

5.2 JOINT SUBSTITUTE DECISION MAKER(S) (SDM)

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

5.3 ALTERNATE SUBSTITUTE DECISION MAKER(S) (ASDM)

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

Notes:

- “Schedule A” must be completed if applying to be a substitute decision maker for property.
- “Schedule B” must be completed by all proposed substitute decision makers.
- A Criminal Record Check, Child Abuse Registry Check, and an Adult Abuse Registry Check is required by all proposed substitute decision makers – see “Schedule C”
- If a substitute decision maker is not identified, The Public Trustee will be appointed.

PART 6 DECISION(S) TO BE MADE

(Applicants should read under Section C – 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 personal care?

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 under Section C – part 7, subsection 7.1 of guide)*

7.2 Is there currently a substitute decision maker appointed for the individual? Yes No

Has there been in the past? Yes No

7.3 Does the individual have a committee appointed by the Court of King’s Bench or an Order of Committeeship under The Mental Health Act? *(See under Section C – part 7, subsection 7.3 of guide)*
Yes No

7.4 Describe any physical or communication arrangements that will be needed for the individual, the proposed substitute decision maker and/or other parties should they need to participate at a hearing panel. *(See under Section C – part 7, subsection 7.4 of guide)*

7.5 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

Date

SCHEDULE A

REAL AND PERSONAL PROPERTY (IF KNOWN)

OF [person for whom application is made] _____

1. REAL AND PERSONAL PROPERTY

Bank/Investment accounts [place of deposit, balance of each account]:

Stocks and bonds [estimate of value, place of deposit]:

R.R.S.Ps [amount, place of deposit]:

Real estate [legal descriptions of civic addresses]:

Vehicles [make, model, year]:

Life insurance policies [cash surrender values, names of insurers]:

Funeral plans [cash value, place of deposit]:

Monies owed to [estimate of amounts, names of debtors]

Other (specify)

2. DEBTS:

Liability: Personal/Property loans

Creditor _____ Balance owing _____

Liability: Credit cards

Creditor _____ Balance owing _____

Liability: Other (specify)

Creditor _____ Balance owing _____

3. INCOME:

Source _____ Amount _____ Frequency _____

Source _____ Amount _____ Frequency _____

4. EXPENSES:

Source _____ Amount _____ Frequency _____

Source _____ Amount _____ Frequency _____

Signature

Date

SCHEDULE C

CRIMINAL RECORD, CHILD ABUSE REGISTRY AND ADULT ABUSE REGISTRY CHECKS

As part of the Application for Appointment of a Substitute Decision Maker, a proposed substitute decision maker must obtain a Criminal Record Check, a Child Abuse Registry Check, and an Adult Abuse Registry Check. **The results of these Checks will be sent to you directly. It is your responsibility to then attach them to the Application and/or to send them to the Office of the Commissioner for Adults Living with an Intellectual Disability (CALIDO).**

CRIMINAL RECORD CHECK

A Criminal Record Search Certificate can be obtained from the local city or municipal police department, or in rural areas, from the local Royal Canadian Mounted Police detachment. The Criminal Record Check **must** include the Vulnerable Sectors Search. When returning the completed form to the police/RCMP, two pieces of identification and an associated fee payment is normally required. The police office will provide the Criminal Record results to you. Questions regarding this process should be directed to your local city, or municipal police department or local RCMP detachment (rural areas only). For Winnipeg residents, information can be obtained by calling 204-986-6074 or by going online at www.winnipeg.ca/police.

CHILD ABUSE REGISTRY CHECK

A Child Abuse Registry Check can be obtained by completing the Child Abuse Registry Check Request application form and sending it to the Child Abuse Registry Office. The application forms are available by contacting the Child Protection Office – contact information below or on-line at: www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html. When returning the completed form to the Child Abuse Registry Office, a verified photocopy of two pieces of valid identification and an associated fee payment is normally required. Please refer to Part 3 of Child Abuse Registry Check form for payment details. The Child Abuse Registry office will provide the Registry results to you.

For more information about the Child Abuse Registry Check process or to mail in your application, contact:

Child Protection
2 - 777 Portage Avenue
Winnipeg, MB R3G 0N3
Phone: 204-945-6967
Toll free: 1-800-282-8069
Fax: 204-948-2222
Email: car@gov.mb.ca
Website: www.gov.mb.ca/fs/childfam/child_abuse_registry.html.

ADULT ABUSE REGISTRY CHECK

An Adult Abuse Registry Check form can be obtained by contacting the Office of the Commissioner for Adults Living with an Intellectual Disability at 204-945-5039 or 1-800-757-9857; Fax number: 204-948-3713; email: calido@gov.mb.ca. The form and instructions on how to complete it will then be mailed to you.

Once completed, it is to be sent the Adult Abuse Registrar at the address below. When sending the form to the Adult Abuse Registrar, a verified photocopy of two pieces of valid identification is required. The Check is fee-exempt. The Adult Abuse Registry office will provide the Registry results to you.

Adult Abuse Registry Check Form Mailing Address:

The Adult Abuse Registrar
Adult Abuse Registry Unit
2 - 777 Portage Avenue
Winnipeg, MB R3G 0N3
204-945-4934

IMPORTANT

When you receive the results of the above Checks, it is your responsibility as the proposed substitute decision maker to attach a copy of each of the Checks to the substitute decision maker application and/or to send them to the Office of the Commissioner for Adults Living with an Intellectual Disability.

Protection of Privacy

The personal information that you are requested to provide is being collected under the authority of **The Adults Living with an Intellectual Disability Act** (the Act). It is being collected to administer the Act and assist in the determination of your eligibility to serve as a substitute decision maker.

This personal information is protected by the protection of privacy provisions of **The Freedom of Information and Protection of Privacy Act**, and under **The Personal Health Information Act**.

If you have any questions about the collection of personal information, please contact:

Access and Privacy Coordinator

Department of Families
205-114 Garry Street
Winnipeg, MB R3C 4V4
Telephone: 204-945-2013