



NOTE: This is a checklist to assist the health authority designate in considering all relevant factors in making a decision to issue a Certificate of Incapability or a decision to accept a Determination of Capability on second or reassessment under Part 2.1 of the Adult Guardianship Act.

ADULT'S INFORMATION

Table with columns: Last Name, First Name, Middle Name

STEP 1 Review the Health Authority Designate Information Package and Determine if Additional Information is Required

The following forms and materials should be received and reviewed:

- Health Authority Designate Information Package - Certificate of Incapability AGA Part 2.1 Package Cover Sheet
PGT Summary of Investigation and any attached collateral information gathered by the PGT
Form 1 AGA Report of Assessment of Incapability, with Details of Assessment attached
Medical Component of the Assessment Form
Functional Component of the Assessment Form
Other - please specify

STEP 2 Apply and Consider Criteria Before Making a Decision to Issue a Certificate of Incapability

The health authority designate has considered and is satisfied that all of the following apply:

- The adult needs to make decisions about their financial affairs
The adult is incapable of making those decisions
The adult needs, and will benefit from, the assistance and protection of the PGT as Statutory Property Guardian (Committee of Estate)
The needs of the adult would not be sufficiently met by alternative means of assistance, and either:
a) The adult has not granted power over all of their financial affairs to an attorney under an enduring power of attorney, or representative under a representation agreement, or
b) If there is an attorney or representative, they have not been complying with their duties under the Power of Attorney Act
Consultation has occurred between the health authority designate and the PGT

STEP 3 Provide Notice of the Intention to Issue a Certificate of Incapability and Opportunity to Respond

Adult and spouse and/or near relative(s) have been provided with Notice of the Intention to Issue a Certificate of Incapability, including reasons.

- Yes No

Concerns raised by adult, spouse and/or near relative(s) have been addressed.

- No concerns raised Yes, concerns addressed

STEP 4 Make and Communicate Decision -> Complete either Section 1 or Section 2

Section 1: Regarding a Certificate of Incapability

The health authority designate decides:

- To issue a certificate of incapability, using Form 2 - Adult Guardianship Act Certificate of Incapability, AND
- Dates, signs, and provides a copy of Form 2 Certificate of Incapability to adult and spouse and/or near relative(s) with the Health Authority Designate's Concluding Letter, AND
- Faxes Certificate of Incapability to PGT, AND
- Mails original certificate to PGT
To not issue a certificate of incapability, AND
- Communicates decision to not issue certificate of incapability to (check all): adult PGT health authority contacts

Section 2: Regarding Acceptance of Determination of Capability

On second or reassessment, the health authority designate decides:

- To accept the determination of capability and dates, signs and faxes the Acceptance of Determination of Capability form to PGT
To not accept the determination of capability and follows the health authority protocol

HEALTH AUTHORITY DESIGNATE INFORMATION

Table with columns: Health Authority Designate Signature, Phone Number, Fax Number, Print Name, Date Signed (YYYY / MM / DD), Address