

RIGHTS RESTRICTION PROPOSAL FORM

Name of person supported: _____

Address: _____

Phone number: _____

Person assisting to complete form (if applicable): _____

What is your relationship with the person assisting you completing this form (if applicable)?

☐ Family

☐ Staff

☐ Other

Submission Options:

- A. Mail to: CLPC~W
- B. 100 McRae Avenue Port Colborne, Ontario L3K 2A8
- C. Drop Proposal Form off at 100 McRae Avenue, in the mailbox (front door)
- D. Email the Director of Operations (Cindy Chadwick) at: cchadwick@CLPCW.com
- E. Phone the Director of Operations (Cindy Chadwick) at: 905-835-8941 ext. 137

** This Proposal Form will be reviewed by the Director of Operations (Cindy Chadwick).

Consent Completed (Page 7): ☐ Yes ☐ No

Describe your current living environment (ie: group home, SIL, etc).

What is the rights restriction? Describe in full by answering the following:

1. Why do you (the supported person) think this restriction is in place?

2. What happened?

3. Where did it happen?

4. Who was involved?

5. When did it happen? (Date and Time if applicable)

****If this issue occurred more than 6 months ago, why was it not reported earlier?**

6. How did the rights restriction make you feel at the time that it happened?

7. What would you like to see change and why?

Have you talked to anyone about this restriction?

☐ Yes ☐ No

If yes, who? _____

Is there anything being done now to help you with this restriction?

☐ Yes ☐ No ☐ Not sure

Has anything been tried in the past to help you to reduce this restriction?

☐ Yes ☐ No ☐ Not sure

If yes, please explain what things have been tried and the outcomes:

A. Date: _____

Details:

B Date: _____

Details:

Were there any witnesses to this rights restriction when it happened?
If yes- who were they?
And what did they see or hear?

Name(s): _____

Details:

Please explain if this restriction is regarding medication or if something is being restricted because of a health issue:

(ie: certain foods are restricted due to having diabetes)

Tell us anything else that may help you.

How would you like to present this restriction to the Committee?

- ☐ On your own.
- ☐ You and another person.
- ☐ Another person representing you.
- ☐ Meet with one member of the Committee privately.
- ☐ By way of videotape or audio tape.

SIGNATURE: _____

DATE: _____

CONSENT TO INFORMATION
REVIEW

I, _____ (Print Name)
of _____ (Address)
authorize the CLPC~W Rights Review Committee to obtain and review my personal
information that is pertinent to my rights restriction case.

This consent is effective for one year commencing the date is it signed and witnessed.

Signature: _____

Date: _____

Witness: _____

Instructions – To be completed and attached to the *Rights Restriction Proposal Form*