

Variation of an Appointment of a Substitute Decision Maker

Under *The Vulnerable Persons Living with a Mental 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).

PART 1 ABOUT THE VULNERABLE PERSON

1.1 THE VULNERABLE PERSON

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 VULNERABLE PERSON'S SOCIAL WORKER/CASE CO-ORDINATOR (IF KNOWN):

Name _____

Mailing address _____

Phone number () _____ Fax number () _____

1.3 VULNERABLE PERSON'S NEAREST RELATIVE

(See part 1, subsection 1.5 of guide)

Name _____	Relationship to vulnerable person _____
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Mailing address _____

Phone number () _____

1.4 INFORMATION ABOUT THE VULNERABLE PERSON'S SUPPORT NETWORK

If there has been a change in the vulnerable person's support network (those who provide advice, support and guidance), provide the following details: name, mailing address, phone number, relationship to the vulnerable person and the nature and frequency of their involvement.

PART 2 INFORMATION ABOUT THE APPLICANT

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

3. PROPOSED 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"/>

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 Vulnerable Persons' Commissioner
315-258 Portage Avenue
Winnipeg Manitoba R3C 0B6

Telephone: 204-945-5039
Toll Free: 1-800-757-9857
Fax: 204-948-3713