

## Support and Assistance Plan

Adult Guardianship Act: Part 3 Support and Assistance for Abused and Neglected Adults

You can use this form when:

- · developing a support and assistance plan,
- requesting an incapability assessment in anticipation of an application to be the Court for a support and assistance order.

Email health authority adult abuse and neglect clinical specialist prior to faxing to PGT: 604 775-0207

#### SECTION 1 – DESIGNATED AGENCY INFORMATION

To be completed by the person developing the support and assistance plan.

1.	. Date:	
	dd mm yyyy	
2. 3. 4.	B. How was the adult involved in the development of this plan?	
	Position:	
	Address:	
	Program/Agency:	
	Phone Number: Fax Number:	
	E-mail Address:	
5.	Name of contact person if different than above:	
	Position: Program/Agency:	
	Address:	
	Phone Number: Fax Number:	
	E-mail Address	



#### SECTION 2 - PERSONAL INFORMATION AND CONTACT PEOPLE

Personal Information: Name of adult: \_\_\_\_ First Name Middle Initial **Last Name** Address (or location where the person can be found): Apt# \_\_\_\_\_ Street# \_\_\_\_ Street Postal Code Contact Person (if other than the adult): Name \_\_\_\_\_ Relationship to the Adult Address Home Phone Work Phone Adult's home phone number:\_\_\_\_\_ Other phone numbers where the adult can be contacted:\_\_\_\_\_ Adult's Personal Health Number: Age:\_\_\_ Date of Birth: dd mm ywy Also known by these other names: Does the adult speak and understand English? Yes/No If not, with what language or form of communication is the adult most comfortable? What communication supports does the adult require? (e.g., sign language, a Bliss Board, interpreter) 2.2 Living Situation - check one ☐ Adult Lives Alone Adult Lives With Spouse (Name of Spouse): ☐ Adult Lives With Someone Other Than Spouse: Name: \_\_\_\_\_ Relationship: Phone Number: \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Adult Lives in a Facility (Facility Name): Contact Person Title Phone Number



## SECTION 3 - REASON FOR THE SUPPORT & ASSISTANCE PLAN

	3.1 What is the abuse, neglect	or sen-neglect the addit	is experiencing?
3.	vinat is the abuse, neglect	or self-fleglect the addit	is experiencing:
3.2	Is there an illness, disease, in decisions about the abuse or	njury or other condition	that affects the adult's ability to make
3.3	Name of Physician: Phone Number: Fax Number:		



#### SECTION 4 - SIGNIFICANT PEOPLE IN THE ADULT'S LIFE

4.1.	Substitute	Decisi	ion-N	/lakers
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Does the adult have any of the following substitute decision-makers:

Representative, in a Representation Agreement	Yes 🗌	No 🗌	Unknown 🗌
Attorney, under a Power of Attorney	Yes 🗌	No 🗌	Unknown 🗌
Committee of Estate	Yes 🗌	No 🗌	Unknown 🗌
Committee of Person	Yes 🗌	No 🗌	Unknown 🗌
Trustee, under Pension Trusteeship	Yes 🗌	No 🗌	Unknown 🗌
Other (please specify)			

4.2 If the adult has more than one substitute decision-maker, please provide full information for each, including area of decision making.

Name of substitute decision-maker:	Name of substitute decision-maker:
Address:	Address:
Telephone Number:	Telephone Number:
Home:	Home:
Work:	Work:
Relationship to the Adult:	Relationship to the Adult:
Relationship to the Addit.	Relationship to the Addit.
Area of Decision Making:	Area of Decision Making:
Triggering Event in a Representation Agreement:	Triggering Event in a Representation Agreement:



4.3 Identification of Supportive Family, Friends, Advocates and Service Providers:

	Name	Relationship to Adult & Characteristics of the Relationship	Address	Telephone Numbers
1.				Home:
				Work:
2.				Home:
				Work:
3.				Home:
				Work:
4.				Home:
				Work:
5.1	What do you kno	ING TO KNOW THE A	ry?	
5.2	What are the adu	ult's strengths and accom	plishments?	
5.3	What are the adu	ult's known interests, valu	es and beliefs?	
5.4	What are the adu	ult's wishes with regard to	the situation?	



# SECTION 6-SUPPORT AND ASSISTANCE

6.1	who was involved in the development of the support and assistance plan?

6.2 Description of support and assistance services offered?

Description of service	Reason for offering	Consequences to the	Person responsible
& length of time	the service to the	adult of refusing the	for implementation &
service offered	adult	service	follow-up
SCIVIOC CITCICA	dddit	361 1100	Tollow up



## SECTION 7 - CONCLUSIONS

Please check as appropriate and provide any additional information in the space provided below.

7.1	Development & Communication of the Plan – tick all that apply
	The adult was involved to the greatest extent possible in the development of the plan.
	☐ This plan has been fully explained to the adult's supporters and to the adult in a manner appropriate to the adult's skills and abilities.
7.2	Outcome – tick one
	☐ The current plan was accepted by the adult and implemented.
	☐ The plan was <i>not accepted</i> but the situation is resolved.
	☐ The adult did not accept the plan and is believed to be capable of making this decision.
	☐ The adult did not accept the plan, is believed to be incapable and there is abuse, neglect or self-neglect as defined in the <i>Adult Guardianship Act</i> , Part 3. A request is being forwarded to the Public Guardian and Trustee for an assessment of incapability to determine if a Court Order for support and assistance should be pursued.
Add	litional comments
Nan	ne of person completing the form:
Pos	ition:
Sig	nature: