# **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. |