

Determination of Fees for Corporate Guardians Form Overview

A Determination of Fees for Corporate Guardians form is utilized to determine the ward's ability to pay the monthly corporate guardian fee, or a portion of the monthly fee based on review of the ward's income and expenses. The guardian, case manager, or representative payee must complete and submit the form to the Adult Protective Services (APS) supervisor for review. It is recommended that all forms of public assistance such as Food Share, Energy Assistance and the use of food pantries be utilized if available or needed. Personal Spending, \$100 is granted to every ward unless permanently residing in a skilled nursing facility which allows for \$45. Upon review of the form, the APS supervisor will contact the guardian, case manager or representative payee to discuss and determine the fee.

Based on the determination of fees form, corporate guardians who contract with La Crosse County may receive payment through three different methods.

- A ward who has the financial ability to pay is privately billed the monthly expense by the corporate guardian.
- A ward residing in an eligible substitute care setting, such as an adult family home, RCAC, CBRF, or skilled nursing facility, the monthly cost of the Corporate Guardian fees is an allowable medical/remedial expense and room and board or patient liability is adjusted to provide the ward the financial means to pay the expense out of his/her monthly income.
- A ward living in his/her own home, corporate guardians may bill La Crosse County for the entire monthly corporate guardianship fee or a determined amount with the ward paying the balance.

Annually, the ***Determination of Fees for Corporate Guardians*** form will be required, unless there is a significant change to the ward's financial situation. La Crosse County will not authorize any payment to a corporate guardian without the completion of this form.

DETERMINATION OF FEES FOR CORPORATE GUARDIANS

This document must be submitted to APS Supervisor ztrebelhorn@lacrossecounty.org in order to receive payment from La Crosse County

Name: _____ DOB _____

Address _____

Guardian: _____ Phone: _____

Type of Placement:

Own home/apartment RCAC/CBRF Skilled Nursing Facility
Living with family Adult Family Home Other _____

Is the ward enrolled in Long Term Care? YES NO If yes.... Inclusa My Choice WI IRIS

Care manager _____

Is the ward enrolled in any other program? YES NO If yes, what program _____

Care manager _____

Does the ward receive:

Food Share or food pantry services YES NO Amount _____
Applied for Energy Assistance YES NO Amount _____

MONTHLY INCOME

Social Security benefits (SS, SSDI) _____
Supplemental Security Income (SSI) _____
VA benefits _____
Wages _____
Other income _____

TOTAL MONTHLY INCOME _____

MONTHLY EXPENSES *Please do not include guardian fees in expenses. Include only the ward's share of the expenses*

If ward is married, living in the home with family or sharing an apartment, costs are divided proportionately.

Rent/mortgage _____
Food/Groceries _____ excluding food share
Utilities (heat, water, laundry, etc) _____ budget plan average
Landline or Cell _____
Cable TV (should be reviewed for actual NEED) _____
Medical expenses _____
Transportation _____
Other (please explain) _____
PERSONAL SPENDING \$100 (\$45 if in Nursing Home)

TOTAL MONTHLY EXPENSES _____

***** Expenses such as cigarettes or cable do not automatically permit the monthly personal spending to be increased or fees to be reduced for the ward.**

Completed by: _____ Date: _____

Relationship to ward: _____