

**PRELIMINARY GUARDIANSHIP ASSESSMENT**  
Michigan Department of Human Services

**APPLICANT INFORMATION**

Prospective Guardian's Name	Date of Birth
Prospective Guardian's Name (if more than one applicant)	Date of Birth
Address	Phone Number(s)
Name(s) of child(ren) available for juvenile guardianship	Date of Birth

**OTHER HOUSEHOLD MEMBERS**

**Children in the Home**

Child's Name	Date of Birth
Relationship to Applicant (birth, foster, guardianship, etc.) Include educational status, special needs (if any).	

**Adults in the Home (other than applicants)**

Adult's Name	Date of Birth
Relationship to Applicant	

**DATES OF CONTACT**

Dates	With whom (include role/position)	Type and reason

**RELATIONSHIP WITH CHILD**

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**MOTIVATION TO BECOME A GUARDIAN**

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**SOCIAL HISTORY OF APPLICANTS (self reported)**

**Maternal**

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**Paternal**

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**Living Together Partner**

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**FINANCIAL (Self Reported)**

[Empty box for text entry]

**HOME AND COMMUNITY(Self Reported)**

[Empty box for text entry]

**ADDITIONAL DOCUMENTATION**

[Empty box for text entry]

**ABILITY TO MEET THE CHILD'S NEEDS**

[Empty box for text entry]

**RECOMMENDATION**

[Empty box for text entry]

Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

<p>AUTHORITY: P.A. 203 of 2008, as amended          COMPLETION: Voluntary.          PENALTY: None</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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