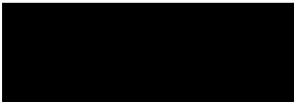


Personal, Marriage, & Family Counselling

Clinical Neuropsychology & Rehabilitation

December 3, 2018



Dear Ms. [Redacted]

RE: [Redacted]  
DOB: [Redacted]

I am writing to inform you that I have completed capacity assessments under subsection 22 and subsection 55 *The Substitute Decisions Act, 1992*. I have found [Redacted] incapable of managing property and incapable of managing personal care decisions in the domains of clothing, nutrition, hygiene, shelter, safety and health care.

Please find enclosed the relevant documentation.

Sincerely,

[Redacted]  
[Redacted] M.S.W., RSW



**Form A**  
*Substitute Decisions Act, 1992*  
**Statement of Assessor**  
**Determination of Capacity / Incapacity**  
**Or**  
**Certificate of Incapacity**  
**Property**  
**Reason for Assessment**

An assessment was conducted to determine capacity to manage **property**, as defined under section 6 of the *Substitute Decisions Act, 1992*, for the purpose indicated below:

- subsection 9(3) (to provide notice to attorney for property that grantor is capable or incapable of managing property)
- subsection 16(1) (to determine whether statutory guardian of property is required)
- section 20, subparagraph 3 iii (to terminate statutory guardianship of property created under s.15)
- section 20, subparagraph 4 i (to terminate statutory guardianship of property created under s.16)
- section 22 (to provide evidence in a court application for appointment of guardian of property **not** by summary disposition)
- section 27 (to provide evidence in a court application for appointment of temporary guardian of property)
- section 28 (to provide evidence in a motion to court to terminate guardianship of property **not** by summary disposition)
- section 72 (to provide a statement to accompany an application for appointment of guardian of property by summary disposition under section 77)
- section 73 (to provide a statement to accompany a motion for termination of guardianship of property 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, \_\_\_\_\_ M.S.W., ESW of \_\_\_\_\_ Oakville 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 F \_\_\_\_\_ to determine whether they are  
full name of person assessed (First Name, Last Name)  
capable or incapable of managing property. I conducted the assessment interview(s) on:  
\_\_\_\_\_ date(s)
3. F \_\_\_\_\_ was born on \_\_\_\_\_ date (yyyy/mm/dd)  
full name of person assessed (First Name, Last Name)  
and is 81 years of age.
4. I performed the assessment in accordance with the procedures for assessing capacity for managing property 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 6 of the *Substitute Decisions Act, 1992*, a person is incapable of managing property if the person is not able to understand information that is relevant to making a decision in the management of their property, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.
8. I am of the opinion that F \_\_\_\_\_ is incapable  
full name of person assessed (First Name, Last Name) capable/incapable  
of managing property based on the facts set out in the Assessment Report in Form C.

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

9. Complete this part only if you have indicated in "Reason for Assessment", Page 1, that this assessment is being performed because of a request under subsection 16(1) and you have indicated in paragraph 8, page 2, that the person assessed is incapable of managing property.

**A signed Form 4 (Request for Assessment of Capacity under Subsection 16(1) of the Act) must accompany a Certificate of Incapacity.**

<p><b>Certificate of Incapacity</b></p> <p><b>I find that</b> _____  <small>full name of person assessed (First Name, Last Name)</small></p> <p><b>is incapable of managing property and this document is a Certificate of Incapacity, issued under subsection 16(3) of the <i>Substitute Decisions Act, 1992</i>.</b></p>
--

10. (Not applicable if this statement is made pursuant to subsection 9(3) of the *Substitute Decisions Act, 1992*.)

I can expect no direct or indirect pecuniary benefit as the result of the appointment of a guardian of property or the termination of the guardianship.

11. (Optional – Needs Statement – Complete only if requested or required under section 72 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.

12. 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 3rd day of December 2018.  
day month

\_\_\_\_\_  
Signature of Assessor

Name of Assessor (First Name, Last Name)

\_\_\_\_\_  
RSW

**Address**

Unit Number	Street Number	Street Name	PO Box
-------------	---------------	-------------	--------

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

[REDACTED]

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

Name (First Name, Last Name)

[REDACTED]

**Address**

Unit Number	Street Number	Street Name	PO Box
	[REDACTED]	[REDACTED]	
City/Town	Province		Postal Code
Mississauga	ON - Ontario		[REDACTED]
Telephone Number	Fax Number		
[REDACTED]	ext.		

