

## FORM B

*Substitute Decisions Act, 1992*

### STATEMENT OF ASSESSOR

#### DETERMINATION OF CAPACITY / INCAPACITY

#### PERSONAL CARE

### Reason for Assessment

An assessment was conducted to determine capacity for **personal care**, as defined under section 45 of the *Substitute Decisions Act, 1992*, for the purpose indicated below:

- subsection 49 (2) (to provide notice to attorney for personal care that grantor is capable or incapable of personal care)
- section 55 (to provide evidence in a court application for appointment of guardian of the person NOT by summary disposition)
- section 62 (to provide evidence in a court application for appointment of temporary guardian of the person)
- section 63 (to provide evidence in a motion to a court to terminate guardianship of the person NOT by summary disposition)
- section 74 (to provide a statement to accompany an application for appointment of guardian of the person by summary disposition under section 77)
- section 75 (to provide a statement to accompany a motion for termination of guardianship of the person by summary disposition under section 77)
- section 79 (court ordered assessment)

\_\_\_\_\_ (full name of person assessed)

## Statement/Notice of Assessor under the *Substitute Decisions Act, 1992*.

I, \_\_\_\_\_ of \_\_\_\_\_ state that:  
(assessor name) (city / town)

1. I am an assessor within the meaning of subsection 1(1) of the *Substitute Decisions Act, 1992*.
2. I assessed \_\_\_\_\_ to determine whether \_\_\_\_\_ is capable  
(full name of person assessed) (he / she)  
or incapable of personal care. I conducted the assessment interview(s) on: \_\_\_\_\_  
(date(s))
3. \_\_\_\_\_ was born on \_\_\_\_\_ and is \_\_\_\_\_ years of age.  
(full name of person assessed) (dd/mm/yyyy)
4. I performed the assessment in accordance with the procedures for assessing capacity for personal care established by the Attorney General.
5. Attached to this Form is a copy of the Assessment Report in Form C.
6. (Do not complete paragraph 6 if statement is made pursuant to a court order under section 79 of the *Substitute Decisions Act, 1992*.)

Before performing the assessment, I explained to \_\_\_\_\_  
(full name of person assessed)  
the purpose of the assessment, the significance and effect of a finding of capacity or incapacity  
and \_\_\_\_\_ right to refuse to be assessed.  
(his / her)

7. Under section 45 of the *Substitute Decisions Act, 1992*, a person is incapable of personal care if the person is not able to understand information that is relevant to making a decision concerning his or her own health care, nutrition, shelter, clothing, hygiene or safety, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

8. I assessed \_\_\_\_\_ in respect of the following areas of personal care  
(name of person assessed)

(specify one or more areas):

- |                                      |                                   |                                  |
|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> health care | <input type="checkbox"/> shelter  | <input type="checkbox"/> hygiene |
| <input type="checkbox"/> nutrition   | <input type="checkbox"/> clothing | <input type="checkbox"/> safety  |

\_\_\_\_\_  
(full name of person assessed)

I am of the opinion that, \_\_\_\_\_ was capable or incapable  
(full name of person assessed)

for personal care in each of the areas tested as checked.

(specify one or more areas):

health care  capable  incapable  
nutrition  capable  incapable  
shelter  capable  incapable

clothing  capable  incapable  
hygiene  capable  incapable  
safety  capable  incapable

I base my opinion regarding the nature and extent of the incapacity or capacity in respect of each function on the facts set out in the Assessment Report in Form C.

9. (Needs Statement - Optional – Complete this statement only if requested or required under section 74 of the Act.)

I am of the opinion

I am not of the opinion

that it is necessary for decisions to be made on behalf of \_\_\_\_\_  
(full name of person assessed)

by a person who is authorised to do so, and I base this opinion on the facts set out in Section 7 of the Assessment Report in Form C.

10. I understand that in all cases a copy of this statement must be given to the person assessed.

My statement was completed and filed on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
(signature of assessor)

Name of Assessor (Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

A copy of the statement is given to the person assessed:

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

\* Name \_\_\_\_\_

\* Where the person resides in a communal setting – If you believe that the person assessed will require assistance to open, read and keep this legal notice, please give the name of a responsible person who has agreed to provide confidential assistance to the person assessed and to offer to safely keep the document for them.

A copy is also given to: (according to procedural guidelines)

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_