|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | | **AUTOMATIC REVIEW OF GUARDIANSHIP ORDER** | | **Response form for the Protected Person, Guardian or Interested Person** |  |  |  | | --- | --- | | **Guardianship order for:** |  | | **Case number:** |  | | **Form issued to:**  **Case officer:** |  |  1. **Are you still involved with the person?**   If yes, continue to question 2. If no, simply sign this form and return to SACAT.  Yes  No   1. **Your role**   Guardian or substitute decision-maker  Interested person   1. **Should the current guardianship order continue?**   Yes, skip to question 4  No  Unsure  **If you answered no or unsure, please provide details about why the current order should be revoked:**     1. **If you think the order should continue, please provide details of what the order should cover:** 2. **Accommodation -** **Are decisions needed about where the person will live?**   Yes  No  Unsure   1. **Lifestyle - Are decisions needed about services, activities or access?**   Yes  No  Unsure   1. **Healthcare – Are decisions needed about medical treatment and health care?**   Yes  No  Unsure   1. **Please provide any additional relevant information:**      |  |  |  |  | | --- | --- | --- | --- | | **Form Issued to:** | | | | | **Your relationship to the person:**  (unless you are the protected person) | | | | | **Email:** | | | | | **Address:** | | | | | **Telephone:** |  | **Mobile:** |  | | **Signature:** |  | **Date:** |  | | **Please return this form to:** | | Email: **sacat@sacat.sa.gov.au**  Post: **GPO Box 2361, ADELAIDE SA 5001** | | |