

# Application for the Appointment of a Substitute Decision Maker

Under *The Vulnerable Persons Living with a Mental Disability Act*, certain requirements must be met in order for a substitute decision maker to be appointed for an individual. These requirements are addressed by the questions asked in this application form. Please answer all questions in as much detail as possible.

Please refer to the *Guide to Completing the Substitute Decision Maker Application* for further explanation and direction in completing this application.

If you need more space to complete your answers, please attach a separate page and include the section numbers (ex: 1.2, A, i).

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 A SUBSTITUTE DECISION MAKER IS REQUESTED – CALLED “THE INDIVIDUAL” IN THIS APPLICATION

### 1.1 ABOUT THE INDIVIDUAL

<b>Last name</b>	<b>First name</b>	<b>Middle name</b>
_____	_____	_____
<b>Birth date</b> (mm/dd/yyyy)	<b>Gender</b>	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	
<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)		
_____		
<b>Type of residence</b> (family home, community residence, foster home, independent living with support, personal care home, developmental centre, etc.)		<b>Living there since?</b>
_____		_____
<b>Who is the main contact person at the residence?</b>		
<b>Name</b>	<b>Title</b>	<b>Phone number</b>
_____	_____	(    ) _____

**List ways in which the individual is involved in the community** (day programs/work/school)

1. Name of program/work/school: \_\_\_\_\_

Main contact person at the program/work/school (name, title, phone number)

\_\_\_\_\_

Attending since? \_\_\_\_\_

2. Name of program/work/school: \_\_\_\_\_

Main contact person at the program/work/school (name, title, phone number)

\_\_\_\_\_

Attending since? \_\_\_\_\_

3. Name of program/work/school: \_\_\_\_\_

Main contact person at the program/work/school (name, title, phone number)

\_\_\_\_\_

Attending since? \_\_\_\_\_

**1.2 IS THE INDIVIDUAL A VULNERABLE PERSON?**

(See under Section C – part 1, subsection 1.2 of guide)

**A) AN ADULT LIVING WITH A MENTAL DISABILITY**

(“Mental 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 “mental 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 under Section C – part 1, subsection 1.3 of guide)*

**Attach documents to support the information provided in questions 1.2 and 6.1.**

**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 mental disability
- supported living level of care form
- supported living personal financial plan
- individual plan (IP) or individual education plan (IEP)
- behaviour support plan and/or other related information
- existing social history reports
- other

Vulnerable Persons' Commissioners' Office (VPCO) use only

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

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Phone number (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

**1.5 INDIVIDUAL'S NEAREST RELATIVE**

*(See under Section C – part 1, subsection 1.5 of guide)*

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

**PART 2 INFORMATION ABOUT THE APPLICANT**

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

**PART 3 REASON(S) FOR THE APPLICATION**

*(See under Section C – part 3 of guide)*

**3.1 WHAT ARE THE CIRCUMSTANCES THAT GIVE YOU REASON TO BELIEVE THAT A SUBSTITUTE DECISION MAKER IS NEEDED AT THIS TIME?**

\_\_\_\_\_

**PART 4 INFORMATION ABOUT THE INDIVIDUAL'S SUPPORT NETWORK**

*(See under Section C – part 4 of guide)*

**4.1 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 \_\_\_\_\_

\_\_\_\_\_

**4.2 SERVICE/CARE PROVIDER (IF NOT MENTIONED ABOVE)**

1. Name	Relationship	Phone number (     )
_____	_____	_____
Mailing address		
_____		
2. Name	Relationship	Phone number (     )
_____	_____	_____
Mailing address		
_____		

**PART 5 INFORMATION ABOUT THE PROPOSED SUBSTITUTE DECISION MAKER(S) (SDM)**

*(See under Section C – part 5 of guide)*

**5.1 SOLE SUBSTITUTE DECISION MAKER(S) (SDM)**

1. Name	Relationship
_____	_____
Mailing address	Phone number (     )
_____	_____
_____	SDM for Personal care    Property
2. Name	Relationship
_____	_____
Mailing address	Phone number (     )
_____	_____
_____	SDM for Personal care    Property

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

## 5.3 ALTERNATE SUBSTITUTE DECISION MAKER(S) (ASDM)

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

**Notes:**

- “Schedule A” must be completed if applying to be a substitute decision maker for property.
- “Schedule B” must be completed by all proposed substitute decision makers.
- A Criminal Record Check, Child Abuse Registry Check, and an Adult Abuse Registry Check is required by all proposed substitute decision makers – see “Schedule C”
- If a substitute decision maker is not identified, The Public Trustee will be appointed.

