

Name: _____

Date: _____

Mental Health Act

K G Y Z O N R A S S E S S M E N T Y E W P Q B G
P S U M A V N Z S W Z J N M B W W K Z L A A Z W
H U Z A N O Y H S E L Z T C E B M V K R F Y G U
G A Y C R A M R M A C R K Q E Z F B F I J T R T
R T W T L D W X T F J T H D L G W Q F G E I U C
H I F Z T N I I H V J V I Y P B L F Q H A N K A
K J D E Q L P A R L A Y K O U Y I R B T I U O H
P N Z I T S H V N P W E F H N O H T H S A M S T
U D I C O E R C E S O Z K Z F E M B Y W A M Y L
F W C H T Q N J Q Z H W L F Z H D S V L M O I A
P J C Q P J M Y U A Y I E I D H M Y C L I C S E
P I F Z L N X A A F L B P R F U R Z S Y K I Z H
H U T K U O T A L P O F L U O C R P O T R P T L
F Y B N O T R O I J W P L Y I F N Q U E P Z Q A
W L M K D G E U T H U U J T N H A Q T F A U N T
S H B N Y Z A C Y X G U X I D M X T S A M C T N
N Q X A V A T V A J N H G C E L A F T S D T J E
R C T U W B M F C W E K Q A P U W A R O R V H M
C B R L G M E J T T O R Y P E E P W O G R N Q I
X I I I X X N M S Y V J R A N Z X B I C K N Q M
T M H Z F H T Y H U H J L C D E Q Z L X Y P E A
Z Q K R F J Y U X J X I T T E A H S X C V N I Y
A R M E T A C O V D A M G R N G Q Z P Z E K H J
K C K C U W L Z J T X Z R T T E J N X K G E X F

power of attorney
equality act
community
capacity
rights

mental health act
Independent
treatment
hospital
safety

guardianship
assessment
sectioned
advocate