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

[REDACTED]

**Address**

Unit Number	Street Number	Street Name	PO Box
	[REDACTED]	[REDACTED]	
City/Town	Province		Postal Code
Mississauga	ON - Ontario		[REDACTED]
Telephone Number	Fax Number		
[REDACTED]	ext.		

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

[REDACTED]



Ontario

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)

[Redacted]

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

I, [Redacted] M.S.W., RSW of Oakville 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 [Redacted] 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:

[Redacted]

date(s)

3. [Redacted] was born on [Redacted]  
full name of person assessed (First Name, Last Name) date (yyyy/mm/dd)  
and is 81 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 [Redacted]  
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 6 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 in the management of their property, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

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

(specify one or more areas):

- health care
- shelter
- hygiene
- nutrition
- clothing
- safety

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

[Redacted]

I am of the opinion that, [Redacted] 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     capable     incapable
- nutrition       capable     incapable
- shelter         capable     incapable
- clothing       capable     incapable
- hygiene       capable     incapable
- safety         capable     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 3rd day of December 2018.  
day month

[Redacted Signature]  
Signature of Assessor

Name of Assessor (First Name, Last Name)

**Address**

Unit Number | Street Number | Street Name | PO Box

[Redacted Address]



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

[REDACTED]

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

Name (First Name, Last Name)

[REDACTED]

**Address**

Unit Number	Street Number	Street Name	PO Box
[REDACTED]	[REDACTED]	[REDACTED]	
City/Town	Province	Postal Code	
Mississauga	ON - Ontario	[REDACTED]	
Telephone Number	Fax Number		
[REDACTED]			
	ext.		

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

Kerry Hughes

**Address**

Unit Number	Street Number	Street Name	PO Box
[REDACTED]	[REDACTED]	[REDACTED]	
City/Town	Province	Postal Code	
Mississauga	ON - Ontario	[REDACTED]	
Telephone Number	Fax Number		
[REDACTED]			
	ext.		

Full name of person (First Name, Last Name)



Ministry of the  
Attorney General

**Form C**  
*Substitute Decisions Act, 1992*  
**Assessment Report**

**Section 1: Identification**

Assessor (First Name, Last Name)

██████████ M.S.W., RSW

Person Assessed (First Name, Last Name)

Requester (First Name, Last Name)

██████████ daughter and lawyer

Date of Report (yyyy/mm/dd)

**Type of Assessment**

(Assessments of capacity to manage property and capacity for personal care must be documented on separate Form C's.)

- Property**       **Personal Care:**       Health care       Nutrition       Shelter  
 Clothing       Hygiene       Safety

**Section 2: Reason(s) Provided for Request (Check (✓) only those that apply):**

- Information about potential or actual mismanagement or exploitation of finances  
 Information suggesting inability to manage finances  
 To review/terminate property guardianship – statutory  
 To review/terminate property guardianship – court ordered  
 Information about person potentially or actually endangering their well-being or safety  
 Information about inability to manage personal care  
 To review/terminate guardianship for personal care  
 A requirement to give power of attorney for personal care with special provisions  
 A requirement to revoke power of attorney for personal care with special provisions  
 Other (specify): \_\_\_\_\_

**Section 3: Background Information**

(Relate information concerning the nature of requester's relationship to person assessed, the type of assessment sought, and the age and circumstances of the person assessed. Specify what problem behaviour(s) or unmet needs are triggering the assessment. Provide any medical or psychiatric diagnoses that have obvious potential to undermine decision-making, or information supporting restoration or retention of capacity.)

On November 3, 2018, I received a telephone call from ██████████ requesting a capacity assessment under s.55 of The Substitute Decisions Act, 1992 for her 81 year old father, H ██████████. Ms. ██████████ indicated that she plans to submit an application to court to have her, ██████████, appointed as her father's guardian of personal care.

