

# Variation of an Appointment of a Substitute Decision Maker

Under *The Adults Living with an Intellectual Disability Act*, an application can be made to vary an appointment of a substitute decision maker in one or more of the following:

- vary the powers or the duties of the substitute decision maker’s appointment
- vary the terms and conditions of the appointment
- vary the duration of the appointment
- appoint an additional or alternate substitute decision maker for personal care or for property

The commissioner cannot:

- vary an appointment of a substitute decision 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 the duration of appointment beyond five years from the effective date of the appointment being varied

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).**

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## PART 1 ABOUT THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY

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### 1.1 THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY

|  |                   |                    |
|--|-------------------|--------------------|
| <b>Last name</b>   | <b>First name</b> | <b>Middle name</b> |
| _____  | _____             | _____              |
| <b>Birth date</b> (mm/dd/yyyy)   |                   |                    |
| _____  |                   |                    |
| <b>Address</b> (street number, street name, town/city, province, postal code)                                  |                   |                    |
| _____  |                   |                    |
| <b>Mailing address, if different from above</b> (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 INFORMATION ABOUT THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SUPPORT NETWORK**

If there has been a change in the adults 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

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**PART 2 INFORMATION ABOUT THE APPLICANT**

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number (     ) \_\_\_\_\_

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

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

1. Describe the circumstances that give you reason to believe that the appointment requires a variation, and state the specific decision(s) that the adult living with an intellectual disability is not able to make even with the involvement of his/her support network.

**B) ADDITIONAL OR ALTERNATE SUBSTITUTE DECISION MAKER**

1. Explain the reason(s) why a request is being made for an additional or alternate substitute decision maker.

**2. PROPOSED ADDITION OF A SUBSTITUTE DECISION MAKER(S) (SDM)**

|   |   |
|---|---|
| 1. Name<br>_____<br>Mailing address<br>_____<br>_____ | Relationship<br>_____<br>Phone number<br>(    )<br>_____<br>SDM for<br>Personal care <input type="checkbox"/> Property <input type="checkbox"/> |
| 2. Name<br>_____<br>Mailing address<br>_____<br>_____ | Relationship<br>_____<br>Phone number<br>(    )<br>_____<br>SDM for<br>Personal care <input type="checkbox"/> Property <input type="checkbox"/> |

### 3. PROPOSED ALTERNATE SUBSTITUTE DECISION MAKER(S) (ASDM)

|                 |  |
|-----------------|--|
| 1. Name         | Relationship   |
| _____           | _____  |
| Mailing address | Phone number   |
| _____           | (     )  |
| _____           | ASDM for<br>Personal care <input type="checkbox"/> Property <input type="checkbox"/> |
| 2. Name         | Relationship   |
| _____           | _____  |
| Mailing address | Phone number   |
| _____           | (     )  |
| _____           | ASDM for<br>Personal care <input type="checkbox"/> Property <input type="checkbox"/> |

### 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 variation of an appointment of a substitute decision maker?

#### Notes:

- “Schedule B” must be completed by any newly proposed substitute decision makers.
- “Schedule C” - The Criminal Record, Child Abuse Registry, and Adult Abuse Registry Checks are required for any newly proposed substitute decision makers.

### SIGNATURE OF APPLICANT

Signature of Applicant

Date

Note: Incomplete application packages will take longer to process.

Send completed application and supporting documents (if applicable) 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