

# Emergency Application for the Appointment of a Substitute Decision Maker

Under *The Vulnerable Persons Living with a Mental 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 a vulnerable person
  - 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

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

**Who is the main contact person at the residence?**

Name

Title

Phone number

(     )

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

*(See 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 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 mental 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

**Vulnerable Persons' Commissioners' Office (VPCO) use only**

### 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
<hr/>	
Mailing address	
<hr/>	
Phone number (      )	
<hr/>	

## 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	<hr/>		
Mailing address	<hr/>		
Phone number (      )	Relationship	<hr/>	
Nature and frequency of involvement	<hr/>		
	<hr/>		
2. Name	<hr/>		
Mailing address	<hr/>		
Phone number (      )	Relationship	<hr/>	
Nature and frequency of involvement	<hr/>		
	<hr/>		
3. Name	<hr/>		
Mailing address	<hr/>		
Phone number (      )	Relationship	<hr/>	
Nature and frequency of involvement	<hr/>		
	<hr/>		
4. Name	<hr/>		
Mailing address	<hr/>		
Phone number (      )	Relationship	<hr/>	
Nature and frequency of involvement	<hr/>		
	<hr/>		

**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 \_\_\_\_\_

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## PART 3 INFORMATION ABOUT THE APPLICANT

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

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## PART 4 REASON(S) FOR THE EMERGENCY APPLICATION

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*(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.**

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## PART 5 DECISION(S) TO BE MADE

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*(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 Queen’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?**

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**SIGNATURES REQUIRED**

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**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 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