Virginia Department of Behavioral Health & Developmental Services

DBHDS ID Guardianship Funding Request

Date: Click here to enter a date.

CSB: Click here to enter text.

CSB Address: Click here to enter text.

Click here to enter text.

CSB Contact: Click here to enter text.

Email Address: Click here to enter text.

Contact Number #: Click here to enter text.

Instruction to CSB:

1. The individual for whom funding is requested must have been assigned an ID-DBHDS Guardianship slot and approval from the Public Guardianship Program multidisciplinary panel.
2. The request for funding should be the **actual** costs expensed in attorney fees but shall not exceed 2,000 per person.
3. Funds are not guaranteed and are subject to denial if DBHDS allotted funding is expensed.
4. Invoices should be submitted in their original WORD format via EMAIL to: Public.guardianship@dbhds.virginia.gov

Individual's Name	Funding Requested (Not to exceed 2,000 per person)	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.
TOTAL AMOUNT		**Click here to enter text.**

Internal use only

Printed Name: Choose an item.
Title: Community Program Manager or Designee Signature: _____

Updated-5.25.18