

Emergency Application for the Appointment of a Substitute Decision Maker

Under *The Adults Living with an Intellectual Disability Act*, an emergency substitute decision maker may be appointed if it is determined that:

- there is immediate danger of death or serious harm or deterioration to the physical or mental health of the person, or of serious loss to his or her property
- the person for whom the application is made:
 - is an adult living with an intellectual disability
 - is incapable of personal care or of managing his or her property, and
 - needs decisions to be made on his or her behalf on an emergency basis to prevent the danger described above; and
- prompt action is required in view of the nature and urgency of the situation

Note: Where an emergency appointment is granted, the appointment cannot exceed 30 days.

Please refer to the *Guide to Completing the Substitute Decision Maker Application* for further explanation of some of the terminology referenced in this document.

If you need more space to complete your answers, please attach a separate page and include the section numbers (ex: 5.1).

Ce formulaire de demande existe également en français. Composez le 204-945-5039 ou le 1 800 757-9857 (sans frais).

PART 1 INFORMATION ABOUT THE PERSON FOR WHOM AN EMERGENCY SUBSTITUTE DECISION MAKER IS REQUESTED – CALLED “THE INDIVIDUAL” IN THIS APPLICATION

1.1 ABOUT THE INDIVIDUAL

Last name	First name	Middle name
Birth date (mm/dd/yyyy)	Gender	
	<input type="checkbox"/> M <input type="checkbox"/> F	
Address (street number, street name, town/city, province, postal code)		
Mailing address, if different from above (street number, street name, town/city, province, postal code)		
Type of residence (family home, community residence, foster home, independent living with support, personal care home, developmental centre, etc.)		Living there since?

Who is the main contact person at the residence?

Name

Title

Phone number

()

1.2 IS THE INDIVIDUAL AN ADULT LIVING WITH AN INTELLECTUAL DISABILITY?

(See part 1, subsection 1.2 of guide)

A) AN ADULT LIVING WITH AN INTELLECTUAL DISABILITY

("Intellectual disability" excludes a mental disability due exclusively to a mental or psychiatric disorder defined under *The Mental Health Act*.)

The following are the criteria that define "intellectual disability". Explain why you believe the individual is:

i) a person with *Significant Intellectual Impairment*

ii) a person with *Impaired Adaptive Behaviour*

iii) a person with a disability *Manifested Prior to Age 18*

B) ASSISTANCE MEETING BASIC NEEDS

Describe what kind of assistance the individual needs to meet his or her basic needs for:

Personal care (ex: help with medical issues, personal hygiene, domestic tasks, etc.)

Property (ex: help with money management)

1.3 SUPPORTING DOCUMENTS

(See part 1, subsection 1.3 of guide)

Attach documents to support the information provided in 1.2 and 5.1.

Examples of supporting documents include:

- evaluation report(s) from psychologists, psychiatrists, pediatricians, school clinicians (speech pathologists, occupational therapists), etc.
- medical records diagnosing a specific developmental disorder, significant cognitive impairment or intellectual disability
- supported living level of care form
- supported living personal financial plan
- individual plan (IP) or individual education plan (IEP)
- behaviour management plan and/or other related information
- existing social history reports
- other

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1.4 INDIVIDUAL'S SOCIAL WORKER/CASE CO-ORDINATOR (IF KNOWN)

Name _____

Mailing address _____

Phone number () _____ Fax number () _____

1.5 INDIVIDUAL'S NEAREST RELATIVE

(See part 1, subsection 1.5 of guide)

Name _____	Relationship to individual _____
Mailing address _____	
Phone number () _____	

PART 2 INFORMATION ABOUT THE INDIVIDUAL'S SUPPORT NETWORK

2.1 PEOPLE WHO PROVIDE ADVICE, SUPPORT AND GUIDANCE TO THE INDIVIDUAL

a) Family members

1. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

2. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

3. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

4. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

b) Others chosen by the individual (friends, paid service/care providers, advocates, etc.)

1. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

2. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

3. Name _____

Mailing address _____

Phone number () _____ Relationship _____

Nature and frequency of involvement _____

2.2 SERVICE/CARE PROVIDERS (IF NOT MENTIONED ABOVE)

1. Name _____

Mailing address _____

Phone number () _____ Relationship _____

2. Name _____

Mailing address _____

Phone number () _____ Relationship _____

PART 3 INFORMATION ABOUT THE APPLICANT

Name _____	Relationship to individual _____
Mailing address _____	
Phone number () _____	

PART 4 REASON(S) FOR THE EMERGENCY APPLICATION

(See part 3 of guide)

4.1 Describe the emergency situation and why you believe there is immediate danger of death or serious harm or deterioration to the physical or mental health of the person, or of serious loss to his or her property, and why prompt action is required.

PART 5 DECISION(S) TO BE MADE

(Applicants should read part 6 of guide before completing this section)

5.1 DECISION(S) TO BE MADE

A person is considered unable to make a decision when she/he is not able to understand information relevant to making a decision about personal care or the management of property, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of one.

Given the description of the emergency, state the specific decision(s) that the individual is not able to make even with the assistance of his or her support network.

PART 6 INFORMATION ABOUT THE PROPOSED EMERGENCY SUBSTITUTE DECISION MAKER(S)

6.1 PROPOSED EMERGENCY SUBSTITUTE DECISION MAKER(S) (ESDM)

1. Name	Relationship
_____	_____
Mailing address	Phone number
_____	()
_____	ESDM for Personal care <input type="checkbox"/> Property <input type="checkbox"/>
2. Name	Relationship
_____	_____
Mailing address	Phone number
_____	()
_____	ESDM for Personal care <input type="checkbox"/> Property <input type="checkbox"/>

Notes:

- “Schedule A” must be completed if applying to be an emergency SDM for property.
- “Schedule B-E” must be completed by all proposed emergency substitute decision makers.
- If a substitute decision maker is not identified, The Public Trustee will be appointed.

PART 7 OTHER INFORMATION REQUIRED

7.1 If you are not a family member of the individual, when and how did you advise the family or attempt to advise the family of this emergency application?

7.2 Is there currently a substitute decision maker appointed for the individual? Yes No

Has there been in the past? Yes No

7.3 Does the individual have a committee appointed by the Court of King’s Bench or an Order of Committeeship under *The Mental Health Act*? (See part 7, subsection 7.3 of guide)

Yes No

7.4 Do you have further information or comments that would be helpful to the commissioner in considering this application for appointment of an emergency substitute decision maker?

SIGNATURES REQUIRED

Signature of Applicant

Date

Signature of Program Manager/Social Services Supervisor

Date

Have you:

- completed the application in full
- enclosed supporting documents noted on page 3
- completed "Schedule A" – real and/or personal property (if applying for property)
- completed "Schedule B-E" – consent form signed by the proposed emergency substitute decision maker(s)

Note: Incomplete application packages will take longer to process.

**Send or fax (with original to follow) the completed application and supporting documents to:
Office of the Commissioner for Adults Living with an Intellectual Disability (CALIDO)**

315-258 Portage Avenue
Winnipeg, Manitoba R3C 0B6

Telephone: 204-945-5039
Toll Free: 1-800-757-9857
Fax: 204-948-3713