HEALTH AUTHORITY DESIGNATE

CHECKLIST FOR ISSUING A CERTIFICATE OF INCAPABILITY

Name of the Adult:

_____

Last Name First Name Middle Initial

Adult's Date of Birth:

_____

Year / Month / Day

Note to HAD

This is a checklist to assist the Health Authority Designate in considering all relevant factors making a decision to issue a Certificate of Incapability under Part 2.1 of the Adult Guardianship Act.

- the adult needs to make decisions about his/her 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 Committee of Estate,
- the needs of the adult would not be sufficiently met by alternative means of assistance, and

  either:

  - the adult has not granted power over all of the adult's financial affairs to an attorney under an enduring power of attorney, or
  - (an attorney has been granted power as described in subparagraph (i) but is not complying with the attorney's duties under the Power of Attorney Act or the enduring power of attorney, as applicable

☐ Consultation has occurred between the HAD and the PGT

☐ The adult and their spouse or a near relative have been notified of the intent to issue a CI with _____ days to respond

☐ The following forms have been received and reviewed:

- Public Guardian and Trustee Referral Form and any attached collateral information gathered by the PGT
- Medical Examination Report and any attached assessment reports
- Functional Component of the Assessment and any attached assessment reports

☐ The assessment reports consistently indicate that the adult is incapable of managing his or her own financial and legal affairs.

Decision of the Health Authority Designate

It is the decision of the Health Authority Designate to:

☐ Issue a Certificate of Incapability under the Part 2.1 of the Adult Guardianship Act following notification

☐ Not to issue of a Certificate of Incapability

Comments / Rationale for Decision:

Date for review of adult's incapability to make financial and legal decisions:

_____

Name of Health Authority Designate Signature Date