██████████ suffers from Alzheimer's Disease. He has two daughters and a wife. His daughter, K ██████████ lives in Mississauga. His other daughter, ██████████, lives in Spain. His wife lives in Kitchener. Since May 13, 2018 Mr. ██████████ has been residing with his daughter, ██████████. Both daughters believe that because of the toxic climate

Full name of person (First Name, Last Name)  
Robert Telford Hughes

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in the matrimonial home, it is not a safe place for their father emotionally and physically. They believe that their mother, despite M's diagnosis of Alzheimer's Disease, has become increasingly resentful of her husband's deficits. "He used to be a strong independent man. Our mother has not been able to transition from being a wife to a caretaker."

At this point in time, M requires admission to a long-term care facility. His wife believes the facility should be in Kitchener. The daughters believe the facility should be in close proximity to M's residence. The daughters anticipate that M's visits will visit her father more frequently and more predictably than will their mother. They worry that their mother's visits to their father could become negative and traumatic.

There is no Power of Attorney for Personal Care. Prompting this capacity assessment is the wish of both daughters to have M appointed as their father's guardian of personal care with the need, therefore, to assess M's decision-making with respect to all aspects of personal care.

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#### Section 4: Special Considerations and Rights Advice

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(List any accommodations for the interview (eye glasses, hearing aid, translator, a support person present at the request of the person assessed). Briefly describe the explanation given to the person as required by s.78 of the Act and the person's response to rights advice, unless (a) the assessment was ordered by the court under section 79 of the Act; or (b) the person's power of attorney for personal care contains a provision that authorizes the use of force to permit the assessment and the provision is effective under subsection 50 (1) of the Act.)

I met with R in my Oakville office on December 1, 2018. My colleague, neuropsychologist, participated in the assessment as a consultant in cognitive capacity. He formulated some specific questions to establish M's ability to understand and appreciate concepts related to the ability to manage personal care decisions, his capabilities with working memory and his ability to use and retain new information. His daughters, M and M, introduced us and remained in the room to provide emotional support to M. They sat at the back of the room and did not influence or speak or answer on behalf of their father. They did not interfere with or influence the interview in any way. The interview was conducted in English. M and I sat close to him to ensure that he could hear us.

I told R that we were meeting at the request of his daughters to determine whether he is able to manage personal care on his own or whether he requires assistance.

I explained my role in the guardianship process, the consequences of a finding of capacity/incapacity with respect to personal care and his right to refuse to be assessed. I explained that the capacity assessment was triggered because his children worry that his cognitive deficits interfere with his ability to understand and appreciate his health care, nutrition, shelter, clothing, hygiene and safety needs. In the event that I deemed him incapable of managing his personal care needs, his daughter, M, in her role as a lawyer, would apply to the court to become his guardian of personal care. If deemed capable he obviously would not require a guardian. I informed him that he had the right to refuse the assessment.

Following our discussion he did not indicate displeasure and I proceeded with the assessment.

Given the above, I believe that I have complied with the s78 requirements.

Full name of person (First Name, Last Name)

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### Section 5: Assessment of Mental Capacity

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(Document and evaluate the facts on which the assessment is based. If this is a personal care assessment, each personal care domain assessed should be separately documented.)

The *Substitute Decisions Act, 1992* applies an "understand and appreciate" test of incapacity.

"Understand" refers to the ability to understand information that is relevant to making a decision, while "Appreciate" refers to the ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. Failure to "understand" or "appreciate" is grounds to conclude incapacity.

A person who lacks the "ability to understand" is one who:

1. lacks the factual knowledge base and skills needed to manage the decision-making demands of their circumstances and cannot be educated in that regard, or
2. lacks the ability to intellectually understand the options for meeting their financial or personal care needs, or cannot communicate their choice/decisions.

A person who lacks the "ability to appreciate" is one who:

1. lacks the ability to realistically appraise the risk and likely outcome of a decision or lack of decision or lacks the ability to plan and to take action to implement a plan, or
2. lacks the ability to rationally manipulate information to reach a reasoned decision consistent with personal values and free from delusional beliefs.

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5.1 Evidence of ability or inability to understand and appreciate as communicated by others or records review (include date(s) and source):

INFORMANT INTERVIEW WITH K [REDACTED] AND [REDACTED] (DAUGHTERS) ON NOVEMBER 24, 2018

I met with M [REDACTED] daughters in my Oakville office. They provided me with medical and historical information about their father and examples of his decision making capabilities in all six domains of personal care.

