

# Application for Temporary Placement of a Vulnerable Person in a Developmental Centre for Respite Care

Under *The Vulnerable Persons Living with a Mental Disability Act* (the Act), certain requirements must be met for a substitute decision maker to temporarily place a vulnerable person in a developmental centre for respite care.

The requirements that must be met are that:

- the substitute decision maker for personal care has been granted power under clause 57(2)(a) of the Act to decide where the vulnerable person is to live
- the purpose of the placement is to provide respite care for the vulnerable person
- the vulnerable person requires a level of care that is not readily available outside a developmental centre
- there is a developmental centre willing to accept the vulnerable person, and
- the temporary placement of a vulnerable person in a developmental centre does not exceed three weeks in a year

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).**

## PART 1 INFORMATION ABOUT THE VULNERABLE PERSON

### 1.1 ABOUT THE VULNERABLE PERSON

<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 VULNERABLE PERSON'S SOCIAL WORKER/CASE CO-ORDINATOR (IF KNOWN):

Name _____	
Mailing address _____	
Phone number (    ) _____	Fax number (    ) _____

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**PART 2 INFORMATION ABOUT THE APPLICANT (SUBSTITUTE DECISION MAKER(S) FOR PERSONAL CARE)**

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1. Name of substitute decision maker for personal care

\_\_\_\_\_

Mailing address

\_\_\_\_\_

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

2. Name of joint substitution decision maker for personal care (if applicable)

\_\_\_\_\_

Mailing address

\_\_\_\_\_

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

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**PART 3 REASON(S) FOR THE APPLICATION OF TEMPORARY PLACEMENT IN A DEVELOPMENTAL CENTRE**

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**3.1 Explain why a request is being made for the temporary placement of a vulnerable person in a developmental centre.**

**3.2 Describe why you believe the vulnerable person requires a level of care that is not readily available outside a developmental centre.**

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**PART 4 TEMPORARY PLACEMENT OF A VULNERABLE PERSON IN A DEVELOPMENTAL CENTRE**

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**4.1 List any periods of temporary placement in a developmental centre that have occurred for the vulnerable person during the past 12 months.**

**4.2 Indicate what time period(s) is/are being requested for the temporary placement of the vulnerable person in a developmental centre.**

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**SIGNATURE OF SUBSTITUTE DECISION MAKER(S)**

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**Signature of Substitute Decision Maker(s)**

**Date**

Note: Incomplete application packages will take longer to process.

**Send the 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

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**TO BE COMPLETED BY THE DEVELOPMENTAL CENTRE**

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**1. THE VULNERABLE PERSON**

Name of vulnerable person for whom temporary placement is requested

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**2. NAME OF DEVELOPMENTAL CENTRE**

Name of developmental centre	Contact person
_____	_____
Position	Phone number (     )
_____	_____

**3. PERIOD(S) OF ACCEPTANCE**

Outline what period of time you are willing to accept the vulnerable person in the developmental centre.

**4. PRIOR TEMPORARY PLACEMENTS**

Has there been a temporary placement period for the placement of the vulnerable person in a developmental centre during the past 12 months?

Yes

No

If yes, list the placement period(s) below:

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**SIGNATURE OF AUTHORIZED DEVELOPMENTAL CENTRE STAFF**

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Signature of Authorized Developmental Centre Staff

Date

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