---

**PART 6 DECISION(S) TO BE MADE**

---

*(Applicants should read under Section C – part 6 of guide before completing this section)*

**6.1 DECISION(S) TO BE MADE**

**Describe below the decision(s) or issue(s) the individual:**

- **is facing now and/or expected to face in the reasonably foreseeable future**  
**AND**
- **is not able to make even with the involvement of his or her support network**

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.

**What decision(s) or issue(s) is/are there in the area of personal care?**

**What decision(s) or issue(s) is/are there in the area of property?**



---

**PART 7 OTHER INFORMATION REQUIRED**

---

7.1 Considering the decision(s) to be made in Part 6, what should be the length of time of the substitute decision maker appointment? *(See under Section C – part 7, subsection 7.1 of guide)*

---

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 Queen’s Bench or an Order of Committeeship under The Mental Health Act? *(See under Section C – part 7, subsection 7.3 of guide)*  
Yes  No

7.4 Describe any physical or communication arrangements that will be needed for the individual, the proposed substitute decision maker and/or other parties should they need to participate at a hearing panel. *(See under Section C – part 7, subsection 7.4 of guide)*

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

---

**SIGNATURE OF APPLICANT**

---

Signature

Date

---

**Have you:**

- completed the application in full
- enclosed supporting documents noted on page 3
- completed “Schedule A” – real and personal property (if applying for property)
- completed “Schedule B” – consent form signed by the proposed substitute decision maker(s)
- enclosed the Criminal Record Check(s), Child Abuse Registry Check(s), and Adult Abuse Registry Check for all proposed substitute decision makers – See “Schedule C”

Note: Incomplete application packages will take longer to process.

**Send completed applications and documents to:**

**Office of the Vulnerable Persons’ Commissioner**

315-258 Portage Avenue  
Winnipeg, Manitoba R3C 0B6

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

---

**FOR COMMUNITY SERVICE WORKER/SOCIAL WORKER USE ONLY**

---

For VPCO information gathering purposes, if you directly assisted the applicant in completing this application, please complete the following:

1) Do you believe a substitute decision maker is warranted for this individual?

Yes  No

Why?

2) Do you believe the proposed substitute decision maker(s) is suitable, capable and able to perform the duties of a substitute decision maker?

Yes  No

Why?

3) Do you have further information or comments that would be helpful to the commissioner in this application for appointment of a substitute decision maker?

---

**SIGNATURE OF CSW/SOCIAL WORKER**

---

Signature of CSW/Social Worker

Date

# SCHEDULE A

---

## REAL AND PERSONAL PROPERTY (IF KNOWN)

OF [person for whom application is made] \_\_\_\_\_

### 1. REAL AND PERSONAL PROPERTY

Bank/Investment accounts [place of deposit, balance of each account]:

\_\_\_\_\_

Stocks and bonds [estimate of value, place of deposit]:

\_\_\_\_\_

R.R.S.Ps [amount, place of deposit]:

\_\_\_\_\_

Real estate [legal descriptions of civic addresses]:

\_\_\_\_\_

Vehicles [make, model, year]:

\_\_\_\_\_

Life insurance policies [cash surrender values, names of insurers]:

\_\_\_\_\_

Funeral plans [cash value, place of deposit]:

\_\_\_\_\_

Monies owed to [estimate of amounts, names of debtors]

\_\_\_\_\_

Other (specify)

\_\_\_\_\_

### 2. DEBTS:

Liability: Personal/Property loans

Creditor \_\_\_\_\_ Balance owing \_\_\_\_\_

Liability: Credit cards

Creditor \_\_\_\_\_ Balance owing \_\_\_\_\_

Liability: Other (specify)

Creditor \_\_\_\_\_ Balance owing \_\_\_\_\_

**3. INCOME:**

Source \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

**4. EXPENSES:**

Source \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SCHEDULE B

---

## Consent Form for Consideration of Appointment as Substitute Decision Maker

I/We, \_\_\_\_\_  
[name(s) of proposed substitute decision maker(s)]

---

do hereby consent to my/our appointment as substitute decision maker(s) for

---

[name of person for whom substitute decision maker is requested]

in respect of whom decision-making power is sought in the areas of

- personal care
- property

I/We understand that my/our appointment as a substitute decision maker is conditional upon the results of a Criminal Record Check (including the Vulnerable Sector Search), a Child Abuse Registry Check and an Adult Abuse Registry Check and agree to apply for these checks and to submit these records to the Vulnerable Persons' Commissioner.

I/We understand that my/our appointment will require me/us to comply with the duties of a substitute decision maker as set out in *The Vulnerable Persons Living with a Mental Disability Act* and any terms and conditions as directed by the Vulnerable Persons' Commissioner.