[REDACTED] was born in Ireland. His father died when he was three years of age. He had an older brother and sister and his mother was pregnant with twins when his father died. His mother died when he was fourteen. He lied about his age when he was fifteen and joined the navy. According to his daughters, because of these early losses, "He has abandonment issues." In recent years he becomes highly anxious when left alone. He perseverates and asks, "Where is everyone?"

When he was 73 years of age, [REDACTED] began to show signs of memory impairment. He was forgetful, had word finding problems, made tangential responses and sent strange letters to each daughter discussing "parting company." His wife, used to the man who could stand up for himself, became bitter and angry about his deficits and his inability to follow directions. She has rheumatoid arthritis and resented that he could no longer help her with tasks like managing the dishwasher and reaching into high cupboards.

On December 14, 2017 he mistook his wife for an intruder, pushed her and called 911. He was charged with assault. His daughter, [REDACTED] attended the bail hearing and took him to live at her residence for three months. His son-in-law came from Spain to look after him. On Mother's Day, May 13, 2018 [REDACTED] wife went into a panic because he refused to get dressed. She pulled him and he pushed back. She made comments like, "I never want to see him again until he's in his grave." The daughters agreed that their mother is not emotionally capable of understanding her husband's condition and she is unable to cope with it. As a result since Mother's day, [REDACTED] has been living with [REDACTED] and her family. He attends Senior Life Enhancement Day Program two days a week, Sam McCallion Day Centre, one day a week and may soon attend Sheridan Villa Day Program on Saturdays.

██████████ is on waiting lists for long-term care facilities in Kitchener and in facilities in close proximity to ██████████. The daughters agree that it would be in their father's best interest to live close to ██████████, as she could be relied upon to visit frequently and regularly, liaise with staff and take her father to appointments.

██████████' daughters said that they have had ample opportunity to observe the effects on their father's poor memory and impaired problem-solving on his ability to function. He requires excessive amounts of cuing to manage a simple task like remembering to eat or making breakfast. The simplest problem is enough to stymie him. He cannot make toast. "He would starve to death if left in a house with a fridge full of food. He would not know how to look in the pantry." He has difficulty anticipating his nutrition needs. For example, when he was living with his wife and she would ask him if he were hungry, he would say "No." As a result he would miss meals and he lost a lot of weight. He has regained weight since living with his daughter.

Without prompting, ██████████ would stay in the same clothing, even if his clothes were dirty. At night he does not want to remove his shirt, so he sleeps with the same shirt, which is changed each morning. He is unable to anticipate appropriate clothing. For example on a very hot summer day, he chose to wear a down vest. He has gone outdoors for a walk without shoes, wearing his pajamas.

With respect to hygiene decisions, ██████████ needs to be cued to shower. He can brush his teeth by himself, but the toothbrush with toothpaste needs to be put in his hand. He cannot be left alone to shave, as his daughters believe he would shave his eyebrows and the back of his head. He has to be supervised while urinating as he would likely use the sink. Because he was peeing everywhere, the doors to his room and the bathroom were removed and the rest of the doors upstairs are locked.

██████████ likes to sleep with this wallet. He no longer understands the function of a phone, so he would be unable to use it in an emergency situation. His daughters anticipate that he would handle an intruder by confronting him. He exhibits dangerous behaviour. For example, he would wander to the road and keep walking without knowing his whereabouts. ██████████ would be unlikely to notice if he or his wife were in a dangerous situation.

With respect to health care decisions the daughters stated, "He is not a reliable narrator of his aches and pains." He is not able to keep track of his medications or his appointments.

Because of his abandonment issues, ██████████ needs to be constantly reassured that he is in a safe environment. He does not recognize his deficits and the extent to which others have gone to create a home that accommodates to his needs. His daughters state emphatically that he is not capable of making shelter decisions.

5.2 Evidence of ability or inability to understand and appreciate as directly observed by the assessor (include date(s) of contact):

CAPACITY ASSESSMENT ON DECEMBER 2, 2018

██████████ and I met with ██████████ in my Oakville office. He was friendly and cooperative. ██████████'s daughter, ██████████ accompanied her father to the office while his other daughter, ██████████ put money into the parking meter. ██████████ arrived five minutes after her father and ██████████ acted as if he had not seen her in a long time. He seemed happy and surprised to see her. ██████████ denied having any physical, memory or cognitive difficulties. "Not as far as I know." He was disoriented, however, to person, place and time. Throughout the interview his speech was tangential, dysarthric, perseverative and not always intelligible or related to the questions at hand. He demonstrated cognition, memory and word finding problems, articulation problems and difficulties with conceptualization.

