

FORM C
Substitute Decisions Act, 1992
ASSESSMENT REPORT

SECTION 1: IDENTIFICATION

Assessor _____
Person Assessed _____
Requester _____
Date of Report _____

TYPE OF ASSESSMENT

(Assessments of capacity to manage property and capacity for personal care must be documented on separate Form C's.)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Property | <input type="checkbox"/> Personal Care: | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Nutrition |
| | | <input type="checkbox"/> Shelter |
| | | <input type="checkbox"/> Clothing |
| | | <input type="checkbox"/> Hygiene |
| | | <input type="checkbox"/> Safety |

SECTION 2: REASON(S) PROVIDED FOR REQUEST *(Check (✓) only those that apply):*

- Information about potential or actual mismanagement or exploitation of finances
- Information suggesting inability to manage finances
- To review/terminate property guardianship – statutory
- To review/terminate property guardianship – court ordered
- Information about person potentially or actually endangering his or her well-being or safety
- Information about inability to manage personal care
- To review/terminate guardianship for personal care
- A requirement to give power of attorney for personal care with special provisions(s)
- A requirement to revoke power of attorney for personal care with special provision(s)
- Other (specify):

SECTION 3: BACKGROUND INFORMATION

(Relate information concerning the nature of requester's relationship to person assessed, the type of assessment sought, and the age and circumstances of the person assessed. Specify what problem behaviour(s) or unmet needs are triggering the assessment. Provide any medical or psychiatric diagnoses that have obvious potential to undermine decision-making, or information supporting restoration or retention of capacity.)

SECTION 4: SPECIAL CONSIDERATIONS AND RIGHTS ADVICE *(List any accommodations for the interview (eye glasses, hearing aid, translator, a support person present at the request of the person assessed). Briefly describe the explanation given to the person as required by s.78 of the Act and the person's response to rights advice, unless (a) the assessment was ordered by the court under section 79 of the Act; or (b) the person's power of attorney for personal care contains a provision that authorizes the use of force to permit the assessment and the provision is effective under subsection 50 (1) of the Act.*

SECTION 5: ASSESSMENT OF MENTAL CAPACITY *(Document and evaluate the facts on which the assessment is based. If this is a personal care assessment, each personal care domain assessed should be separately documented.)*

The Substitute Decisions Act, 1992 applies an "understand and appreciate" test of incapacity.

"Understand" refers to the ability to understand information that is relevant to making a decision, while "Appreciate" refers to the ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. Failure to "understand" OR "appreciate" is grounds to conclude incapacity.

A person who lacks the "ability to understand" is one who:

1. lacks the factual knowledge base and skills needed to manage the decision-making demands of his or her circumstances and cannot be educated in that regard, OR
2. lacks the ability to intellectually understand the options for meeting his or her financial or personal care needs, or cannot communicate his or her choice/decisions.

A person who lacks the "ability to appreciate" is one who:

1. lacks the ability to realistically appraise the risk and likely outcome of a decision or lack of decision or lacks the ability to plan and to take action to implement a plan, OR
2. lacks the ability to rationally manipulate information to reach a reasoned decision consistent with personal values and free from delusional beliefs.

- 5.1 Evidence of ability or inability to understand and appreciate as communicated by others or records review (include date(s) and source):
- 5.2 Evidence of ability or inability to understand and appreciate as directly observed by the assessor (include date(s) of contact):
- 5.3 Assessor's opinion and basis for opinion regarding ability or inability to understand and appreciate:

SECTION 6: CAPACITY FOR POA WITH SPECIAL PROVISIONS

(Only complete if assessment is required to grant a power of attorney for personal care with special provisions (s.50 of the Act).)

Evidence that the grantor is capable or incapable of understanding the effect of the special provision(s) set out in s. 50 (2) of the Act and included in his/her power of attorney for personal care with special provisions and of understanding the requirements for revocation of a power of attorney for personal care with special provisions:

- 6.1 Evidence as communicated by others or records review (include date(s) and source):
- 6.2 Evidence directly observed by the assessor (include date(s) of contact):
- 6.3 Assessor's opinion and basis for opinion regarding ability or inability to understand:

(full name of person assessed)

SECTION 7: NEEDS STATEMENT

(Complete only if required under section 72 or section 74 of the Act and the assessor is of the opinion that the person is incapable)

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 authorized to do so, and I base this opinion on the following facts:

SECTION 8: DECLARATION BY ASSESSOR

I have completed this assessment in accordance with the guidelines established by the Attorney General under the *Substitute Decisions Act, 1992*.

I am of the opinion that _____

(full name of person assessed)

is:

(check word(s) that apply)

1. capable incapable of managing **Property**
2. capable incapable of personal care regarding: **Health Care**
3. capable incapable of personal care regarding: **Nutrition**
4. capable incapable of personal care regarding: **Shelter**
5. capable incapable of personal care regarding: **Clothing**
6. capable incapable of personal care regarding: **Hygiene**
7. capable incapable of personal care regarding: **Safety**
8. capable incapable of giving a power of attorney for personal care with special provisions
9. capable incapable of revoking a power of attorney for personal care with special provisions.

(signature of assessor)

(date of report)