
Worksheet 9

Use this Worksheet to organize your supported decision-making choices. After completing this Worksheet you will be able to assist your relative in drafting their Representation Agreement. We suggest you contact PLAN or the Nidus Resource Centre for further assistance in drafting and activating a standard Representation Agreement.

This Worksheet does not give any legal advice. A Representation Agreement is a legal contract which must be drafted in accordance with the *Representation Agreement Act*. The representatives and monitors appointed under the Agreement are accepting responsibility and liability from the adult, so it is important that they understand their duties and responsibilities.

A. Checklist

MEDICAL DECISION-MAKING

- | | | |
|-----|----|---|
| YES | NO | I have discussed issues of medical consent with my relative's doctor. |
| YES | NO | The doctor accepts consent from my relative for medical treatment. |
| YES | NO | The doctor accepts my consent for medical care on my relative's behalf. |

FINANCIAL DECISION-MAKING

- | | | |
|-----|----|--------------------------------------|
| YES | NO | I have set up an income trust. |
| YES | NO | I have set up a discretionary trust. |
| YES | NO | My relative has a RDSP. |
| YES | NO | My relative has a bank account. |

Withdrawals from that bank account are protected by:

- | | | |
|-----|----|--|
| YES | NO | • joint signature for withdrawals |
| YES | NO | • my family member is well known to bank employees |
| YES | NO | • funds in the account are kept to a minimum |
| YES | NO | • don't need to be protected. |

PERSONAL CARE DECISION-MAKING

- | | | |
|-----|----|---|
| YES | NO | My family member has an advocate(s). |
| YES | NO | The services my relative receives are monitored by a separate and independent agency. |
| YES | NO | Housing supports are kept separate from other services. |
| YES | NO | Staff understand and support the importance of family involvement. |
| YES | NO | Staff understand and welcome the involvement of spouses, friends, and members of the Personal Network. |
| YES | NO | Service and program staff recognize the importance of offering and respecting my family member's choices. |
| YES | NO | Family and friends provide support by reviewing services and programs on a regular basis. (NOTE This is different from the service plans developed by service providers.) |
| YES | NO | Members of the Personal Network are familiar with the personal care issues. |

B. Information

GENERAL

Who does my relative trust?

Who would I trust to assist my relative with decision-making?

Who understands my relative's communication style?

MEDICAL DECISIONS

Who is my relative's doctor?

What assistance would they need to make medical decisions?

Who would my relative accept to assist with medical decision-making?

What aspect of their medical care do I think my relative might understand?

What formal arrangements do I need to make to ensure medical care is easily available to my relative?

FINANCIAL DECISIONS

My relative's trustees are:

My financial advisors are:

My relative has the following bank accounts:

Signing authority includes:

Who would be willing to assist my relative in making financial decisions

I have asked the following individual to monitor the trust I have set up for my relative:

PERSONAL CARE DECISIONS

My relative's advocate is:

The independent agency that monitors services is:

Who would be willing to assist my relative in making lifestyle and personal care decisions?