██████████ did not recall the names of his daughters (sitting in the room beside him) or the name of his wife. He believed he lives in Grey Abbey, County Down, Ireland where he has not resided for fifty-two years. He did not know the street name where he resided in Grey Abbey, Kitchener or Mississauga (his current residence.) ██████████ did

Full name of person (First Name, Last Name)

██████████

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not know the day of the week, the date or the season. He thought the season was summer. When asked to count backwards from 20, he was unable to initiate, even with prompts. He said "I don't know." On a simple memory test, asking him to recall five items in the room after a duration of five minutes, he scored 0/5 even with prompts. He did not appear to remember that he had been asked to do the task five minutes earlier. He had difficulty reading words. For example he read the word "rough" as "rouch."

#### NUTRITION

██████████ was not able to articulate his favorite foods or what constitutes nutritious or unhealthy food. He eventually said he likes to eat fish.

#### CLOTHING

██████████ was not aware of appropriate clothing for weather. For example when asked if his running shoes were reasonable to wear in the snow he said, "Yes." He mistakenly told us that the season was summer. He thought he might wear a jacket on the day of the assessment (the temperature was three degrees celsius) but he would not wear gloves.

#### HYGIENE

When we discussed hygiene decisions, ██████████ did not seem to appreciate the necessity of bathing or showering. When asked what would happen if a person did not shower or bathe for two months he said "something in a box."

#### SAFETY

██████████ did not know his address or telephone number. He believed he lives in Grey Abbey Ireland. "I don't live in Canada." He did not know to call 911 in an emergency. As we were discussing emergency situations he said, "As far as I know I'd find people." To give him an opportunity to respond with a simple "Yes" or "No" he was asked whether it would be appropriate to contact police or the fire department in an emergency. He did not answer. He appears to have a tendency to wander.

#### SHELTER

██████████ did not recognize that he has memory or cognitive deficits. Consequently he would be unable to identify his shelter needs. He did not know, when asked, that he is currently residing with his daughter.

#### HEALTH CARE

██████████ denied that he had any cognitive or memory deficits. His memory is too impaired for him to remember appointments or to discuss important health care matters with his physician. He did not know the name of his family doctor. He confabulated the name of a doctor that his daughters did not recognize. He was unable to indicate what he would do if he had pain in his chest or his left arm. He said, "I'd try to make it work." He seemed unaware that smoking is a health hazard.

---

5.3 Assessor's opinion and basis for opinion regarding ability or inability to understand and appreciate:

██████████' Alzheimer's Disease has progressed to the stage where his language is diminished, his ability to participate in meaningful conversation has significantly declined and his cognitive and conceptual understanding is so limited that, in my opinion, he is not capable of understanding and appreciating his personal care needs, in the domains of nutrition, clothing, hygiene, safety, shelter and health care.

Full name of person (First Name, Last Name)

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**Section 6: Capacity for POA with Special Provisions**

(Only complete if assessment is required to grant a power of attorney for personal care with special provisions (s.50 of the Act).)

Evidence that the grantor is capable or incapable of understanding the effect of the special provisions set out in s. 50 (2) of the Act and included in their power of attorney for personal care with special provisions and of understanding the requirements for revocation of a power of attorney for personal care with special provisions:

---

6.1 Evidence as communicated by others or records review (include date(s) and source):

---

6.2 Evidence directly observed by the assessor (include date(s) of contact):

---

6.3 Assessor's opinion and basis for opinion regarding ability or inability to understand:

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**Section 7: Needs Statement**

(Complete only if required under section 72 or section 74 of the Act and the assessor is of the opinion that the person is incapable)

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 following facts:

Full name of person (First Name, Last Name)

**Section 8: Declaration by Assessor**

I have completed this assessment in accordance with the guidelines established by the Attorney General under the *Substitute Decisions Act, 1992*.

I am of the opinion that \_\_\_\_\_ is  
full name of person assessed (First Name, Last Name)

(check word(s) that apply)

- 1.  capable  incapable of managing **Property**
- 2.  capable  incapable of personal care regarding: **Health Care**
- 3.  capable  incapable of personal care regarding: **Nutrition**
- 4.  capable  incapable of personal care regarding: **Shelter**
- 5.  capable  incapable of personal care regarding: **Clothing**
- 6.  capable  incapable of personal care regarding: **Hygiene**
- 7.  capable  incapable of personal care regarding: **Safety**
- 8.  capable  incapable of giving a power of attorney for personal care with special provisions
- 9.  capable  incapable of revoking a power of attorney for personal care with special provisions.

\_\_\_\_\_  
Signature of Assessor

\_\_\_\_\_  
Date of Report (yyyy/mm/dd)



Full name of person (First Name, Last Name)



Ontario

Ministry of the Attorney General

Form C
Substitute Decisions Act, 1992
Assessment Report

Section 1: Identification

Assessor (First Name, Last Name)

M.S.W., RSW

Person Assessed (First Name, Last Name)

Requester (First Name, Last Name)

er and lawyer)

Date of Report (yyyy/mm/dd)

Type of Assessment

(Assessments of capacity to manage property and capacity for personal care must be documented on separate Form C's.)

- Property, Personal Care: Health care, Nutrition, Shelter, Clothing, Hygiene, Safety

Section 2: Reason(s) Provided for Request (Check (v) only those that apply):

- Information about potential or actual mismanagement or exploitation of finances
Information suggesting inability to manage finances
To review/terminate property guardianship - statutory
To review/terminate property guardianship - court ordered
Information about person potentially or actually endangering their well-being or safety
Information about inability to manage personal care
To review/terminate guardianship for personal care
A requirement to give power of attorney for personal care with special provisions
A requirement to revoke power of attorney for personal care with special provisions
Other (specify):

Section 3: Background Information

(Relate information concerning the nature of requester's relationship to person assessed, the type of assessment sought, and the age and circumstances of the person assessed. Specify what problem behaviour(s) or unmet needs are triggering the assessment. Provide any medical or psychiatric diagnoses that have obvious potential to undermine decision-making, or information supporting restoration or retention of capacity.)

On November 3, 2018 I received a telephone call from requesting a capacity assessment under s.22 of The Substitute Decisions Act, 1992 for her 81 year old father, indicated that she plans to submit an application to court to have her, appointed as her father's guardian of property.

suffers from Alzheimer's Disease. He has two daughters and a wife. His daughter, lives in Mississauga. His daughter, T lives in Spain. His wife lives in Kitchener. Since May 13, 2018 Mr. has been residing with his daughter, Both daughters believe that because of the toxic climate in the matrimonial home, it is not a safe place for their father emotionally and physically. The believe that their

Full name of person (First Name, Last Name)

mother, despite [REDACTED] diagnosis of Alzheimer's Disease, has become increasingly resentful of her husband's deficits. "He used to be a strong independent man. Our mother has not been able to transition from being a wife to a caretaker."

At this point in time, [REDACTED] requires admission to a long-term care facility. His wife believes the facility should be in Kitchener. The daughters believe the facility should be in close proximity to K [REDACTED]'s residence. The daughters anticipate that [REDACTED] will visit her father more frequently and more predictably than will their mother. They worry that their mother's visits to their father could become negative and traumatic.

There is no continuing Power of Attorney for Property. This assessment has been triggered by the fact that both daughters agree that their father is no longer able to manage his finances and requires a court appointed guardian for property.

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#### Section 4: Special Considerations and Rights Advice

(List any accommodations for the interview (eye glasses, hearing aid, translator, a support person present at the request of the person assessed). Briefly describe the explanation given to the person as required by s.78 of the Act and the person's response to rights advice, unless (a) the assessment was ordered by the court under section 79 of the Act; or (b) the person's power of attorney for personal care contains a provision that authorizes the use of force to permit the assessment and the provision is effective under subsection 50 (1) of the Act.)

I met with [REDACTED] in my Oakville office on December 1, 2018. My colleague, Dr. Douglas L. Orate, neuropsychologist, participated in the assessment as a consultant in cognitive capacity. He formulated some specific questions to establish [REDACTED] ability to understand and appreciate concepts related to the ability to manage finances, his capabilities with working memory and his ability to use and retain new information. His daughters [REDACTED] and [REDACTED], introduced us and remained in the room to provide emotional support to [REDACTED]. They sat at the back of the room and did not influence or speak or answer on behalf of their father. They did not interfere with or influence the interview in any way. The interview was conducted in English. [REDACTED] and I sat close to him to ensure that he could hear us.

