



This form is to be completed by the manager giving due consideration to Part 3 of the Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA) and the Practice Guidelines for Seeking Consent to Care Facility Admission (Ministry of Health). Information is being collected under the authority of the HCCCFAA. A manager is defined by the HCCCFAA as an individual who is responsible for either or both of: (a) the operation of a care facility, or (b) admissions to a care facility.

Substitute consent for continued residence is not required if the adult was admitted within the last 30 days or if substitute consent has been obtained in the last 90 days.

INFORMATION OF THE ADULT CURRENTLY RESIDING IN THE CARE FACILITY		
Last Name of Adult	First Name of Adult	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	
Name of Care Facility	Address of Care Facility	

CONFIRMATION OF SUBSTITUTE CONSENT TO CONTINUED RESIDENCE IN CARE FACILITY
<p>I, the manager, confirm the following:</p> <ul style="list-style-type: none"> <li>The adult was previously assessed as incapable and has expressed the desire to leave the care facility.</li> <li>If there was reason to believe the adult may now be capable, they have been assessed and their incapability was confirmed (if determined to be capable, the adult can choose to leave the care facility).</li> <li>Substitute consent is provided (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> in writing (see below)</li> <li><input type="checkbox"/> by email</li> <li><input type="checkbox"/> orally</li> </ul> </li> </ul>

SIGNATURE OF THE MANAGER SEEKING SUBSTITUTE CONSENT		
Signature of Manager	Date Signed (YYYY / MM / DD)	Organization/Health Authority
Print Name of Manager	Position / Title	

SUBSTITUTE DECISION MAKER - WRITTEN CONSENT		
<input type="checkbox"/> <b>On behalf of the above-name adult, I CONSENT to the adult's continued residence in the above-named care facility.</b>	Signature of Substitute Decision Maker	Relationship to Adult
	Print Substitute's Full Name	Date Signed (YYYY / MM / DD)