Form 1: Referral to Public Trustee (Personal Directives Act) Regarding Finances of Person Requiring Continuing-Care or Home-Services Care (subsection 8A(1) of Public Trustee Act)

(full name), am Check one: the person in charge of _____, a continuing-care home, as defined in the *Personal Directives Act*, where the person who is the subject of this referral resides. the person in charge of _____, a provider of homecare services, as defined in the Personal Directives Act, to the person who is the subject of this referral. the person who made the decision to accept placement in a continuing-care home or regarding provision of home-care services for the person who is the subject of this referral under Section 14 of the *Personal Directives Act*. the delegate named in the personal directive of _____ (name of person who is the subject of the referral). _____(full name of person who is subject of referral) has been examined by name and professional designation), a duly qualified medi[c]al practitioner and has been found to be not capable of managing their financial affairs. ☐ The written opinion of the duly qualified medical professional or prescribed health-care professional is attached. I hereby advise you that circumstances are such that the Public Trustee should consider immediately assuming management of the financial affairs of (full name of person who is subject of referral). (date of signature) (signature) (witness's name – printed)

Notes:

- This form must be used by a person in charge of a continuing-care home, a home-care services provider or by a person making the decision to place a person in a continuing-care home or have home-care services provided for them.
- (s. 8A(3) of *Public Trustee Act*)
- 2) This form must be accompanied by the written opinion of a duly qualified medical professional or prescribed health-care professional.
- (s. 8A(2) of *Public Trustee Act*)