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| **AUTOMATIC REVIEW OF SPECIAL POWERS** |
| **Response form for the Protected Person** |

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| **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[ ]  Unsure1. **When you can come and go from where you live?**

[ ]  Yes[ ]  No[ ]  Unsure1. **The use of restraint or force to ensure you receive proper medical and dental care for your well-being**

[ ]  Yes[ ]  No[ ]  Unsure1. **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** |

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