I/We further understand that as a substitute decision maker for property I/we will be required to file within six months of my/our appointment a true inventory and account of the vulnerable person's property, debts and liabilities which would be under my/our power, and yearly thereafter, an annual accounting of the property, debts, liabilities, receipts and disbursements of the vulnerable person, unless I am/we are directed otherwise by the Vulnerable Persons' Commissioner.

I/We further understand that as a substitute decision maker for property I/we may be required to provide a bond or other security which would be equal to the amount of the sworn value of the property under my/our power as the substitute decision maker(s), as directed by the Vulnerable Persons' Commissioner.

\_\_\_\_\_  
\*Signature of proposed substitute decision maker

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Signature of proposed substitute decision maker

\_\_\_\_\_  
Date

\* Not required for The Public Trustee

# SCHEDULE C

---

## CRIMINAL RECORD, CHILD ABUSE REGISTRY AND ADULT ABUSE REGISTRY CHECKS

As part of the Application for Appointment of a Substitute Decision Maker, a proposed substitute decision maker must obtain a Criminal Record Check, a Child Abuse Registry Check, and an Adult Abuse Registry Check. **The results of these Checks will be sent to you directly. It is your responsibility to then attach them to the Application and/or to send them to the Office of the Vulnerable Persons' Commissioner.**

### CRIMINAL RECORD CHECK

A Criminal Record Search Certificate can be obtained from the local city or municipal police department, or in rural areas, from the local Royal Canadian Mounted Police detachment. The Criminal Record Check **must** include the Vulnerable Sectors Search. When returning the completed form to the police/RCMP, two pieces of identification and an associated fee payment is normally required. The police office will provide the Criminal Record results to you. Questions regarding this process should be directed to your local city, or municipal police department or local RCMP detachment (rural areas only). For Winnipeg residents, information can be obtained by calling 204-986-6074 or by going online at [www.winnipeg.ca/police](http://www.winnipeg.ca/police).

### CHILD ABUSE REGISTRY CHECK

A Child Abuse Registry Check can be obtained by completing the Child Abuse Registry Check Request application form and sending it to the Child Abuse Registry Office. The application forms are available by contacting the Child Protection Office – contact information below or on-line at: [www.gov.mb.ca/fs/childfam/child\\_abuse\\_registry\\_form.html](http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html). When returning the completed form to the Child Abuse Registry Office, a verified photocopy of two pieces of valid identification and an associated fee payment is normally required. Please refer to Part 3 of Child Abuse Registry Check form for payment details. The Child Abuse Registry office will provide the Registry results to you.

For more information about the Child Abuse Registry Check process or to mail in your application, contact:

Child Protection  
2 - 777 Portage Avenue  
Winnipeg, MB R3G 0N3  
Phone: 204-945-6967  
Toll free: 1-800-282-8069  
Fax: 204-948-2222  
Email: [car@gov.mb.ca](mailto:car@gov.mb.ca)  
Website: [www.gov.mb.ca/fs/childfam/child\\_abuse\\_registry.html](http://www.gov.mb.ca/fs/childfam/child_abuse_registry.html).

### ADULT ABUSE REGISTRY CHECK

An Adult Abuse Registry Check form can be obtained by contacting the Office of the Vulnerable Persons' Commissioner at 204-945-5039 or 1-800-757-9857; Fax number: 204-948-3713; email: [vpco@gov.mb.ca](mailto:vpco@gov.mb.ca). The form and instructions on how to complete it will then be mailed to you.

Once completed, it is to be sent the Adult Abuse Registrar at the address below. When sending the form to the Adult Abuse Registrar, a verified photocopy of two pieces of valid identification is required. The Check is fee-exempt. The Adult Abuse Registry office will provide the Registry results to you.

Adult Abuse Registry Check Form Mailing Address:

The Adult Abuse Registrar  
Adult Abuse Registry Unit  
2 - 777 Portage Avenue  
Winnipeg, MB R3G 0N3  
204-945-4934

**IMPORTANT**

**When you receive the results of the above Checks, it is your responsibility as the proposed substitute decision maker to attach a copy of each of the Checks to the substitute decision maker application and/or to send them to the Office of the Vulnerable Persons' Commissioner.**



# Protection of Privacy

The personal information that you are requested to provide is being collected under the authority of **The Vulnerable Persons Living with a Mental Disability Act** (the Act). It is being collected to administer the Act and assist in the determination of your eligibility to serve as a substitute decision maker.

This personal information is protected by the protection of privacy provisions of **The Freedom of Information and Protection of Privacy Act**, and under **The Personal Health Information Act**.

If you have any questions about the collection of personal information, please contact:

## **Access and Privacy Coordinator**

Department of Families  
205-114 Garry Street  
Winnipeg, MB R3C 4V4  
Telephone: 204-945-2013