

Application for Continuation of Placement of an Adult Living with an Intellectual Disability in a Developmental Centre

Under *The Adults Living with an Intellectual Disability Act*, an application for the continuation of the placement of an adult living with an intellectual disability in a developmental centre can only be made in circumstances where an adult living with an intellectual disability:

- is a resident of a developmental centre at the time a substitute decision maker was appointed for personal care with the power 57(2) (a) to decide where, with whom and under what conditions the person will live
- was a resident of the developmental centre prior to *The Adults Living with an Intellectual Disability Act* coming into force on October 4, 1996
- the substitute decision maker has decided that the adult living with an intellectual disability should continue to reside at the developmental centre

The substitute decision maker must obtain the approval of the Commissioner for Adults Living with an intellectual disability to continue the placement in a developmental centre and this application must be filed with the commissioner within 60 days of the date the substitute decision maker has been appointed.

The requirements that must be met are that:

- the applicant has made reasonable efforts to find a placement for the adult living with an intellectual disability other than in a developmental centre, and no suitable alternative placement is available
- it is in the best interests of the adult living with an intellectual disability to be placed in a developmental centre
- there is a developmental centre willing to accept the adult living with an intellectual disability

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 945-5039 ou le 1 800 757-9857 (sans frais).

PART I INFORMATION ABOUT THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY FOR WHOM A CONTINUATION OF PLACEMENT IN A DEVELOPMENTAL CENTRE IS REQUESTED

1.1 ABOUT THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY		
Last name	First name	Middle name
_____	_____	_____
Birth date (mm/dd/yyyy)		

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

Name of developmental centre

Date of admission

1.2 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SOCIAL WORKER/CASE COORDINATOR

Name _____

Mailing address _____

Phone number () _____

Fax number () _____

1.3 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S NEAREST RELATIVE

(See part 1, subsection 1.5 of guide)

Name _____

Relationship _____

Mailing address _____

Phone number () _____

1.4 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SUPPORT NETWORK

If there has been a change in the adult living with an intellectual disability's support network (those who provide advice, support and guidance), provide the following details: name, mailing address, phone number, relationship to the vulnerable person and the nature and frequency of their involvement.

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

1. Name of substitute decision maker for personal care _____

Mailing address _____

Phone Number _____

() _____

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

Mailing address

Phone number ()

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

3.1 Explain why a request is being made for the continuation of placement of an adult living with an intellectual disability person in a developmental centre.

3.2 Describe why you believe the adult living with an intellectual disability requires a level of care that is not readily available outside a developmental centre.

PART 4 CONTINUATION OF THE PLACEMENT OF AN ADULT LIVING WITH AN INTELLECTUAL DISABILITY IN A DEVELOPMENTAL CENTRE

4.1 Describe the efforts made to find a suitable alternative placement for the adult living with an intellectual disability other than a developmental centre. (Please be as specific as possible.)

4.2 Explain why you believe it is in the best interest of the adult living with an intellectual disability to continue placement in a developmental centre. (Please be as specific as possible.)

SIGNATURE OF SUBSTITUTE DECISION MAKER(S)

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 Commissioner for Adults Living
with an Intellectual Disability**
315-258 Portage Avenue
Winnipeg, Manitoba R3C 0B6

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

1. THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY

Name of adult living with an intellectual disability whose placement is to be continued

2. NAME OF DEVELOPMENTAL CENTRE

Name of developmental centre

Contact person

Position

Phone number

()

3. DATE OF LAST ADMISSION

What was the last admission date for the adult living with an intellectual disability in a developmental centre?

Last admission date: _____
(Please attach documentation.)

4. CONFIRMATION OF PLACEMENT CONTINUATION

This is to confirm that _____
[developmental centre]

will continue the placement of _____
[adult living with an intellectual disability]

SIGNATURE OF AUTHORIZED DEVELOPMENTAL CENTRE STAFF

Signature of Authorized Developmental Centre Staff

Date
