

Review of Substitute Decision Maker Appointment Before Renewal

Review Document

Section 140 of *The Vulnerable Persons Living with a Mental Disability Act* (the Act) states that the appointment of a substitute decision maker may not be renewed unless it is reviewed. The purpose of a review is to:

- determine whether the criteria for the appointment of a substitute decision maker continue to be met (S.53(1) and 88(1) of the Act)
- whether the appointment of the current substitute decision maker(s) (and alternate if applicable) should be renewed or whether changes should be made
- whether the powers or the terms or conditions of the appointment should be varied, and if so, in what respect

In other words, it is asking all parties to once again consider whether or not a substitute decision maker is warranted for the vulnerable person, and if so, what is the appropriate appointment based on the information and evidence before us and the particular circumstances facing the vulnerable person now and in the reasonably foreseeable future.

Your input and knowledge of the vulnerable person and his/her current circumstances is important. Please conduct your review by answering the following questions. All questions in the document are important and should be completed fully.

Please refer to the *Guide to Completing the Substitute Decision Maker Application* (the Guide) 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: 1.2).

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

PART 1 ABOUT THE VULNERABLE PERSON

1.1 THE VULNERABLE PERSON

Last name

First name

Middle name

Address (street number, street name, town/city, province, postal code)

Birth date (mm/dd/yyyy)

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

()

List ways in which the vulnerable person 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 Describe any changes in the vulnerable person's circumstances since the initial application or the last review process. For example, changes related to health, support network, behaviours, abilities, community involvement, etc.

1.3 VULNERABLE PERSON'S NEAREST RELATIVE *(See Part 1, subsection 1.5 of the guide)*

Name	Relationship to individual
<hr/>	
Mailing address	
<hr/>	
Phone number	
()	
<hr/>	

PART 2 INFORMATION ABOUT THE VULNERABLE PERSON'S SUPPORT NETWORK

(See Part 4 of the guide)

2.1 PEOPLE WHO PROVIDE ADVICE, SUPPORT AND GUIDANCE TO THE VULNERABLE PERSON

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 vulnerable person (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 _____

c) If the person does not have a support network, explain what further efforts have been made and will be taken to establish one.

d) What is the nature and frequency of the current substitute decision maker's involvement with the vulnerable person?

2.2 SERVICE/CARE PROVIDERS (IF NOT MENTIONED ABOVE)

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

PART 3 INFORMATION ABOUT THE CURRENT SUBSTITUTE DECISION MAKER(S)

(See part 5 of guide)

3.1 Do you propose any changes or additions to who is currently appointed as the substitute decision maker(s) and/or the alternate substitute decision makers?

Yes ☐ No ☐ → (If no go to Part 4)

3.2 If yes, outline what the proposed change/addition is and why it is being proposed. Also complete 3.3 and/or 3.4 below.

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3.3 PROPOSED REPLACEMENT/ADDITION OF 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
	()
	<div style="display: flex; justify-content: space-between;"> <div>SDM for Personal care <input type="checkbox"/></div> <div>Property <input type="checkbox"/></div> </div>

3.4 PROPOSED REPLACEMENT/ADDITION OF ALTERNATE SUBSTITUTE DECISION MAKER(S) (ASDM)

1. Name	Relationship
Mailing address	Phone number
	()
	<div style="display: flex; justify-content: space-between;"> <div>ASDM for Personal care <input type="checkbox"/></div> <div>Property <input type="checkbox"/></div> </div>
2. Name	Relationship
Mailing address	Phone number
	()
	<div style="display: flex; justify-content: space-between;"> <div>ASDM for Personal care <input type="checkbox"/></div> <div>Property <input type="checkbox"/></div> </div>

Notes:

- “Schedule B” must be completed by any newly proposed substitute decision makers.
- “Schedule C” – The Criminal Record, Child Abuse Registry, and Adult Abuse Registry Checks are required for any newly proposed substitute decision makers.

PART 4 DECISION(S) TO BE MADE

(See Part 6 of guide)

Powers assigned to a substitute decision maker cannot be renewed unless there are decisions to be made now and/or in the reasonably foreseeable future, and the individual is unable to make them even with the involvement of his/her support network.

A person is considered unable to make a decision when she or he is not able to understand information that is 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.

Refer to the powers outlined in the most current appointment document and give thought to those decisions that have been made on behalf of the vulnerable person as it relates to these powers. Also take into consideration Question 1.2.

4.1 Briefly describe what decisions are required now and/or in the reasonably foreseeable future that would demonstrate the ongoing need or variation (addition) to the powers of the substitute decision maker.

a) Decision(s) in the area of personal care: (do not specify powers; rather describe the decisions)

i) If applicable, advise which personal care powers should lapse and briefly describe why.

ii) Is consent being given to a plan that allows for the use of physical/chemical restraint(s)?

Yes ☐ No ☐

If yes, attach a current behaviour management plan and/or other related information that instructs the use of a restraint(s).

b) Decision(s) in the area of property: (do not specify powers; rather describe the decisions)

i) If applicable, advise which property powers should lapse and briefly describe why.

4.2 Should the terms or conditions of the appointment be varied?

Yes ☐ No ☐

If yes, explain.

PART 5 OTHER INFORMATION REQUIRED

5.1 What should be the length of the renewed term of appointment of the substitute decision maker? Consider the decisions described in Part 4 above. (See Part 7 subsection 7.1 of guide)

5.2 Do you have further comments that would be helpful to the commissioner in considering this review of the substitute decision maker appointment?

PART 6 VULNERABLE PERSON LIVING IN A DEVELOPMENTAL CENTRE

If the vulnerable person is residing in a developmental centre (Manitoba Development Centre, St. Amant River Road Place), provide the following information:

6.1 Describe the efforts made to find a suitable alternative to the developmental centre placement for the vulnerable person.

6.2 If you believe that the developmental centre is the most suitable placement for the vulnerable person, provide your reasons.

COMPLETION OF REVIEW/REQUIRED SIGNATURE

This review document was completed by: _____
(name and phone number)

Relationship to vulnerable person: _____

Signature

Date

Please attach:

- ☐ current individual plan
- ☐ any supporting documentation that provides an update to the information provided at the time of the original application or the last review
- ☐ current financial plan (if applicable)
- ☐ behaviour management plan and/or other related information [(if applicable – see Question 4.1 a)ii)]
- ☐ “Schedule B” must be completed if additional substitute decision maker(s) are proposed
- ☐ “Schedule C” – The Criminal Record Check(s), Child Abuse Registry Check(s) and Adult Abuse Registry Check(s) are required if additional substitute decision maker(s) are proposed

Send completed application and supporting 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