

Application for Temporary Placement of an Adult Living with an Intellectual Disability in a Developmental Centre for Respite Care

Under *The Adults Living with an Intellectual Disability Act* (the Act), certain requirements must be met for a substitute decision maker to temporarily place an adult living with an intellectual disability 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 adult living with an intellectual disability is to live
- the purpose of the placement is to provide respite care for the adult living with an intellectual disability
- the adult living with an intellectual disability requires a level of care that is not readily available outside a developmental centre
- there is a developmental centre willing to accept the adult living with an intellectual disability, and
- the temporary placement of an adult living with an intellectual disability 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 ADULT LIVING WITH AN INTELLECTUAL DISABILITY

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 () _____ |

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 substitution decision maker for personal care (if applicable)

Mailing address

Phone number (_____)

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

3.1 Explain why a request is being made for the temporary placement of an adult living with an intellectual disability 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 TEMPORARY PLACEMENT OF AN ADULT LIVING WITH AN INTELLECTUAL
DISABILITY IN A DEVELOPMENTAL CENTRE**

4.1 List any periods of temporary placement in a developmental centre that have occurred for the adult living with an intellectual disability during the past 12 months.

4.2 Indicate what time period(s) is/are being requested for the temporary placement of the adult living with an intellectual disability in a developmental centre.

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

TO BE COMPLETED BY THE DEVELOPMENTAL CENTRE

1. THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY

Name of the adult living with an intellectual disability for whom temporary placement is requested

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 adult living with an intellectual disability in the developmental centre.

4. PRIOR TEMPORARY PLACEMENTS

Has there been a temporary placement period for the placement of the adult living with an intellectual disability in a developmental centre during the past 12 months?

Yes

No

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

SIGNATURE OF AUTHORIZED DEVELOPMENTAL CENTRE STAFF

Signature of Authorized Developmental Centre Staff

Date
