



Ministry of the
Attorney General

Form B
Substitute Decisions Act, 1992
Statement of Assessor
Determination of Capacity/Incapacity
Personal Care
Reason for Assessment

An assessment was conducted to determine capacity for **personal care**, as defined under section 45 of the *Substitute Decisions Act, 1992*, for the purpose indicated below:

- subsection 49 (2) (to provide notice to attorney for personal care that grantor is capable or incapable of personal care)
- section 55 (to provide evidence in a court application for appointment of guardian of the person **not** by summary disposition)
- section 62 (to provide evidence in a court application for appointment of temporary guardian of the person)
- section 63 (to provide evidence in a motion to a court to terminate guardianship of the person **not** by summary disposition)
- section 74 (to provide a statement to accompany an application for appointment of guardian of the person by summary disposition under section 77)
- section 75 (to provide a statement to accompany a motion for termination of guardianship of the person by summary disposition under section 77)
- section 79 (court ordered assessment)

Full name of person assessed (First Name, Last Name)

Statement/Notice of Assessor under the *Substitute Decisions Act, 1992*

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

1. I am an assessor within the meaning of subsection 1(1) of the *Substitute Decisions Act, 1992*.
2. I assessed _____ to determine whether they are
full name of person assessed (First Name, Last Name)
capable or incapable of personal care. I conducted the assessment interview(s) on:

date(s)
3. _____ was born on _____
full name of person assessed (First Name, Last Name) date (yyyy/mm/dd)
and is _____ years of age.
4. I performed the assessment in accordance with the procedures for assessing capacity for personal care established by the Attorney General.
5. Attached to this Form is a copy of the Assessment Report in Form C.
6. (Do **not** complete paragraph 6 if statement is made pursuant to a court order under section 79 of the *Substitute Decisions Act, 1992*.)

Before performing the assessment, I explained to _____
full name of person assessed (First Name, Last Name)
the purpose of the assessment, the significance and effect of a finding of capacity or incapacity and their right to refuse to be assessed.

7. 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 their own healthcare, nutrition, shelter, clothing, hygiene or safety, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

8. I assessed _____ in respect of the following areas of
full name of person assessed (First Name, Last Name)
personal care

(specify one or more areas):

- | | | |
|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> health care | <input type="checkbox"/> shelter | <input type="checkbox"/> hygiene |
| <input type="checkbox"/> nutrition | <input type="checkbox"/> clothing | <input type="checkbox"/> safety |

Full name of person assessed (First Name, Last Name)

I am of the opinion that, _____ was capable or
full name of person assessed (First Name, Last Name)

incapable for personal care in each of the areas tested as checked.

(specify one or more areas):

- | | | |
|-------------|----------------------------------|------------------------------------|
| health care | <input type="checkbox"/> capable | <input type="checkbox"/> incapable |
| nutrition | <input type="checkbox"/> capable | <input type="checkbox"/> incapable |
| shelter | <input type="checkbox"/> capable | <input type="checkbox"/> incapable |
| clothing | <input type="checkbox"/> capable | <input type="checkbox"/> incapable |
| hygiene | <input type="checkbox"/> capable | <input type="checkbox"/> incapable |
| safety | <input type="checkbox"/> capable | <input type="checkbox"/> incapable |

I base my opinion regarding the nature and extent of the incapacity or capacity in respect of each function on the facts set out in the Assessment Report in Form C.

9. Needs Statement - Optional – Complete this statement **only** if requested or required under section 74 of the Act.)

- I am of the opinion
 I am not of the opinion

that it is necessary for decisions to be made on behalf of _____
full name of person assessed (First Name, Last Name)

by a person who is authorized to do so, and I base this opinion on the facts set out in Section 7 of the Assessment Report in Form C.

10. I understand that in all cases a copy of this statement must be given to the person assessed.

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

Signature of Assessor

Name of Assessor (First Name, Last Name)

Address			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number		ext.	Fax Number

Full name of person assessed (First Name, Last Name)

A copy of this statement is given to the person assessed:

Name (First Name, Last Name)

Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number ext.		Fax Number	

Name: (where the person resides in a communal setting – If you believe that the person assessed will require assistance to open, read and keep this legal notice, please give the name of a responsible person who has agreed to provide confidential assistance to the person assessed and to offer to safely keep the document for them.)

A copy is also given to: (according to procedural guidelines)

Full Name (First Name, Last Name)/Office Name

Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number ext.		Fax Number	
