# **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |