

Application for the Emergency Variation of the Appointment of a Substitute Decision Maker

Under *The Adults Living with an Intellectual Disability Act*, the appointment of a substitute decision maker may be varied on an emergency basis if it is determined that:

- there is an immediate danger of death or serious harm to, or deterioration in, the physical or mental health of the adult living with an intellectual disability, or of serious loss to his or her property, and
- prompt action is required to protect the person or property in view of the nature and urgency of the matter

The Commissioner cannot:

- vary an appointment of a substitute decision maker for personal care to include powers respecting property
- vary an appointment of a substitute decision maker for property to include powers respecting personal care
- vary beyond 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: 1.4).

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 ADULT LIVING WITH AN INTELLECTUAL DIABILITY

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)		

Mailing address, if different from above (street number, street name, town/city, province, postal code)		

1.2 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SOCIAL WORKER/CASE CO-ORDINATOR (IF KNOWN)

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 adult living with an intellectual disability and the nature and frequency of their involvement.

PART 2 INFORMATION ABOUT THE APPLICANT

Name _____ Relationship _____

Mailing address _____

Phone number () _____

PART 3 REASON(S) FOR THE EMERGENCY VARIATION(S) OF APPOINTMENT AND PROPOSED ACTION (Complete Section A or B, whichever is applicable)

A) EMERGENCY VARIATION TO POWERS, DUTIES, TERMS, CONDITIONS, OR DURATION OF APPOINTMENT

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.

2. Given the description of the emergency, state the specific decision(s) that the adult living with an intellectual disability is not able to make even with the involvement of their support network.

B) ADDITIONAL OR ALTERNATE SUBSTITUTE DECISION MAKER ON AN EMERGENCY BASIS

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 of her property, and why prompt action is required.

2. Explain the reason(s) why a request is being made for the appointment of an additional or alternate substitute decision maker on an emergency basis.

3. PROPOSED ADDITION OR ALTERNATE SUBSTITUTE DECISION MAKER(S) ON AN EMERGENCY BASIS

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 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 4 OTHER INFORMATION REQUIRED

4.1 Do you have further information or comments that would be helpful to the commissioner in considering this application for the emergency variation of the appointment of a substitute decision maker?

SIGNATURE OF APPLICANT

Signature of Applicant

Date

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 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
Fax: 204-948-3713