

The Communication Aid to Capacity Evaluation - CACE Response Form

Chart Review and Team Consultation

To ensure that your capacity evaluation is fair, gather background information about the patient/client. Note the existence of anything that might affect the capacity evaluation, for example, mental health issues such as depression, delusions, anxiety and aggressive behaviours. Other conditions can affect capacity evaluation such as sleeping problems, pain, fever and cognitive deficits. You also need to make careful note of the following:

Communication	Present	Not noted	Comments
Disorders, e.g. Aphasia, Dysarthria, Apraxia, Anomia			
Most effective form of communication. (Consult with SLP)			
English/French as a second language. Interpreter available			
Hearing impairment Hearing aid			
Visual impairments Visual field deficits, neglect, cataracts etc.			
Any other communication barrier			

Name of Substitute Decision Maker: _____
(Power of Attorney for Personal Care)

Unknown:

Communication Aid to Capacity Evaluation - CACE Response Form

Last Name: _____

First Name: _____

Date of Birth: _____

Health card # _____

Question	Response verbal	Response non-verbal	Capacity
INTRODUCTION			
Purpose of the evaluation process <i>Page - 1 - 10</i>			
CONSENT TO ASSESS			
Consent to assess <i>Page - 11</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
ORIENTATION - OPTIONAL			
Person <i>Page - 12</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Place <i>Page - 12</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Time <i>Page - 13</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
1. ABLE TO UNDERSTAND CARE NEEDS			
Health needs <i>Pages 14 - 15</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Care needs <i>Pages 16 - 17</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Who helps and Frequency of help <i>Page - 18</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

Question	Response verbal	Response non-verbal	Capacity
Cognitive emotional needs <i>Page - 19</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
2. ABLE TO UNDERSTAND PROPOSED LONG TERM CARE PLACEMENT			
Knowledge of Long Term Care Facility <i>Page - 20</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Who lives in Long Term Care Facility <i>Page - 21</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
2. ABLE TO APPRECIATE PROPOSED LONG TERM CARE PLACEMENT			
Agree or disagree to placement <i>Page - 22</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
3. ABLE TO UNDERSTAND PRESENT CONDITION			
Consequences of staying at home – safety <i>Pages 23 - 25</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
4. ABLE TO APPRECIATE CONSEQUENCES OF REFUSING PROPOSED PLACEMENT			
Alternate living situation <i>Page - 26</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Who will help <i>Page - 27</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
What will you do? <i>Page – 28</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
5. ABLE TO APPRECIATE CONSEQUENCES OF ACCEPTING PROPOSED PLACEMENT			
How a Long Term Care Facility helps <i>Pages 29 - 30</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Now move to a Care Facility <i>Page- 30</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

