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| |  |  | | --- | --- | |  |  | | **AUTOMATIC REVIEW OF SPECIAL POWERS** | | **Response form for the Protected Person** |  |  |  | | --- | --- | | **Special Powers for:** |  | | **Case number:** |  | | **Form issued to:**  **Case officer:** |  |   ***Special Powers can only continue if there is a serious risk to your health and safety or the safety of others.***   1. **Should your Guardian(s) or Substitute Decision-Maker(s) continue to make decisions about:** 2. **Where you live or who you live with?**   Yes  No  Unsure   1. **When you can come and go from where you live?**   Yes  No  Unsure   1. **The use of restraint or force to ensure you receive proper medical and dental care for your well-being**   Yes  No  Unsure   1. **Please provide reasons for your response, or any additional relevant information:**   (Attach additional pages if required)   |  |  |  |  | | --- | --- | --- | --- | | **Form Issued to:** [$SentToFullName] | | | | | **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** | | |