

**North Carolina Department of Health and Human Services
Adult Services
Determination of Ability to Consent to Protective Services
NCGS 108A-101(1) NCAC 71A.0207**

DSS Agency:

Client's Name:

Case #:

Disabled adult has an awareness of the limitations/deficiencies in his/her surroundings (environment): Yes No

Describe why/why not.

Disabled adult has an awareness of his/her own mental or physical limitations: Yes No

Describe why/why not.

Disabled adult has an awareness of resources available to assist in meeting his/her needs:
 Yes No

Describe why/why not.

Disabled adult has an awareness of the consequences to him/her if nothing is done to improve or remedy his situation: Yes No

Describe why/why not.

Disabled adult has the ability to consent to protective services: Yes No

Summarize basis for decision (tests performed, other professional evaluations, etc.):

Client has ability to consent and refuses protective services: Yes No

Client has ability to consent and consents to services as indicated by signature below:
 Yes No

Order for PS obtained

Interim Guardianship

Emergency PS order obtained

Guardianship

Ex-Parte order obtained

Durable Power of Attorney/Other POA

Order pending (indicate type)

Client Signature

Date:

Legal Guardian/POA Signature

Date:

Witness Signature

Date:

Social Worker Signature

Date