



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.

<p>1. Date: _____ dd mm yyyy</p> <p>2. Name of the adult for whom the plan was developed: _____</p> <p>3. How was the adult involved in the development of this plan? _____</p> <p>4. Person developing the Support and Assistance Plan: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>Program/Agency: _____</p> <p>Phone Number: _____ Fax Number: _____</p> <p>E-mail Address: _____</p> <p>5. Name of contact person if different than above:</p> <p>Position: _____ Program/Agency: _____</p> <p>Address: _____</p> <p>Phone Number: _____ Fax Number: _____</p> <p>E-mail Address: _____</p>



SECTION 3 – REASON FOR THE SUPPORT & ASSISTANCE PLAN

3.1 What is the abuse, neglect or self-neglect the adult is experiencing?

3.2 Is there an illness, disease, injury or other condition that affects the adult’s ability to make decisions about the abuse or neglect?

3.3 **Name of Physician:** _____
 Phone Number: _____
 Fax Number: _____

SECTION 4 – SIGNIFICANT PEOPLE IN THE ADULT’S LIFE

4.1. Substitute Decision-Makers

Does the adult have any of the following substitute decision-makers:

Representative, in a Representation Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Attorney, under a Power of Attorney	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Committee of Estate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Committee of Person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Trustee, under Pension Trusteeship	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
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: Home:	Telephone Number: Home:
Work:	Work:
Relationship to the Adult:	Relationship to the Adult:
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:

SECTION 5 – GETTING TO KNOW THE ADULT

5.1 What do you know about the adult's history?

5.2 What are the adult's strengths and accomplishments?

5.3 What are the adult's known interests, values and beliefs?

5.4 What are the adult'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?

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6.2 Description of support and assistance services offered?

Description of service & length of time service offered	Reason for offering the service to the adult	Consequences to the adult of refusing the service	Person responsible for implementation & follow-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 **not accepted** 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 *Adult Guardianship Act*, 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.

Additional comments ...

Name of person completing the form:

Position: _____

Signature: _____