Adult Capacity and Decision Making Act

FORM 6 FINANCIAL ASSISTANCE PROGRAM REQUEST FOR PAYMENT OF CAPACITY ASSESSMENT REPORT

NOVA SCOTIA

Use this form to request financial assistance if the cost of a capacity assessment report under the Adult Capacity and Decision-making Act would be a financial hardship for you or the adult in need of the capacity assessment. Eligibility for financial assistance is based on the following criteria:

- Person or household currently receiving assistance under the Disability Support Program or Income Assistance from the Department of Community Services
- Single with an income of $29,000 or less (after tax)—single means living alone with no children or other dependents
- Single-parent household with an income of $44,000 or less (after tax)—one adult only with one or more children living with you
- Household of two or more adults who share expenses with a combined income of $44,000 or less (after tax)—married, common law, or sharing a home with another adult with or without children
- Senior on Guaranteed Income Assistance (GIS) or the Allowance

To determine eligibility, the individual applying for financial assistance will need to provide information about their own finances and the finances of the adult to be assessed (if known).

- Attach copies of the most recent income tax assessments or proof of income statements for the applicant and for the adult who is to be assessed
- If you or the adult are a senior receiving GIS or the Allowance, attach a copy of the grant letter(s) from Employment and Social Development Canada. To request a copy of your grant letter call Service Canada at 1-800-277-9914 (press 0 to speak to a representative).
- If you or the adult receive assistance under the Disability Support Program or Income Assistance from the Department of Community Services, no other proof of income is required.

The personal information you provide is being collected under the Adult Capacity and Decision-making Act and may be used for the purposes of determining eligibility for financial assistance with the cost of a capacity assessment under that Act, or as authorized or required under the Freedom of Information and Protection of Privacy Act or another enactment.

1. Applicant Information

First Name _____ Last Name _____

Mailing Address _____

City _____ Postal Code _____ Province _____

Telephone _____ Alternate Number *(if any)* _____ Fax *(if any)* _____

Email _____ Date of Birth _____

Your relationship to the adult to be assessed _____

Social Insurance Number | | | | | | | | | | Do you ☐ Own ☐ Rent

Check ONE only:

☐ Person or household currently receiving assistance under the Disability Support Program or Income Assistance from the Department of Community Services

☐ Single with an income of $29,000 or less (after tax) — single means living alone with no children or other dependents

☐ Single-parent household with an income of $44,000 or less (after tax) — one adult only with one or more children living with you

☐ Household of two or more adults who share expenses with a combined income of $44,000 or less (after tax) — married, common law, or sharing a home with another adult with or without children

☐ Senior on GIS or the Allowance

Give details of any other adult living in the home (spouse, common law, other):

First Name _____ Last Name _____

Social Insurance Number | | | | | | | | | |

If you do not receive Income Assistance from the Department of Community Services, complete the following:

Estimated monthly income from all sources _____

Estimated value of cash and liquid assets, including bank accounts, GICs, investments and all assets that can readily be converted into cash _____

Estimated total monthly debts _____

2. Information about the Adult to be Assessed *(If Known)*

First Name _____ Last Name _____

Mailing Address _____

City _____ Postal Code _____ Province _____

Alternate Number *(if any)* _____ Fax *(if any)* _____ Telephone _____

Email _____

Date of Birth _____ Social Insurance Number | | | | | | | | | |

Does the adult ☐ Own or ☐ Rent

Check ONE only:

☐ Person or household currently receiving assistance under the Disability Support Program or Income Assistance from the Department of Community Services

☐ Single with an income of $29,000 or less (after tax) — single means living alone with no children or other dependents

☐ Single-parent household with an income of $44,000 or less (after tax) — one adult only with one or more children living with you

☐ Household of two or more adults who share expenses with a combined income of $44,000 or less (after tax) — married, common law, or sharing a home with another adult with or without children

☐ Senior on GIS or the Allowance

Give details of any other adult living in the home (spouse, common law, other):

First Name _____ Last Name _____

Social Insurance Number | | | | | | | | | |

First Name _____ Last Name _____

Social Insurance Number | | | | | | | | | |

First Name _____ Last Name _____

Social Insurance Number | | | | | | | | | |

If the adult does not receive Income Assistance from the Department of Community Services, complete the following:

Estimated monthly income from all sources _____

Estimated value of cash and liquid assets, including bank accounts, GICs, investments and all assets that can readily be converted into cash _____

Estimated total monthly debts _____

Please provide a brief statement as to why a capacity assessment is needed.

3. Declaration and Authorization

I, _____, declare and confirm:

- That, based on information available to me, payment of the upfront cost for a capacity assessment would be a financial hardship to _____, the adult who is to be assessed.
- That payment of the upfront cost for a capacity assessment would be a financial hardship to _____, the applicant.
- I intend to apply for an Order under the Adult Capacity and Decision-making Act within 6 months of receiving the completed capacity assessment report.
- I hereby authorize the Department of Community Services to release relevant information, including my income, to verify my eligibility for the capacity assessment Financial Assistance Program.
- I understand the Office of the Public Trustee will collect, use and disclose my personal information only for the purpose of determining and verifying my eligibility for the capacity assessment financial assistance program.
- I understand that if there are adequate funds in the adult's estate to pay for the capacity assessment and a representation order is later obtained from the court, the Public Trustee may provide financial assistance towards the cost of the capacity assessment through the Financial Assistance Program and later recover those funds from the adult's estate.
- That all the information provided is accurate and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

Mail, Email or Fax Your Signed and Completed Financial Assistance Application Form

Make sure to include your most recent income tax assessment or proof of income statements. If you or the adult to be assessed is a senior receiving GIS or the Allowance, attach a copy of the grant letter from Employment and Social Development Canada.

Address: P.O. Box 685, Suite 501 - 1465 Brenton St., Halifax, NS B3J 2T3
Fax: 902-424-0616
Email: PublicTrustee@novascotia.ca
Telephone: 902-424-7760

For Office Use Only

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone _____

Adult's Name _____

Adult's Address _____

Adult's Telephone _____

This application has been reviewed and has been recommended by the Office of the Public Trustee for:

☐ Approved for Financial Assistance for the following amount $ _____

☐ Not approved for Financial Assistance

Name of Trustee Officer _____

Signature _____ Date _____

This application has been reviewed and has been recommended by the Office of the Public Trustee for:

☐ Approved for Financial Assistance for the following amount $ _____

☐ Not approved for Financial Assistance

Minister's delegate _____

Signature _____ Date _____