I told [REDACTED] that we were meeting him at the request of his daughters to determine whether he is able to manage finances on his own or whether he requires assistance. I explained that if found incapable, the court would appoint, in all probability, his daughter, [REDACTED], to manage his money, for example pay his bills and make all financial decisions for him. I explained that the bills would be paid from his money. I told him that if he were to be found capable he would be responsible for managing his own money. I explained that he had the right to refuse the assessment.

Following our discussion I asked him if I could ask him questions about his finances and he said, "Ya."

Given the above I believe that I have complied with the s78 requirements.

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## Section 5: Assessment of Mental Capacity

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(Document and evaluate the facts on which the assessment is based. If this is a personal care assessment, each personal care domain assessed should be separately documented.)

The *Substitute Decisions Act, 1992* applies an "understand and appreciate" test of incapacity.

"Understand" refers to the ability to understand information that is relevant to making a decision, while "Appreciate" refers to the ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. Failure to "understand" or "appreciate" is grounds to conclude incapacity.

A person who lacks the "ability to understand" is one who:

1. lacks the factual knowledge base and skills needed to manage the decision-making demands of their circumstances and cannot be educated in that regard, **or**
2. lacks the ability to intellectually understand the options for meeting their financial or personal care needs, or cannot communicate their choice/decisions.

A person who lacks the "ability to appreciate" is one who:

1. lacks the ability to realistically appraise the risk and likely outcome of a decision or lack of decision or lacks the ability to plan and to take action to implement a plan, **or**
2. lacks the ability to rationally manipulate information to reach a reasoned decision consistent with personal values and free from delusional beliefs.

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5.1 Evidence of ability or inability to understand and appreciate as communicated by others or records review (include date(s) and source):

INFORMANT INTERVIEW WITH [REDACTED] (DAUGHTERS) ON NOVEMBER 24, 2018

I met with [REDACTED]' daughters in my Oakville office. They provided me with medical, historical and financial information about their father, including his income, assets, investments savings and expenses.

[REDACTED] was born in Ireland. His father died when he was three years of age. He had an older brother and sister and his mother was pregnant with twins when his father died. His mother died when he was fourteen. He lied about his age when he was fifteen and joined the navy. According to his daughters, because of these early loses, "He has abandonment issues." In recent years he becomes highly anxious when left alone. He perseverates and asks, "Where is everyone?"

When he was 73 years of age, [REDACTED] began to show signs of memory impairment. He was forgetful, had word finding problems, made tangential responses and sent strange letters to each daughter discussing "parting company." His wife, used to the man who could stand up for himself, became bitter and angry about his deficits and his inability to follow directions. She has rheumatoid arthritis and resented that he could no longer help her with tasks like managing the dishwasher and reaching into high cupboards.

On December 14, 2014 he mistook his wife for an intruder, pushed her and called 911. He was charged with assault. His daughter, K [REDACTED] attended the bail hearing and took him to live at her residence for three months. His son-in-law came from Spain to look after him. On Mother's Day, [REDACTED] wife went into a panic because he refused to get dressed. She pulled him and he pushed back. She made comments like, "I never want to see him again until he's in his grave." The daughters agreed that their mother is not emotionally capable of understanding her husband's condition and she is unable to cope with it. As a result since Mother's day, [REDACTED]

Full name of person (First Name, Last Name)

has been living with [REDACTED] and her family. He attends Senior Life Enhancement Day Program two days a week, Sam McCallion Day Centre, one day a week and may soon attend Sheridan Villa Day Program on Saturdays.

[REDACTED] is on waiting lists for long-term care facilities in Kitchener and in facilities in close proximity to [REDACTED]. The daughters agree that it would be in their father's best interest to live close to [REDACTED], as she could be relied upon to visit frequently and regularly, liaise with staff and take her father to appointments.

