

Notice of No Consent

TAKE NOTICE THAT I, _____, currently residing at

(NAME OF FACILITY) **DO NOT CONSENT** to being moved from this residence unless the following conditions are met, as promised by the Premier of the Province of British Columbia:

- 1** a care plan has been developed after full and meaningful consultation with myself, my family, my doctor and any other advisor of my choice; and the care plan has been agreed to by me and my family;
- 2** the proposed move is to a permanent location which provides the level of care and support outlined in the care plan; and
- 3** the travelling distance for my family to the new location is comparable to the travelling distance to the existing residence.

SIGNATURE

SIGNED ON (DATE)

PRINT NAME

TELEPHONE NUMBER

ADDRESS

CITY

POSTAL CODE

“ No resident will be moved without an individual care plan that’s agreed upon by the family. ”

... **KATHERINE WHITTRED**
Minister for Intermediate, Long-Term and Home Care
Vancouver Sun, April 25, 2002

“ ... there will be an individual care plan that will be developed with that individual and their family to meet the needs of that individual and they will be taken care of. ”

GORDON CAMPBELL
CKNW, April 24, 2002

Just

Say

NO!

