



# Certificate of Incapability

## Information about the Old Age Security and/or Canada Pension Plan beneficiary

Beneficiary's  
Social Insurance Number

Mr.    Mrs.    Usual First Name and Initial	Last Name	
Ms    Miss		
Address - No., Street, Apt., P.O. Box, R.R. and City	Province or Territory	
	Country - If other than Canada	Postal Code

**Note:** If you are applying on behalf of an individual who is homeless or at imminent risk of being homeless please enter the community where the individual resides.

Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment. (Please refer to the questions below.) If you are related by blood or marriage to the incapable individual or to the person applying to administer the benefits of the incapable individual, you cannot certify the individual's incapability.

### Does the person named above have:

1. Good <b>general knowledge</b> of what is happening to his/her money or investments?	Yes No	Comments
2. Sufficient <b>understanding</b> of the concept of time, in order to pay bills promptly?	Yes No	Comments
3. Sufficient <b>memory</b> to keep track of financial transactions and decisions?	Yes No	Comments
4. Ability to <b>balance</b> accounts and bills?	Yes No	Comments
5. Significant <b>impairment of judgement</b> due to altered intellectual function?	Yes No	Comments

### In addition:

6A. How long have you known this person?	6B. Please state this person's date of birth.
7. Do you consider this person <b>capable</b> of managing his/her own affairs?      Yes      No	If no, is improvement expected? (Provide date)

**Complete questions 8 and 9 if you are a medical professional (Physician, Registered Nurse, Nurse Practitioner, Psychologist, or Psychiatrist).**

8. Diagnosis of impairment	Date impairment started
9. Comments	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

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Complete questions 10 and 11 if you are a designated non-medical professional (social worker, lawyer or member of the clergy).

10. Description of impairment	Date impairment started
11. Comments	

To be completed by both medical and designated non-medical professionals, if certifying the incapability of a senior who is homeless or at imminent risk of being homeless.

12. Please complete the following certification:	
I am a member in good standing of	_____
	(Name of Professional Association / Organization)
Membership/Registration Number:	_____

**Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.**

**Name and signature of designated individual (medical professional, social worker, lawyer or member of the clergy) completing this form.**

First Name and Initial	Last Name	Signature	Date
Address - No., Street, Apt., P.O. Box, R.R. and City	Province or Territory		Telephone
	Country	Postal Code	Profession

**FOR OFFICE USE ONLY**

Approval Yes      No	Reason for Disapproval	Reassessment Date	Signature	Date
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