
(full name of person assessed)

FORM D

Substitute Decisions Act, 1992

STATEMENT OF ASSESSOR

REGARDING CAPACITY TO GRANT A POWER OF ATTORNEY FOR PERSONAL CARE WITH SPECIAL PROVISIONS (Under Paragraph 2 of Subsection 50 (1) of the Act)

I, _____ of _____ state that:
(assessor name) (city / town)

1. I am an assessor within the meaning of subsection 1(1) of the *Substitute Decisions Act, 1992*.
2. I assessed _____ for the purpose of paragraph 2 of subsection 50(1)
(full name of person assessed)
of the *Substitute Decisions Act, 1992*. I conducted the assessment interview(s) on: _____
(date(s))
3. I performed the assessment in accordance with the procedures for assessing capacity for personal care established by the Attorney General.

Under section 45 of the *Substitute Decisions Act, 1992*, a person is incapable of personal care if the person is not able to understand information that is relevant to making a decision concerning his or her own health care, nutrition, shelter, clothing, hygiene or safety, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

4. I am of the opinion that, at the time I assessed _____,
(full name of person assessed)

_____ was _____ of granting a Power of Attorney with Special Provisions under subsection 50(1) of the Act.
(he / she) (capable / incapable)

I base my opinion on my assessment that the person was:

- a. capable incapable of understanding the effect of the provision(s) included in his/her power of attorney for personal care under section 50 of the Act; and
- b. capable incapable of understanding the effect of subsection 50(4) of the Act which sets out the requirements for revocation of a power of attorney for personal care made under section 50 of the Act.
- c. capable incapable of personal care regarding: **Health Care**
 capable incapable of personal care regarding: **Nutrition**
 capable incapable of personal care regarding: **Shelter**
 capable incapable of personal care regarding: **Clothing**
 capable incapable of personal care regarding: **Hygiene**
 capable incapable of personal care regarding: **Safety**

(full name of person assessed)

5. I base my opinion in paragraph 4 on the facts set out in sections 5 and 6 of the Assessment Report in Form C, which is attached to this Form.
6. I understand that in all cases a copy of my statement must be given to the person assessed.

My statement was completed and filed on the _____ day of _____, 20 ____ .

(signature of assessor)

Name of Assessor (Print) _____

Address _____

Telephone Number () _____

A copy of this statement is given to the person assessed. If the person has been assessed as capable in all areas under paragraph 4, a copy of this form should be attached to the Power of Attorney document.

Name (print) _____

Address _____

Telephone Number () _____