
(full name of person assessed)

FORM E
Substitute Decisions Act, 1992

STATEMENT OF ASSESSOR

**REGARDING CAPACITY TO REVOKE A POWER OF ATTORNEY
FOR PERSONAL CARE WITH SPECIAL PROVISIONS**

(Under Subsection 50(4) of the Act)

I, _____, of the _____ 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 _____ to determine whether he/she was capable of
(full name of person assessed)

personal care. 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:
he / she

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> capable | <input type="checkbox"/> incapable | of personal care regarding: Health Care |
| <input type="checkbox"/> capable | <input type="checkbox"/> incapable | of personal care regarding: Nutrition |
| <input type="checkbox"/> capable | <input type="checkbox"/> incapable | of personal care regarding: Shelter |
| <input type="checkbox"/> capable | <input type="checkbox"/> incapable | of personal care regarding: Clothing |
| <input type="checkbox"/> capable | <input type="checkbox"/> incapable | of personal care regarding: Hygiene |
| <input type="checkbox"/> capable | <input type="checkbox"/> incapable | of personal care regarding: Safety |

5. I base my opinion in paragraph 4 on the facts set out in section 5 of the Assessment Report in Form C, which is attached to this Form.

(full name of person assessed)

6. 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 _____.

(signature of assessor)

Name of Assessor (Print) _____

Address _____

Telephone Number () _____

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

Name (print) _____

Address _____

Telephone Number () _____