

Referral for the Public Trustee to Make Specific Financial Decision(s) for an Adult
Office of the Public Guardian and Trustee

The Adult Guardianship and Trusteeship Act (AGTA) outlines that the Public Trustee is authorized to make Specific Financial Decision(s) with respect to an adult's finances that supports a decision about where the adult is to live, either permanently or temporarily. Where a health care provider has assessed an adult under AGTA section 100.2 as lacking capacity for financial matters, the Public Trustee may make a specific financial decisions under section 100.3 of the AGTA. The authority of the Public Trustee is terminated once the financial decision has been carried out, to the satisfaction of the Public Trustee pursuant to section 100.39(2) of the AGTA.

The AGTA section 100.7(3), which states: The Public Trustee is entitled to access, collect, or obtain from a public body, custodian or organization personal information about the adult that is relevant to the financial decision the Public Trustee is making under 100.3(1).

When submitting this referral please include a completed Specific Decision-Making Capacity Assessment Report – Form 6.

Referral Source Information

Person(s) Making Referral

Referral Source Address

Referral Telephone

Referral Fax

Referral Email Address

Who will be making the placement decision as to where the Person will be placed?

Telephone

Email Address

Personal Information for Adult Being Referred

Last Name

First Name

Admission Date (if applicable)

Date of Birth:

Year

Month

Day

Address

Current Landlord's Name

Current Landlord's Email Address

Current Landlord's Telephone

Please select yes or no to the best of your knowledge:

- | | | |
|--|-----|----|
| 1. Do you plan to make a referral for trusteeship to the Public Trustee within the next 90 days? | Yes | No |
| 2. Does the adult have a private trustee? | Yes | No |
| 3. Is there a private trustee application in progress? | Yes | No |
| 4. Is there a Power of Attorney document? | Yes | No |
| 5. Does the adult have real estate (property/land)? | Yes | No |
| 6. Are there any known legal matters? | Yes | No |
| 7. Does the adult have a guardian? | Yes | No |
| 8. Does the adult have a personal directive? | Yes | No |

Financial Decision(s) to be Made

What financial decisions are required to implement a placement decision?

Are there any known barriers to the financial decisions required?

Have other mechanisms to set up third party payment been considered and ruled out? (such as benefit administration under Service Canada, Alberta Seniors Benefits or AISH third party payment, or the Informal Benefits Administration Program) If so, provide details.

Placement Plan

Details of Proposed Placement

Contact details for placement (person, address, phone number, and email)

Financial Information

Social Insurance Number

Bank(s) name and address

Income and Expenses

Income	
Income source	Amount
AISH	
ASB/SAB	
CPP	
OAS/GIS	
Private Pension	
Other	

Expenses	
Expenses	Amount

The information provided herein, and all attachments hereto are, to the best of my knowledge, accurate and up to date as of the time of completion of this referral.

Date yyyy-mm-dd

Signature

Please email this completed, signed form and any attachments to the OPGT-PT-RA-Referrals@gov.ab.ca referral inbox.