

# Application for the Emergency Suspension and Temporary Appointment of a Substitute Decision Maker

Under *The Adults Living with an Intellectual Disability Act* (the Act), a substitute decision maker for an adult living with an intellectual disability may be suspended on an emergency basis and temporarily replaced if it is determined that:

- there is immediate danger of death or serious harm to, or deterioration in, the physical or mental health of a person who continues to be an adult living with an intellectual disability, or of serious loss to that person’s property
- the substitute decision maker:
  - has failed to act in accordance with the Act or the terms and conditions of the appointment, or
  - has acted in an improper manner or in a manner that has endangered or may endanger the well-being or property of the adult living with an intellectual disability
- prompt action is required in view of the nature and urgency of the situation, and
- the adult living with an intellectual disability needs decisions to be made on his or her behalf to prevent the danger described above

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: 3.1).

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

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**PART 1 INFORMATION ABOUT THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY**

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**1.1 ADULT LIVING WITH AN INTELLECTUAL DISABILITY**

<b>Last name</b>	<b>First name</b>	<b>Middle name</b>
<b>Birth date</b> (mm/dd/yyyy)		
<b>Address</b> (street number, street name, town/city, province, postal code)		
<b>Mailing address, if different from above</b> (street number, street name, town/city, province, postal code)		

**1.2 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SOCIAL WORKER/CASE CO-ORDINATORS(IF KNOWN)**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number (     ) \_\_\_\_\_ Fax number (     ) \_\_\_\_\_

**1.3 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S NEAREST RELATIVE**

*(See part 1, subsection 1.5 of guide)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number (     ) \_\_\_\_\_

**1.4 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SUPPORT NETWORK**

If there has been a change in the adult living with an intellectual disability's support network (those who provide advice, support and guidance), provide the following details: name, mailing address, phone number, relationship to the adult living with an intellectual disability and the nature and frequency of their involvement.

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**PART 2 INFORMATION ABOUT THE APPLICANT**

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number (     ) \_\_\_\_\_

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**PART 3 REASON(S) FOR THE APPLICATION AND PROPOSED ACTION**

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**3.1 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.**

**3.2 List the names(s) of the substitute decision maker(s) being temporarily suspended.**

\_\_\_\_\_

\_\_\_\_\_

**3.3 On what basis do you believe the above named substitute decision maker has failed to act in accordance with *The Adults Living with an Intellectual Disability Act* or the terms and conditions of his or her appointment? (Please be as specific as possible.)**

**3.4 On what basis do you believe the above named substitute decision maker has acted in an improper manner or in a manner that has endangered or may endanger the well-being or property of the adult living with an intellectual disability? (Please be as specific as possible)**

**3.5 PROPOSED TEMPORARY SUBSTITUTE DECISION MAKER(S) (SDM)**

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

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

**Notes:**

- “Schedule B-E” must be completed by all proposed emergency/temporary substitute decision makers.
- If a substitute decision maker is not identified, The Public Trustee will be appointed.

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**PART 4 OTHER INFORMATION REQUIRED**

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**4.1 Have you made the substitute decision maker who is subject to the emergency suspension in this application aware of this request?**

**4.2 Do you have further information or comments that would be helpful to the commissioner in considering this application for the emergency suspension and temporary appointment of a substitute decision maker?**

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**SIGNATURES REQUIRED**

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**Signature of Applicant**

**Date**

\_\_\_\_\_

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**Signature of Program Manager/  
Social Services Supervisor**

**Date**

\_\_\_\_\_

\_\_\_\_\_

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 Adult 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