# **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Adult’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 understanding of 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 his/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.):** |
| **Adult has ability to consent and refuses protective services.**  **[ ] Yes [ ]  No** |
| **Adult has ability to consent and indicates consent by signing the DSS-5027.**  **[ ]  Yes No [ ]**  |
| **Adult is unable or unwilling to provide written consent but consents verbally to protective services. [ ]  Yes No [ ]** **Date of Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Describe the circumstances/barriers to obtaining the adult’s signature**   |

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| **Adult lacks ability to consent to protective services. Protective services will be provided by the following means:** |
| [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Legal Guardian/ POA Signature ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Social Worker Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |