



4.2 What is the purpose of the assessment?	
4.2.1 Initial Assessment (under S.32(1))	<input type="checkbox"/>
4.2.2 Re-assessment (under S.33(3))	<input type="checkbox"/>
4.2.3 Second assessment (under S.34)	<input type="checkbox"/>
4.3 Collateral Information Received from the PGT:	
Document: _____	Date Received: _____
Document: _____	Date Received: _____
Document: _____	Date Received: _____
Document: _____	Date Received: _____

5. INDICATE ANY CRITICAL TASKS/DEADLINES AND WHO IDENTIFIED THEM (e.g. Public Guardian & Trustee)	
Description of Deadline	Source of request (provide contact information)

6. PART A – PUBLIC GUARDIAN AND TRUSTEE MEDICAL EXAM FORM (See Attached)
Comments:

7. PROFESSIONALS INVOLVED IN THE FUNCTIONAL ASSESSMENT PROCESS						
1. Name	2. Position	3. Prof. Designation	4. Contact Information	5. Lead Assessor (check)	6. CI Training (check)	7. Any Personal, Professional, Financial or Legal Association w/ the Adult (Yes/No)
			Phone: Email:			
			Phone: Email:			
			Phone: Email:			
			Phone: Email:			
7.1 If Any Staff Involved in the Assessment Indicated "Yes" for "7. Any Personal, Professional, Financial or Legal Association with the Adult", Provide Details and Identify Any Action Taken:						

**Comment [U1]:** There are two parts to the functional assessment report. Above this comment is the internal information that should not be shared with family/adult. Below this comment is the portion that should be shared with adult/family.

8. FUNCTIONAL COMPONENT – INITIATION RECORD	Completed By (Initials):
8.1 Date of Completion of the Functional Assessment (Year/Month/Day):	
8.2 Location(s) of the Assessment (e.g. hospital, care facility, home):	
8.3 Explain any Concerns/Risks that the assessor felt Arose During the Assessment (if applicable):	
8.4 Describe Any Communication Aids Used During the Assessment (if applicable):	
8.5 Was the Assessment Conducted in English? Yes/No: 8.5.1 If the Assessment was not Conducted in English Identify the Language Used: 8.5.2 If a Language Other than English is Used Provide Name and Contact Information for the Interpreter:	
8.6 Assessor Confirmed (under Sx.x) that the Adult Understands the Purpose and the Process and is Willing to Proceed (Yes/No): 8.6.1 Please Describe Any Concerns Expressed and how these were Dealt with (if Applicable):	
8.7 Assessor Confirmed (under Sx.x) in Private that the Adult Wishes to Have the Support Person(s) (where applicable) Present (Yes/No). 8.7.1 If the Adult Wishes to have a Support Person, Provide the Name and Relationship to the Adult for Each Support Person (s): 1. Name: _____ Relationship: _____ 2. Name: _____ Relationship: _____	
8.8 Assessor Confirmed (under Sx.x.) that the Support Person (where applicable) Understands their Role in the Assessment. Yes/No: 8.8.1 Identify any Issues that Arose with the Support Person During the Assessment (if applicable):	
8.9 Assessor has Confirmed (under Sx.x) that the Adult has Received Written Notice (Yes/No):	
<b>9. FUNCTIONAL COMPONENT – PERSONAL INFORMATION</b>	

<p>9.1 Adult's Marital Status:    <input type="checkbox"/>Single    <input type="checkbox"/>Married    <input type="checkbox"/>Separated    <input type="checkbox"/>Divorced    <input type="checkbox"/>Common Law</p> <p style="padding-left: 40px;"><input type="checkbox"/>Widowed</p> <p>Provide Details of any Recent (6 months minimum) Relationship Change:</p>	
<p>9.2 Adult's Permanent Place of Residence and Length of Time at this Residence. Provide Details of any Recent Change:</p>	
<p>9.3 Adult's Employment Status:</p>	
<p>9.4 Number of People in the Adult's Household (Not Including the Adult):</p>	
<p>9.5 Number of Dependents and provide address if they DO NOT live with adult:</p>	
<p>9.6 Describe Any Formal Services that the Adult is Receiving:</p>	
<p>9.7 Describe Any Informal Services/Help that the Adult is Receiving:</p>	
<p>9.8 Describe Any Help that the Adult is Receiving to Manage their Financial Affairs:</p>	
<p><b>10. FUNCTIONAL COMPONENT – HEALTH STATUS</b></p>	
<p>10.1 Has the Adult had a RAI Assessment (Yes/No)? If Yes, Provide the Date of the Assessment:</p>	
<p>10.2 Any Addiction(s):</p>	

10.3 If the Adult has had a RAI Assessment provide the total Activities of Daily Living (ADL) Score: \_\_\_\_\_

A score of 3+ indicates a high level of functional impairment.

The ADL Includes the Following Elements:

If the Adult Does not Have an ADL Score Please Ask them to Identify their Level of Dependence for each Element of the ADL:

	Dependent	With Supervision	Independent
1. Personal Hygiene			
2. Toilet Transfer			
3. Locomotion			
4. Eating			
5. Dressing (is this included in personal hygiene)?			

10.4 If the Adult has had a RAI Assessment provide the total Instrumental Activities of Daily Living (IADL) Score: \_\_\_\_\_

A score of 3+ indicates a high level of dependence.

If the Adult Does not Have a RAI Assessment Please Ask them to Identify their Level of Dependence for each Element of the IADL:

	Dependent	With Supervision	Independent
1. Meal preparation			
2. Ordinary housework			
3. Managing finances			
4. Managing medications			
5. Phone use			
6. Stairs			
7. Shopping			
8. Transportation			

10.5 Is the Adult's Health Severely Unstable and They are Likely in the Last Six Months Of an End-Stage Disease(s)? Yes/No

10.6 Short Term Memory: Ask the Adult to Describe How They Arrived at Today's Assessment and the Purpose for Being Here.

10.7 Sequencing (Memory) Test Results (Identify the Test Used and a Description of the Outcome). If No Test was Selected, Indicate Reason.

10.8 Any Other Test Used – Provide Name, Reason for Use, and Results.

**Comment [U2]:** Another option is to use a day-to-day sequencing example (not financial because this is biased for some cultures/age groups). E.g. how does a person go about brushing their teeth?

<p>10.8 If the Adult has had a RAI Assessment provide the total Score for the Depression Rating Scale (DRS): _____</p> <p>The DRS Includes the Following Elements:</p> <ol style="list-style-type: none"> <li>1. Made negative statements Yes/No</li> <li>2. Persistent anger with self or others Yes/No</li> <li>3. Expressions (including nonverbal) of what appear to be unrealistic fears Yes/No</li> <li>4. Repetitive health complaints Yes/No</li> <li>5. Repetitive anxious complaints/concerns (non-health- related) Yes/No</li> <li>6. Sad, pained, worried facial expression Yes/No</li> <li>7. Crying, tearfulness Yes/No</li> </ol> <p>If the Adult does not have a RAI Assessment Please Ask them to Self Report if they have Experienced each Element Identified Above within the last Three Days: Indicate # of Yes responses: _____</p> <p>Three or More 'Yes' Responses May Indicate Major or Minor Depressive Disorders.</p>	
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**Comment [OLH3]:**

**Comment [OLH4]:** should they be asked to provide some sort of assessment or comment

11. FINANCIAL COMPONENT – LEGAL TEST		
11.1 Provide Details About Any Protective Measures in Place or Investigation(s) Underway:		
11.2 Describe any Observed Indicators of Deprivation (e.g. Limited/Insufficient Money for Food, Shelter, Heat, Medications, Health Care):		
11.3 Approximate Value of the Adult's Assets as Reported by the PGT:	11.4 Approximate Value of the Adult's Assets as Reported by the Adult:	
11.5 Obligations to the Adult's Dependents as Reported by the PGT:	11.6 Obligations to the Adult's Dependents as Reported by the Adult:	
11.7 The Decisions that Must be Made/Actions to be Taken in the Management of the Adult's Financial Affairs as Reported by the PGT:	11.8 The Decisions that Must be Made/Actions to be Taken in the Management of the Adult's Financial Affairs as Reported by the Adult:	
11.9 Provide Details for How The Adult Demonstrates that He or She is Personally Able to Take Steps (or that Steps Need not be Taken?) to Ensure that His or Her Decisions Respecting Financial Affairs can be Implemented:		

12. OTHER COMMENTS	

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13. RESULTS	
<p>13.1 The Lead Assessor Confirms that the Conditions for the Assessment were Suitable for Obtaining a Valid Assessment (e.g. Confirmation of the Adult's Understanding and Willingness to Proceed, Location, Timing, No Negative External Factors/Events, Psychological/Emotional status of the Adult, Level of Engagement of the Adult, Terms of Notice Given).</p> <p>Please Comment on any Concerns:</p>	
13.2 Assessor has Explained (Under Sx.x) the Next Steps in the Process to the Adult Yes/No:	
13.3 Adult has been Provided with a Copy of Sections #8 – 13 of the Assessment Report (Under Sx.x) Yes/No:	
13.4 Lead Assessor has Reviewed this Report and Confirms it as Complete Yes/No: and the Lead Assessor Should Complete Form 2 -	
<p><b>ASSESSMENT REPORT</b></p> <p><b>FOR ASSESSMENTS UNDER 2.1 OF THE ADULT GUARDIANSHIP ACT</b></p> <p><b><u>STATUTORY PROPERTY GUARDIANSHIP</u></b></p> <p>Form 2</p>	

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14. SIGN OFF BY LEAD ASSESSOR (MUST MATCH NAME IN 7.5)	
Name:	
Signature:	
Date:	

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