

# Review of Substitute Decision Maker Appointment Before Renewal

## Review Document

Section 140 of *The Vulnerable Persons Living with a Mental Disability Act* (the Act) states that the appointment of a substitute decision maker may not be renewed unless it is reviewed. The purpose of a review is to:

- determine whether the criteria for the appointment of a substitute decision maker continue to be met (S.53(1) and 88(1) of the Act)
- whether the appointment of the current substitute decision maker(s) (and alternate if applicable) should be renewed or whether changes should be made
- whether the powers or the terms or conditions of the appointment should be varied, and if so, in what respect

**In other words, it is asking all parties to once again consider whether or not a substitute decision maker is warranted for the vulnerable person, and if so, what is the appropriate appointment based on the information and evidence before us and the particular circumstances facing the vulnerable person now and in the reasonably foreseeable future.**

Your input and knowledge of the vulnerable person and his/her current circumstances is important. Please conduct your review by answering the following questions. All questions in the document are important and should be completed fully.

Please refer to the *Guide to Completing the Substitute Decision Maker Application* (the Guide) 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: 1.2).

**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 VULNERABLE PERSON

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#### 1.1 THE VULNERABLE PERSON

Last name

First name

Middle name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Birth date (mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Type of residence** (family home, community residence, foster home, independent living with support, personal care home, developmental centre, etc.)

**Living there since?**

\_\_\_\_\_

**Who is the main contact person at the residence?**

Name

Title

Phone number

\_\_\_\_\_ ( ) \_\_\_\_\_

**List ways in which the vulnerable person is involved in the community** (day programs/work/school)

1. Name of program/work/school: \_\_\_\_\_

Main contact person at the program/work/school (name, title, phone number)

\_\_\_\_\_

Attending since? \_\_\_\_\_

2. Name of program/work/school: \_\_\_\_\_

Main contact person at the program/work/school (name, title, phone number)

\_\_\_\_\_

Attending since? \_\_\_\_\_

3. Name of program/work/school: \_\_\_\_\_

Main contact person at the program/work/school (name, title, phone number)

\_\_\_\_\_

Attending since? \_\_\_\_\_

**1.2 Describe any changes in the vulnerable person's circumstances since the initial application or the last review process. For example, changes related to health, support network, behaviours, abilities, community involvement, etc.**

\_\_\_\_\_

**1.3 VULNERABLE PERSON'S NEAREST RELATIVE** (See Part 1, subsection 1.5 of the guide)

Name	Relationship to individual
_____	
Mailing address	
_____	
Phone number	
(      )	
_____	

**PART 2 INFORMATION ABOUT THE VULNERABLE PERSON'S SUPPORT NETWORK**

(See Part 4 of the guide)

**2.1 PEOPLE WHO PROVIDE ADVICE, SUPPORT AND GUIDANCE TO THE VULNERABLE PERSON**

**a) Family members**

1. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

4. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

**b) Others chosen by the vulnerable person** (friends, paid service/care providers, advocates, etc.)

1. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_

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

Phone number (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

Nature and frequency of involvement \_\_\_\_\_

\_\_\_\_\_

**c) If the person does not have a support network, explain what further efforts have been made and will be taken to establish one.**

**d) What is the nature and frequency of the current substitute decision maker's involvement with the vulnerable person?**

**2.2 SERVICE/CARE PROVIDERS (IF NOT MENTIONED ABOVE)**

1. Name _____	Relationship _____	Phone number (    ) _____
Mailing address _____ _____		
2. Name _____	Relationship _____	Phone number (    ) _____
Mailing address _____ _____		

**PART 3 INFORMATION ABOUT THE CURRENT SUBSTITUTE DECISION MAKER(S)**

*(See part 5 of guide)*

**3.1 Do you propose any changes or additions to who is currently appointed as the substitute decision maker(s) and/or the alternate substitute decision makers?**

Yes  No  → (If no go to Part 4)

**3.2 If yes, outline what the proposed change/addition is and why it is being proposed. Also complete 3.3 and/or 3.4 below.**

**3.3 PROPOSED REPLACEMENT/ADDITION OF 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    Property <input type="checkbox"/> <input type="checkbox"/>

### 3.4 PROPOSED REPLACEMENT/ADDITION OF ALTERNATE SUBSTITUTE DECISION MAKER(S) (ASDM)

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

**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.

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## PART 4 DECISION(S) TO BE MADE

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*(See Part 6 of guide)*

Powers assigned to a substitute decision maker cannot be renewed unless there are decisions to be made now and/or in the reasonably foreseeable future, and the individual is unable to make them even with the involvement of his/her support network.

A person is considered unable to make a decision when she or he is not able to understand information that is 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.

Refer to the powers outlined in the most current appointment document and give thought to those decisions that have been made on behalf of the vulnerable person as it relates to these powers. Also take into consideration Question 1.2.

**4.1 Briefly describe what decisions are required now and/or in the reasonably foreseeable future that would demonstrate the ongoing need or variation (addition) to the powers of the substitute decision maker.**

**a) Decision(s) in the area of personal care: (do not specify powers; rather describe the decisions)**

**i) If applicable, advise which personal care powers should lapse and briefly describe why.**

**ii) Is consent being given to a plan that allows for the use of physical/chemical restraint(s)?**

Yes  No

If yes, attach a current behaviour management plan and/or other related information that instructs the use of a restraint(s).

**b) Decision(s) in the area of property: (do not specify powers; rather describe the decisions)**

i) If applicable, advise which property powers should lapse and briefly describe why.

**4.2 Should the terms or conditions of the appointment be varied?**

Yes  No

If yes, explain.

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## **PART 5 OTHER INFORMATION REQUIRED**

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**5.1 What should be the length of the renewed term of appointment of the substitute decision maker? Consider the decisions described in Part 4 above. (See Part 7 subsection 7.1 of guide)**

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**5.2 Do you have further comments that would be helpful to the commissioner in considering this review of the substitute decision maker appointment?**



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**PART 6 VULNERABLE PERSON LIVING IN A DEVELOPMENTAL CENTRE**

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If the vulnerable person is residing in a developmental centre (Manitoba Development Centre, St. Amant River Road Place), provide the following information:

**6.1 Describe the efforts made to find a suitable alternative to the developmental centre placement for the vulnerable person.**

**6.2 If you believe that the developmental centre is the most suitable placement for the vulnerable person, provide your reasons.**

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**COMPLETION OF REVIEW/REQUIRED SIGNATURE**

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**This review document was completed by:** \_\_\_\_\_  
(name and phone number)

**Relationship to vulnerable person:** \_\_\_\_\_

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

