# **North Carolina Department of Health and Human Services**

# **Division of Aging and Adult Services**

**Determination of Ability to Consent to Protective Services**

**NCGS 108A-101(1) NCAC 71A.0207**

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| **DSS Agency:** **Date:** Click or tap to enter a date.**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** |

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| [ ]  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)       |  |

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| **Client Signature Date:** Click or tap to enter a date. |
| **Legal Guardian/POA Signature Date:** Click or tap to enter a date. |
| **Witness Signature Date:** Click or tap to enter a date. |
| **Social Worker Signature Date** Click or tap to enter a date. |