Summary Comments: _____

Capacity to Make Admission Decisions

- CAPABLE
- INCAPABLE
- REQUIRES EDUCATION and/or RE-EVALUATION
- REFUSED EVALUATION

Rights Information

- APPLICANT INFORMED OF INCAPACITY
- RIGHTS INFORMATION SHEET GIVEN
- FINDING OF INCAPACITY TO BE APPEALED

Evaluator's Signature: _____

Co-evaluator's Signature: _____

Date: _____

YOUR RIGHTS INFORMATION

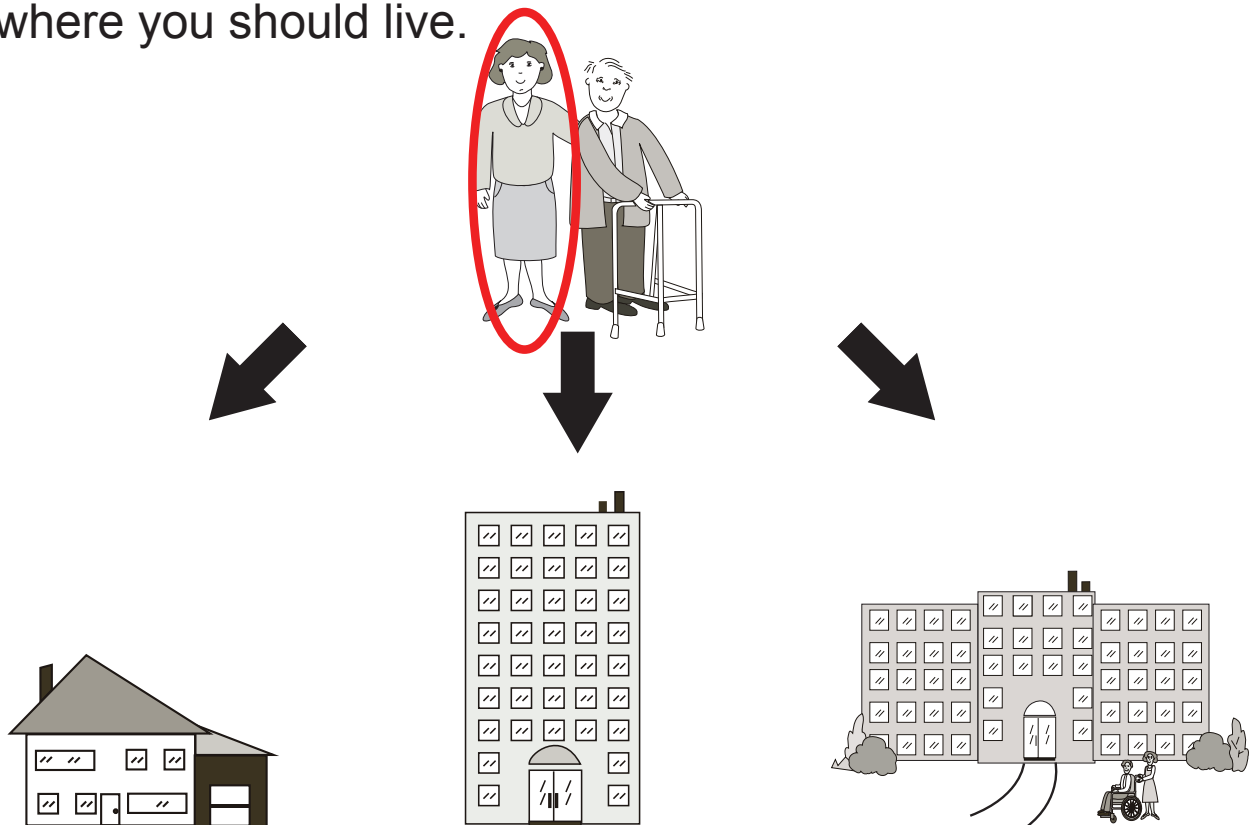
The evaluator, _____



has decided you are **not capable** to decide where you should **live**.



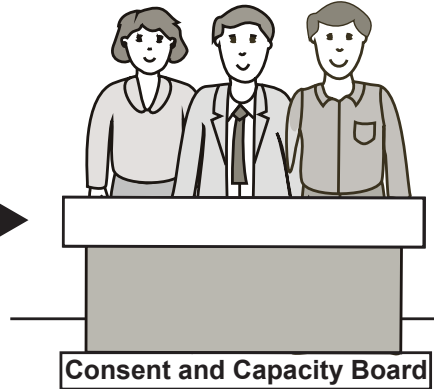
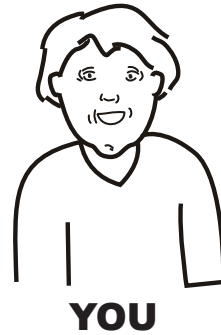
Instead, _____ you Substitute Decision Maker will decide where you should live.



If you do **not** agree with the evaluator



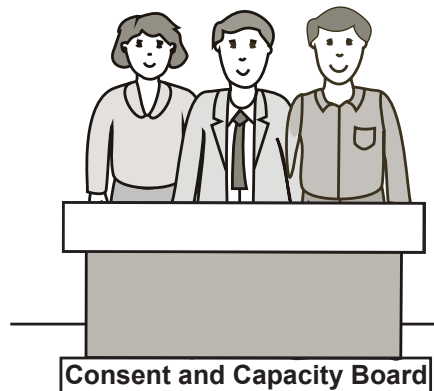
you have the **right** to **contact** the **Consent and Capacity Board**.



You can ask the Board to **review** the evaluator's finding.



Someone will **help** you to **contact** the Consent and Capacity Board.



Their telephone number is
(416) 924-4961



Do you want the Board to review the evaluator's finding?



If **yes**, the hearing will usually be held **within one week** after the board receives your application.

