



CARE FACILITY ADMISSION Referral Form

This form is for use by the Admissions Manager seeking consent for Care Facility Admission (CFA). This form is not for Assessment and Investigations (AIS) or Health Care Decisions (HCD) referrals/requests. For AIS or HCD requests, or if this CFA Referral is urgent, please call 604.660.4507 or toll free 1 877.511.4111.

SECTION 1: REFERRAL CRITERIA

It is appropriate to refer an adult for assistance with a Care Facility Admission Decision to the Public Guardian and Trustee of British Columbia if the following apply:

- The adult is 19 years of age or over
- The adult has been assessed as incapable for CFA decisions (Note: PGT Requires a copy of the assessment report)
- There are current placement options that require consent, and
- There is no other higher ranked SDM known and/or available OR You are unable to choose between two or more equally ranked SDMs

SECTION 2: PERSONAL INFORMATION

<input type="text"/> Surname	<input type="text"/> First Name	<input type="text"/> Middle Name
<input type="text"/> Maiden Name (if applicable)	<input type="text"/> Alias (if applicable)	<input type="text"/> Gender
<input type="text"/> Date of Birth	<input type="text"/> Personal Health Number	

Language/communication method if other than English

<input type="text"/> Marital Status	<input type="text"/> Name of Spouse
--	--

Is spouse currently/proposed to be in care: Yes No Unknown

If yes, where?:

SECTION 3: REQUEST DETAILS

Is this an urgent referral (intolerable risk)? Yes No

What is the timeline for placement?

Type of Decision?

- Long Term Care
- Short Term Care
- Interim
- Continued Residence
- Convalescent
- Emergency
- Respite
- Hospice
- MH Extended Leave

Other

Spouse, Friends or Relatives:

Name <input type="text"/>	Name <input type="text"/>
Phone/Email <input type="text"/>	Phone/Email <input type="text"/>
Relationship <input type="text"/>	Relationship <input type="text"/>

Wishing to assist: Yes No Unknown

Wishing to assist: Yes No Unknown

As SDM, the PGT is required by legislation to consider the following, please provide details (attach additional pages if more space is required):

- Reason facility placement is being recommended
- Why the adult will benefit from facility placement
- Any other course of action that would benefit the adult or be in their best interests
- Any specialized care needs that are required for the adult

Care Homes being proposed for consideration, and reason for their proposal:

Name & Reason

Name & Reason

Name & Reason

Name & Reason

SECTION 4: FACTS RELEVANT TO PLACEMENT

Does the adult qualify for a designated bed?: Veteran Yes No Unknown Indigenous Yes No Unknown

Personal preferences or other factors relevant to placement (ie ethnic background, religion, diet, etc)

Has the adult requested a second assessment? Yes No If yes, details:

Is the adult or anyone else objecting to placement? Yes No If yes, explain:

What other documents/information is available (ie RAI, psychosocial assessment, other admission forms)?

SECTION 5: LOCATION INFORMATION

Current Location:

Street 1	<input type="text"/>		
Street 2	<input type="text"/>	Apt/Suite #	<input type="text"/>
City	<input type="text"/>	Postal Code	<input type="text"/>
		Phone	<input type="text"/>

Primary Residence (if different from above):

Street	<input type="text"/>		Apt/Suite #	<input type="text"/>	
City	<input type="text"/>	Postal Code	<input type="text"/>	Phone	<input type="text"/>

How are the adult's financial and legal affairs presently being managed?

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Government Pension Trusteeship | <input type="checkbox"/> Committeeship | <input type="checkbox"/> PGT |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Representation Agreement | <input type="checkbox"/> Family | <input type="checkbox"/> Other |

Name:

SECTION 6: MANAGER SEEKING CONSENT

Name	<input type="text"/>	Title	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>
Date of Referral	<input type="text"/>	Health Authority	<input type="text"/>

Please attach any other relevant comments and information.

**If you have any questions about completing this form, feel free to contact us at the numbers listed below.
Mail, fax or Email the completed form as per the information below**

Please see Page 4 for information from the [Health Care \(Consent\) and Care Facility \(Admission\) Act](#)

Personal Decision Services (PDS)

Toll Free: 1 877.511.4111
Local: 604.660.4507
Toll Free Fax: 1 855.660.9479
Local Fax: 604.660.9479
Email: AIS-PDS@trustee.bc.ca

PDS Hours of Operation:

Monday to Friday 8:30am to 4:30pm
Holidays and Weekends 8:00am to Noon
Contact on Holidays & Weekends is by telephone only.

The information in this form is collected for the purpose of making a decision about admission or continued residence to a care facility for an adult who is not be able to consent themselves. All information provided to the PGT is held in the strictest confidence, in accordance with BC's Freedom of Information and Protection of Privacy Act and other legislation. If you have any questions about the collection, use or disclosure of the information in this form, please contact the PGT's Information and Privacy Officer, 700-808 West Hastings Street, Vancouver, BC, V6C 3L3, tel. 604. 660.5104.

What types of facilities are covered by this law?

The following licensed settings are included: long-term care homes; short-term respite care settings; hospices; rehabilitation/convalescent settings; and crisis intervention/stabilization, detox, assessment and treatment or residential care services for adults with mental health and/or substance use challenges.

What if an adult is unable to give or refuse consent?

If the manager responsible for care facility admission becomes concerned an adult is not understanding the decision at hand, they must determine whether the adult has a court appointed Committee of Person.

If the adult does not have a Committee of Person, then the manager must have the adult's incapability assessed. If the adult is assessed as mentally incapable of making the care facility admission decision, the manager must choose the first of the following decision makers available who qualifies to make the care facility admission decision: the adult's Representative under s. 9 Representation Agreement; the adult's spouse; the adult's child; the adult's parent; the adult's brother or sister; the adult's grandparent; the adult's grandchild; anyone else related by birth or adoption to the adult; a close friend of the adult; a person immediately related to the adult by marriage.

To qualify to make the care facility admission decision, the person chosen must:

- be at least 19 years of age;
- have been in contact with the adult during the preceding 12 months;
- have no dispute with the adult;
- be capable of giving or refusing substitute consent; and
- be willing to comply with the duties.

What are the duties of substitute decision makers?

Before giving or refusing consent to an adult's admission to a care facility (or to remain in a care facility) substitutes must:

- consult, or make a reasonable effort to consult, with the adult and with any spouse, friend or relative of the adult who asks to assist; and
- make a decision in the adult's best interests.

When would the PGT act as substitute decision maker?

The PGT will act as substitute decision maker if:

- it is unclear who to choose between equally ranked substitutes, or
- the adult has no one else available who is willing and qualifies to make the care facility admission.

What are the first steps PGT will take as substitute decision maker in making a best interests decision?

- Request relevant documents and information needed to make the decision such as information about the adult's medical situation, wishes, interests, finances, cultural background, and social situation.
- Consult with the adult and any family and friends who ask to assist; this may include visiting the adult and/or the facility being proposed.
- Consider whether a care facility is the least intrusive, most effective way of meeting the adult's needs or whether there are other more appropriate alternatives.
- Research and assess the list of care facilities provided by the manager that can best meet the adult's care needs and personal circumstances.
- Consult with anyone managing the adult's finances such as an attorney under an enduring power of attorney, representative under a s. 7 representation agreement, a pension trustee responsible for the adult's federal government pension income, or a committee of estate - to determine what the adult can afford. In some situations, the PGT may be the adult's committee of estate.
- Provide the manager with the decision which may include consent for one or more preferred care facilities.

For more information, please see the publication CFA and the Role of the PGT on our website at www.trustee.bc.ca.