Public Guardianship Change Form

Section 1.	**It is essential that this form be submitted to DBHDS when any change occurs** it an individual's status. Failure to submit changes, affects the ability to properly plan for and assign slots to those on the waiting list. - To be completed when **any change occurs** to include: **address, transfer of CSB, new avatar number, death or when assignment of a private guardian or alternative to public guardianship occurs.** - This form should be completed by the CSB Agency Representative, Training Center Community Integration Manager or Public Guardianship Representative. **Please save in Word Format and forward to:** Public.Guardianship@DBHDS.virginia.gov - Please send securely.
Date of Change	Click here to enter a date
Referring CSB/Training Center/PGP	Click here to enter
Support Coordinator/Case Manager/CIM/PGP Coordinator	Click here to enter Support Coordinator/Case Manager/CIM
Phone	Click here to enter Phone
Email	Click here to enter Email
Individual	Click here to enter Individual Name
Date of Birth	Click here to enter Date of Birth
Gender	Click here to enter Gender
Race	Click here to enter Race
Change in Chart/Avatar Number	Click here to enter old number
New Chart/Avatar Number	Click here to enter new number
Change in Address	Click here to enter the old address
New Address	Click here to enter the new address
Change in CSB	Click here to enter the old CSB
New CSB	Click here to enter the new CSB
Individual Death	Click here to enter date of death
Cause of Death	Click here to enter cause of death
Alternative to Public Guardianship Found	Click here to enter date of alternative guardian found
Additional Information about the New AR/Guardian or Date Capacity was Restored.	Click here to provide an explanation/additional information.

Date Alternative to Public Guardianship Found	Click here to provide an explanation/additional information.
Other changes:	Click here to provide an explanation/additional information.