

# Certificate of Incapability

## Information about the Old Age Security and/or Canada Pension Plan beneficiary

Beneficiary's  
Social Insurance Number

Mr. Mrs. Usual First Name and Initial Ms Miss	Last Name		
Address (No., Street, Apt., P.O. Box, R.R. and City)	Province or Territory		
	Country - If other than Canada		Postal Code

**Note: If you are applying on behalf of an individual who is homeless or at imminent risk of being homeless please enter the community where the individual resides.**

**Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment. (Please refer to the questions below.) If you are related by blood or marriage to the incapable individual or to the person applying to administer the benefits of the incapable individual, you cannot certify the individual's incapability.**

### Does the person named above have:

1. Good <b>general knowledge</b> of what is happening to their money or investments?	Yes No	Comments
2. Sufficient <b>understanding</b> of the concept of time, in order to pay bills promptly?	Yes No	Comments
3. Sufficient <b>memory</b> to keep track of financial transactions and decisions?	Yes No	Comments
4. Ability to <b>balance</b> accounts and bills?	Yes No	Comments
5. Significant <b>impairment of judgement</b> due to altered intellectual function?	Yes No	Comments

### In addition:

6A. How long have you known this person?	6B. Please state this person's date of birth.
7. Do you consider this person <b>capable</b> of managing their own affairs? Yes No	If no, is improvement expected? (Provide date)

**Complete questions 8 and 9 if you are a medical professional (Physician, Registered Nurse, Nurse Practitioner, Psychologist, or Psychiatrist).**

8. Diagnosis of impairment	Date impairment started
9. Comments	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

Beneficiary's Social Insurance Number
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Complete questions 10 and 11 if you are a designated non-medical professional (social worker, lawyer or member of the clergy).

10. Description of impairment	Date impairment started
11. Comments	

To be completed by both medical and designated non-medical professionals, if certifying the incapability of a senior who is homeless or at imminent risk of being homeless.

12. Please complete the following certification:	
I am a member in good standing of	_____
	(Name of Professional Association / Organization)
Membership/Registration Number:	_____

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Name and signature of designated individual (medical professional, social worker, lawyer or member of the clergy) completing this form.

First name (print)	Middle name	Last name (s)	Profession
Address (No., Street, Apt., P.O. Box, R.R.)		City, Town or Village	
Province or Territory		Country other than Canada	Postal Code
Telephone number during the day	Signature		Date (YYYY-MM-DD)



Service  
Canada

# Service Canada Offices

## Old Age Security

### Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

### Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-957-1954** (we accept collect calls)

TTY: **1-800-255-4786**

**Important:** Please have your social insurance number ready when you call.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
PO Box 9430 Station A  
St. John's NL A1A 2Y5  
CANADA

### PRINCE EDWARD ISLAND

Service Canada  
PO Box 8000 Station Central  
Charlottetown PE C1A 8K1  
CANADA

### NOVA SCOTIA

Service Canada  
PO Box 1687 Station Central  
Halifax NS B3J 3J4  
CANADA

### NEW BRUNSWICK

Service Canada  
PO Box 250  
Fredericton NB E3B 4Z6  
CANADA

### QUEBEC

Service Canada  
PO Box 1816 Station Terminus  
Quebec QC G1K 7L5  
CANADA

### ONTARIO

**For postal codes beginning with "L, M or N"**

Service Canada  
PO Box 5100 Station D  
Scarborough ON M1R 5C8  
CANADA

### ONTARIO

**For postal codes beginning with "K or P"**

Service Canada  
PO Box 2013 Station Main  
Timmins ON P4N 8C8  
CANADA

### MANITOBA AND SASKATCHEWAN

Service Canada  
PO Box 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
PO Box 2710 Station Main  
Edmonton AB T5J 2G4  
CANADA

### BRITISH COLUMBIA AND YUKON

Service Canada  
PO Box 1177 Station CSC  
Victoria BC V8W 2V2  
CANADA

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