

**Office of the Public Trustee of Nova Scotia**

**Quick Reference Guide for Making a Referral to the Public Trustee for Financial Services for Incompetent Adults**

All Public Trustee forms can be found at <http://gov.ns.ca/just/pto>

*Please print a copy for easy reference.*

Legislated Authority	Requirements	Instructions
<p><b>Adult Protection Act (APA)</b></p>	<p>A Section 13(1) Referral can only be made through the Department of Health (DOH) Adult Protection Services.</p> <p>There is no Enduring Power of Attorney or the person named in the Enduring Power of Attorney declines to act.</p>	<p>A complete referral includes all of the following:</p> <ol style="list-style-type: none"> <li>1. An Adult Protection Court Order</li> <li>2. DOH Adult Protection Intake form</li> <li>3. DOH Medical Observation Form</li> <li>4. Adult Protection Section 10(1) Authorization form (APA)</li> <li>5. Living Adult Estate Questionnaire</li> </ol>
<p><b>Hospitals Act (HA)</b></p> <p><b>Involuntary Psychiatric Treatment Act (IPTA)</b></p>	<p>The client must be a patient in hospital or psychiatric facility.</p> <p>The person making the Section 59 Notice can only be:</p> <ul style="list-style-type: none"> <li>➤ the administrator of the hospital; or</li> <li>➤ the chief executive officer of the psychiatric facility.</li> </ul> <p>The Form C Declaration of Competency must be completed by:</p> <ul style="list-style-type: none"> <li>➤ a physician if the client is in hospital; or</li> <li>➤ by a psychiatrist if the client is in a psychiatric facility.</li> </ul> <p>There is no Enduring Power of Attorney or the person named in the Enduring Power of Attorney declines to act.</p>	<p>A complete referral includes all of the following:</p> <ol style="list-style-type: none"> <li>1. Form C Declaration of Competency (HA)</li> <li>2. Section 59 Notice (HA)</li> <li>3. Living Adult Estate Questionnaire</li> </ol>
<p><b>Personal Directives Act (PDA)</b></p>	<p>The person making the Form 1 Referral must:</p> <ul style="list-style-type: none"> <li>➤ be a delegate named in a Personal Directive or have legal authority as substitute decision-maker under the Personal Directives Act <b>and</b> have made the decision for the client to accept placement to a continuing care home or to accept home care services; or</li> <li>➤ the person in charge of the continuing care home; or</li> <li>➤ the home care services provider.</li> </ul> <p>The client was admitted to the continuing care home or received home care services on or after April 1, 2010 and was not competent at the time of admission.</p> <p>The client does not have a Guardian of the Estate.</p> <p>There is no Enduring Power of Attorney or the person named in the Enduring Power of Attorney declines to act.</p>	<p>A complete referral includes all of the following:</p> <ol style="list-style-type: none"> <li>1. Form 1 – Referral to Public Trustee Regarding Finances (PDA)</li> <li>2. Form 2 – Declaration of Competency to Administer Estate (PDA) <b>or</b> a written opinion of a medical practitioner stating that the person is not competent to administer their own estate.</li> <li>3. Living Adult Estate Questionnaire</li> </ol>