

Strain and Company Representation Agreement (RA) Intake Form

(For a Single or Partner Appointment)

What is a Representation Agreement?

A Representation Agreement is a legal document in British Columbia that allows you to appoint someone (a representative) to make decisions about your personal care and health care if you are unable to do so yourself. It does not typically include decisions related to financial matters, which are covered by a Power of Attorney.

1. Client Information

- **Full Name** (required)
 - **Date of Birth** (required)
 - **Address** (Street, City, Postal Code) (required)
 - **Phone Number** (required)
 - **Email Address** (required)
 - **Occupation** (optional)
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2. Appointment Type

- **Are you preparing a Representation Agreement for:** (check one)
 - Yourself
 - You and your partner (joint Representation Agreements)
 - **If joint Representation Agreements (partner details):**
 - **Partner's Full Name:** _____
 - **Partner's Date of Birth:** _____
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3. Type of Representation Agreement

(Please choose the type of agreement that fits your needs.)

- **Type of Agreement** (check one):
 - Section 7 (RA7) - For personal care and health care decisions, financial affairs, and legal matters (for those who need assistance with decision-making).

- Section 9 (RA9) - For enhanced health care decisions, including life-support and life-prolonging treatments.
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4. Representative Information

(This is the person you are appointing to make decisions on your behalf.)

- **Primary Representative**

- Full Name** (required): _____
- Relationship to You:** _____
- Phone Number:** _____
- Email Address:** _____

- **Alternate Representative** (optional)

(This person steps in if the primary representative is unable to act.)

- Full Name:** _____
 - Relationship to You:** _____
 - Phone Number:** _____
 - Email Address:** _____
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5. Representative's Powers

(Please specify the powers you want to give your representative.)

- **Do you want your representative to make decisions about:**

- Personal care (e.g., daily living arrangements, meals, activities)
- Health care (e.g., medical treatments, hospital care)
- Financial and legal matters (e.g., managing bank accounts, paying bills)
- Living arrangements (e.g., moving into assisted care, changing residences)

- **Do you wish to place any limitations or conditions on your representative's powers?** (Yes No)

- If yes, please specify:**

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6. End-of-Life and Health Care Decisions

(For RA9 or enhanced health care agreements)

- **Do you want to authorize your representative to make decisions about:**
 - Life-support treatments
 - Life-prolonging treatments
 - Refusal or withdrawal of life-support treatments
 - **Would you like to specify any preferences or wishes for health care decisions?** (Yes No)
 - **If yes, please describe briefly:**
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7. Business Ownership (Optional)

- **Do you own a business or have business interests?** (Yes No)
 - **If yes, should your representative(s) be able to make decisions regarding your business?** (Yes No)
 - **If yes, please provide the business name and type of business:**
 - **Business Name:** _____
 - **Type of Business:** _____
 - **Any specific instructions for business decisions:**
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8. Joint Representatives (Optional)

(If you would like to appoint more than one representative.)

- **Do you wish to appoint more than one representative to act together (jointly)?** (Yes No)
 - **If yes, please provide the second representative's details:**
 - **Full Name:** _____
 - **Relationship to You:** _____
 - **Phone Number:** _____
 - **Email Address:** _____

- **Should the representatives act:** (check one)
 - Jointly (must make all decisions together)
 - Jointly and Severally (can make decisions together or independently)
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9. Additional Information

- **Is there anything else you would like to include in your Representation Agreement, or would you like us to know?**
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10. Consent and Signature

- **Consent for Personal Information:**

“I consent to the collection and use of my personal information for the purpose of preparing my Representation Agreement in accordance with the laws of British Columbia and applicable privacy laws.”
- **Client Signature:** _____
- **Date:** _____