information

(“Client/potential Ward” refers to the person with the disability)

Client/potential ward name: _____

Diagnosis of disabling condition: _____

Birthdate: _____ Age: _____ Gender (circle one): Female Male

Relationship to Applicant: _____

Current address (if different than Applicant’s): _____

Primary language (circle one): English Spanish Non-verbal Other _____

Can the potential ward make decisions for him/herself and state his/her general preferences? Yes No

Explain: _____

Can the potential ward understand options for medical care and state his/her preference? Yes No

Explain: _____

Program requirements and other information

Applicant's name: _____ Potential Ward's name: _____

- **Pursuing guardianship is a serious commitment. Please consider whether you will be able to meet to the requirements of our program before agreeing to participate. You MUST have internet & technology to participate this year and use ZOOM video conferencing.**
Participants must commit to attending virtual meetings on the first Monday of every month from 6:00 pm – 8:00 pm, from October 2020 through March 2021 (excludes December); the final two sessions will be held at the Travis County Probate Court at 1000 Guadalupe St., in April and May 2021.
* This is subject to change to virtual options if COVID-19 continues to warrant modification of services.
- The program fee is **\$200** and is not negotiable or non-refundable. **The payment is due by the end of November 2020.**
- You will have a choice of a **\$100.00** Standard Bond Payment which is due every year as long as the guardianship is active **OR \$375.00** for a Lifetime One time Bond Payment which will be due to the Court in April 2021.

Please answer the following questions so that our staff can best prepare for each guardianship case and ensure that our program can successfully meet you and your loved one's needs.

Important: Waivers signed and notarized will need to be obtained from immediate family members, i.e.; Ward's full and half siblings over the age of 18; all biological parents who are not applying for guardianship and possibly others depending on your unique situation, stating that they consenting to allow the applicant to pursue guardianship and that they are **not contesting** the applicants request to the court for guardianship. If your answer below is YES, that *does not automatically* eliminate you from going through our program. We will speak to you individually about the situation.

For people with intellectual and developmental disabilities

1. Do you expect that your guardianship will be contested or challenged by anyone in your family? Do you anticipate any challenges in obtaining the waivers you will need (reluctance of family members to sign waivers, or difficulty in contacting family members)? If so, please explain:

2. Does the potential ward have an estate, trust or annuity?

3. Is there any other information you would like to tell us about your case; or questions you would like to ask us before committing to participate in the program?

This Application is due Friday September 11, 2021.



Guardianship Program Financial Eligibility Worksheet
This form must accompany "supported documentation" to verify all amounts.

Client/Ward Name: _____	
Applicant Name(s): _____	
MONTHLY Household Income	Total
1. Gross (before tax) employment income (for every adult in household)	\$ _____
2. SSI and/or SSDI, for all family members who receive it	\$ _____
3. Veteran's Assistance	\$ _____
4. Retirement benefits, pensions, military retirement	\$ _____
5. Child support	\$ _____
6. Income producing property, or income from oil, gas, royalties	\$ _____
7. Other sources of income (explain)	\$ _____
Total MONTHLY Income	\$ _____
Number of People in household	_____
<p>By signing below, I certify that the information I provided is current and accurate, to the best of my knowledge. I understand that this information is confidential and will only be used by The Arc of the Capital Area for eligibility and reporting purposes.</p>	
Parent/guardian signature: _____	Date: _____

Please return this form, and documentation of any income listed, to:
The Arc of the Capital Area, Attn: Guardianship
4902 Grover Ave.
Austin TX 78756

<u>OFFICE USE ONLY</u>	
_____ % Federal Poverty Level based on Household Size and Monthly Income	
Signature: _____	Date: _____