



Guardian Support Application

Section I: Personal Information

Date: _____
Name: _____
Email: _____
Phone: _____

Relationship to Applicant _____

Section II: Applicant Information (if applying for someone other than yourself)

Name: _____
Email: _____
Phone: _____
Address: _____ State: _____ Zip: _____
DOB: ___/___/___ Sex: M / F Marital Status: _____

Are you currently employed? Y / N

If yes, please provide details: _____

Section III: Please provide us with the following information

What type of assistance are you applying for? (For example: medications, private therapy, inpatient treatment, transitional living etc)

Why are you applying for this assistance?

Section IV: Medical

Please list all mental health diagnosis and/or previous treatments that you have received:

Please list all current medications you are taking:

Do you have Health Insurance? Y / N

If yes, please provide details: _____

Do you have any other medical issues? Y / N

If Yes, please explain: _____

Any additional information you wish to provide? _____

Please fax to: (954) 771-2098 or mail to:

Guardian Behavioral Health
6555 Powerline Rd., Suite 112
Fort Lauderdale, FL 33309