5.2 Evidence of ability or inability to understand and appreciate as directly observed by the assessor (include date(s) of contact):

CAPACITY ASSESSMENT ON DECEMBER 1, 2018

[REDACTED] and I met with [REDACTED] in my Oakville office. He was friendly and cooperative. [REDACTED] daughter, [REDACTED] accompanied her father to the office while his other daughter, [REDACTED] put money into the parking meter. [REDACTED] arrived five minutes after her father and [REDACTED] acted as if he had not seen her in a long time. He seemed happy and surprised to see her. [REDACTED] denied having any physical, memory or cognitive difficulties. "Not as far as I know." He was disoriented, however, to person, place and time. Throughout the interview his speech was tangential, dysarthric, perseverative and not always intelligible or related to the questions at hand. He demonstrated cognition, memory and word finding problems, articulation problems and difficulties with conceptualization.

[REDACTED] did not recall the names of his daughters (sitting in the room beside him) or the name of his wife. He believed he lives in Grey Abbey, County Down, Ireland where he has not resided for fifty-two years. He did not know the street name where he resided in Grey Abbey, Kitchener or Mississauga (his current residence.) [REDACTED] did not know the day of the week, the date or the season. He thought the season was summer. When asked to count backwards from 20, he was unable to initiate, even with prompts. He said "I don't know." On a simple memory test, asking him to recall five items in the room after a duration of five minutes, he scored 0/5 even with prompts. He did not appear to remember that he had been asked to do the task five minutes earlier. He had difficulty reading words. For example he read the word "rough" as "rouch."

[REDACTED] had no knowledge of his current financial circumstances. He did not know the names of his bank, or other financial information. He was unable to recognize bills or coins. He said a five dollar bill was "five shillings." He said a twenty dollar bill was "the same thing." He did not know the name or value of a toonie and said that a loonie had "a Greek head." He said the hand with a loonie and three quarters was worth more money than the hand with a toonie. [REDACTED] did not know how much change he would receive if he were to give a merchant \$10.00 for an item that cost \$2.50. "I don't know." He was unable to point to the place on a sample cheque where the signature is applied.

When asked what he would do if he received a telephone call informing him that he had won \$500.00 and asking him to send a \$50.00 shipping fee, he indicated that he would send the money. We tried to discuss the issue of a scam with him, but he could not understand the concept.

By the end of our interview, [REDACTED] was sleepy, had difficulty paying attention but given the opportunity to look out the window he seemed particularly attracted by the movement of cars and birds.

5.3 Assessor's opinion and basis for opinion regarding ability or inability to understand and appreciate:

[REDACTED]'s Alzheimer's Disease has progressed to the stage where his language is diminished, his ability to participate in meaningful conversation has significantly declined and his cognitive and conceptual understanding is so limited that, in my opinion, he is not capable of understanding and appreciating decisions about his property.

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## Section 6: Capacity for POA with Special Provisions

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Full name of person (First Name, Last Name)

(Only complete if assessment is required to grant a power of attorney for personal care with special provisions (s.50 of the Act).)

Evidence that the grantor is capable or incapable of understanding the effect of the special provisions set out in s. 50 (2) of the Act and included in their power of attorney for personal care with special provisions and of understanding the requirements for revocation of a power of attorney for personal care with special provisions:

6.1 Evidence as communicated by others or records review (include date(s) and source):

6.2 Evidence directly observed by the assessor (include date(s) of contact):

6.3 Assessor's opinion and basis for opinion regarding ability or inability to understand:

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**Section 7: Needs Statement**

(Complete only if required under section 72 or section 74 of the Act and the assessor is of the opinion that the person is incapable)

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 following facts:

Full name of person (First Name, Last Name)

**Section 8: Declaration by Assessor**

I have completed this assessment in accordance with the guidelines established by the Attorney General under the *Substitute Decisions Act, 1992*.

I am of the opinion that [redacted] is  
full name of person assessed (First Name, Last Name)

(check word(s) that apply)

- 1.  capable  incapable of managing **Property**
- 2.  capable  incapable of personal care regarding: **Health Care**
- 3.  capable  incapable of personal care regarding: **Nutrition**
- 4.  capable  incapable of personal care regarding: **Shelter**
- 5.  capable  incapable of personal care regarding: **Clothing**
- 6.  capable  incapable of personal care regarding: **Hygiene**
- 7.  capable  incapable of personal care regarding: **Safety**
- 8.  capable  incapable of giving a power of attorney for personal care with special provisions
- 9.  capable  incapable of revoking a power of attorney for personal care with special provisions.

[redacted]  
Signature of Assessor

[redacted]  
Date of Report (yyyy/mm/dd)