

Application for the Appointment of a Substitute Decision Maker for Property for a Person Residing Outside of Manitoba

Under *The Adults Living with an Intellectual Disability Act*, a substitute decision maker may be appointed for property for an individual who resides outside Manitoba and owns real or personal property in Manitoba and where it has been determined that:

- the individual is an intellectual disability, and
- in accordance with the laws of another province or territory of Canada or of any other jurisdiction designated by regulation, that the individual is not able to manage his or her property

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

Last name	First name	Middle name
_____	_____	_____
Birth date (mm/dd/yyyy)		Gender
_____		<input type="checkbox"/> M <input type="checkbox"/> F
Address (street number, street name, town/city, province, postal code)		

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
_____	_____	() _____

1.2 IS THE INDIVIDUAL AN ADULT LIVING WITH AN INTELLECTUAL DISABILITY?

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

A) AN ADULT LIVING WITH AN INTELLECTUAL DISABILITY

(“Intellectual disability” excludes an intellectual disability due exclusively to a mental or psychiatric disorder defined under The Mental Health Act.)

The following are the criteria that define “intellectual 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:

Property (ex: help with money management)

c) DETERMINATION OF INCAPACITY

i. Provide the name of the province or territory of Canada, or of any other jurisdiction in which it has been determined that the individual is not able to manage his or her property.

ii. State the law or laws under which the determination of incapacity has been made and provide verification (ex: copy of document that confirms the individual's incapacity).

1.3 SUPPORTING DOCUMENTS

(See under Section C – part 1, subsection 1.3 of guide)

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

Examples of supporting documents include:

- determination of incapacity (see 1.2 c) ii.)
- 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 intellectual 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

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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
_____	_____
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 part 3 of guide)

3.1 DESCRIBE THE CIRCUMSTANCES THAT GIVE YOU REASON TO BELIEVE THAT A SUBSTITUTE DECISION MAKER FOR PROPERTY IS NEEDED AT THIS TIME.

PART 4 INFORMATION ABOUT THE INDIVIDUAL'S SUPPORT NETWORK

(See 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 PROVIDERS (IF NOT MENTIONED ABOVE)

1. Name _____

Mailing address _____

Phone number () _____ Relationship _____

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

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

(See part 5 of guide)

5.1 SOLE SUBSTITUTE DECISION MAKER FOR PROPERTY

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

5.2 JOINT SUBSTITUTE DECISION MAKERS FOR PROPERTY

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

5.3 ALTERNATE SUBSTITUTE DECISION MAKER FOR PROPERTY

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

Notes:

- “Schedule A” must be completed.
- “Schedule B” must be completed by all proposed substitute decision makers.
- “Schedule C” - The Criminal Record, Child Abuse Registry and Adult Abuse Registry Checks are required by all proposed substitute decision makers
- If a substitute decision maker is not identified, The Public Trustee will be appointed.

PART 6 DECISION(S) TO BE MADE

(Applicants should read 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 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 part 7, subsection 7.1 of guide)*

7.2 Is there currently a legal representative appointed for the individual in another province or territory of Canada or any other jurisdiction?

Yes No

If yes, provide name and contact information for this legal representative

7.3 Does the individual have an order of supervision or a committee appointed by the Court of King's Bench or an Order of Committeeship under *The Mental Health Act of Manitoba*? *(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 a substitute decision maker?

SIGNATURE OF APPLICANT

Signature of Applicant

Date

Have you:

- completed the application in full
- enclosed supporting documents noted on page 3
- completed “Schedule A” – real or personal property
- completed “Schedule B” – consent form signed by the proposed substitute decision maker(s)
- enclosed Criminal Record Check(s), Child Abuse Registry Check(s) and Adult Abuse Registry Check(s) 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 Commissioner for Adults Living
with an Intellectual Disability (CALIDO)**
315-258 Portage Avenue
Winnipeg, Manitoba R3C 0B6
Telephone: 204-945-5039
Toll Free: 1-800-757-9857
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