

**APPLICATION TO THE  
CAPABILITY AND CONSENT BOARD  
FOR MATTERS UNDER THE  
CARE CONSENT ACT**

**I N S T R U C T I O N S**

Fax a copy of this form to the Capability and Consent Board at (867) 633-6954.

**Name of person making the application** \_\_\_\_\_

Print full name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone number

**I am applying as a:**

Care recipient (the person receiving the care)

Care provider or health care provider

Substitute decision-maker

Other person with substantial interest \_\_\_\_\_

Describe your interest in the matter

**Name of care recipient if not the same as applicant above**

\_\_\_\_\_

Print full name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone number

**Is the care recipient currently in a care facility or a hospital?**

No

Yes Name of facility \_\_\_\_\_ Phone number \_\_\_\_\_

**I am applying to the Capability and Consent Board for:**

1.  a review of a care provider or health care provider's finding that the care recipient is  
 capable OR  incapable  
to give or refuse consent to:
  - a.  the following health care [s. 39(1)(a), s. 6] \_\_\_\_\_  
\_\_\_\_\_
  - b.  admission to a care facility [s. 39(1)(a), s. 6]
  - c.  a personal assistance service [s. 39(1)(a), s. 6]
2.  a review of a care provider's choice of a substitute decision-maker [s. 39(1)(b)]
3.  a review of whether a substitute decision-maker has carried out their duties in making a decision to give or refuse consent to major health care or admission to a care facility [s. 39(1)(c)]
4.  a review of a health care provider's decision to issue a certificate of need for financial protection [s. 39(1)(d), s. 61(1)]
5.  consideration of who should be the substitute decision-maker in the case of a dispute between equally-ranked substitute decision-makers [s. 14]
6.  direction on the applicability of a care recipient's prior capable wishes to a care decision [s. 40(1)]

**If this application asks for a review of a decision for major health care, please provide the date and time that the substitute decision-maker made the decision.**

\_\_\_\_\_ Day/month/year \_\_\_\_\_ Time (a.m. or p.m.)

**If this application asks for a review of a decision of a health care provider or a care provider, please provide contact information for the care provider involved.**

\_\_\_\_\_  
Print name Profession or title  
\_\_\_\_\_  
Clinic or facility or program Address  
\_\_\_\_\_  
Telephone Fax



## For your information

### When can I apply to the board?

In cases where a substitute decision-maker has given or refused consent to major health care on behalf of a care recipient, the major health care should not be provided for 48 hours. This allows time for someone to apply to the board for a review if they so desire.

An application to the board can be made anytime after the decision (for care or that a care recipient is incapable to consent) is made.

For direction on prior capable wishes, and for resolving disputes between substitute decision-makers, an application to the board must be made before consent to the care is given or refused.

Note that the board can refuse to hear a matter if the outcome will have no effect. For example, if the health care has already been provided, there may be nothing the board can do about the matter.

### Who may apply to the board?

Boxes 1 to 4 (on page 2 of this form): Anyone with a substantial interest in the matter can apply to the board for a review of any of the first six issues listed on the second page of the form.

Box 5 (on page 2 of this form): For disputes between equally ranked substitute decision-makers, any substitute decision-maker involved in the dispute or the care provider may request the board to choose the substitute decision-maker before the care decision is made.

Box 6 (on page 2 of this form): A substitute decision-maker can apply to the board for direction regarding prior capable wishes of a care recipient.

### What happens once I fax this form to the board?

The board will contact you to get more information once they receive this application. The Chair of the board may attempt to resolve the issue informally, if appropriate. If the matter cannot be resolved informally, a time will be set for a hearing. Three members of the board will conduct the hearing. The hearing will take place within a week after the board receives your application.

For more information about the Capability and Consent Board, visit the website: [www.yukoncapabilityandconsentboard.ca](http://www.yukoncapabilityandconsentboard.ca), phone 867-633-7614 or fax 867-633-6954.