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| **This form must be completed and submitted by the CSB Representative, Training Center Community Integration Manager, or Public Guardianship Representative when there is a change in status for an individual on the waitlist, or upon request from DARS or DBHDS staff.**   * Changes requiring submission of this form include, but are not limited to, **address, transfer of CSB, new avatar number, death, assignment of a private guardian, or other reason a public guardian is no longer needed.**      * **Please save in Word Format and forward via secure/encrypted email to:** [Public.Guardianship@DBHDS.virginia.gov](mailto:Public.Guardianship@DBHDS.virginia.gov) | |
| **Today’s Date** |  |
| **Your Name & Title** |  |
| **Agency** |  |
| **Phone** |  |
| **Email** |  |
| **Name of the Referred Individual** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Race** |  |
| **PLEASE NOTE ANY CHANGES TO THE INFORMATION REPORTED FOR THE REFERRED INDIVIDUAL**  **If you have no changes to report, check here:** | |
| **Change in Chart/Avatar Number** Provide Both Old and New Numbers: |  |
| **Change in Address**  Former address: |  |
| New Address: |  |
| **Change in CSB**  Former CSB: |  |
| New CSB and contact information for the new Support Coordinator, if known: |  |
| **Death of Individual**  Provide Date and Cause of Death: |  |
| **Public guardian no longer needed**  Explain the reason: |  |
| **Other changes (explain):** |  |