

# Worksheet 9

## Supported decision-making

Use this worksheet to organize key decision-making information, issues, and resources that affect the choices and safety of your family member with a disability.

Family members, including parents, do not automatically have the right to make decisions over a person's property even if that person has a disability. To grasp the different capacity and decision-making rules we can explore three main categories:

1. Property: refers to financial affairs, such as decisions related to banking, investments and real property, such as a house for example.
2. Personal care (non-health care related): refers to everyday decisions about nutrition, housing, clothing, hygiene and safety, etc.
3. Health care: are subject to specific rules found in the Health Care Consent Act. These decisions are treated differently from other personal care decisions.

Here are some questions to consider as you organize key decision-making information, issues, and resources that affect the choices and safety of your family member with a disability:

Generally:

Who would I trust to support my family member?

Who can assist my family member with expressing their will and preferences?

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## Property Related Decisions:

For any questions that ask for a **YES** or **No** response, click directly over the word

Does my family member have a Continuing Power of Attorney for Property in place? YES NO

Does my family member independently complete banking transactions? YES NO  
(ie. online or in-person purchases)

Does my family member have an RDSP and is involved in its management? YES NO

Does my family member manage their own investments, including a bank account? YES NO

Does my family member own any real estate? YES NO

What provincial funding does my family member receive?

## Personal care (non-health care related):

Does my family member have a Power of Attorney for Personal Care in place? YES NO

Who does my family member trust to support them in making everyday decisions about nutrition, housing, clothing, hygiene and safety?

What are my family member's favourite foods? Any strong dislikes, allergies?

Does my family member have any religious rites or preferences? YES NO

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Does my family member have any preferences when it comes to support workers? YES NO

## Health care:

Does my family member take any medication? If so, create a list.

Does my family member have any strong feelings regarding the indefinite use of life support? YES NO

Does my family member have any strong opinions about Long-Term Care? YES NO

Does my family member have any preferences when it comes to health care practitioners? YES NO

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