

Referral and Intake Application

Families

Children's disABILITY Services

This form is available in alternate formats upon request

A referral must be completed to determine eligibility for Children's disABILITY Services. A referral may be completed by a child's parent or guardian, an agency or an individual that supports the family; however, the family must be aware of this referral.

A referral must include:

- This referral form completed in full
- Diagnostic assessment(s) attached

Incomplete referrals may be returned to referral source.

A. Program Application and Eligibility Criteria

☐ Children's disABILITY Services

Eligibility Criteria

- Be under 18 years of age
- A resident of Manitoba and living with their natural, extended or adopted family, or with their legal guardian
- Present with one of the following: intellectual disability, developmental delay, lifelong physical disability with significant functional limitation in mobility, autism spectrum disorder, a high probability of developmental delay or have lifelong extreme complex medical needs in combination with one or more of the above criteria

☐ Child Development Service

Eligibility Criteria

- Eligible for Children's disABILITY Services
- For children up to and including 6 years of age
- Children may reside with their natural, extended or adopted family, or *under Child and Family Services guardianship*

B. Child Information

Last Name:	First Name:
Date of Birth (dd month yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another Gender
Address/Postal Code:	
Previous Children's disABILITY Services involvement?: <input type="checkbox"/> yes <input type="checkbox"/> no	First Nation Status <input type="checkbox"/> yes <input type="checkbox"/> no

C. Parent/Guardian Information

<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent
Name:	Name:
Address/Postal Code: (if different from child)	Address/Postal Code: (if different from child)
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:
E-mail Address:	E-mail Address:
Language(s) spoken in home: Primary: Other:	Language(s) spoken in home: Primary: Other:
<input type="checkbox"/> French Service Request <input type="checkbox"/> Interpreter Needed	<input type="checkbox"/> French Service Request <input type="checkbox"/> Interpreter Needed

D. Child And Family Services Agency (if applicable)	
Name of Authority and Agency:	Name of Case Manager/ Social Worker:
Office Address:	
City:	Postal Code:

Name of Case Manager/
Social Worker:

City:

Postal Code:

E. Professional Diagnostic Assessment	
<p>Diagnosis</p> <p><i>Please check all of the appropriate categories:</i></p> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Developmental delay DQ: _____ (be specific)</p> <p><input type="checkbox"/> Intellectual disability IQ: _____ (be specific)</p> <p><input type="checkbox"/> Lifelong physical disability with significant functional limitations in mobility</p> <p><input type="checkbox"/> Diagnosis of Down Syndrome (Trisomy 21); Prader-Willi Syndrome; Rett Syndrome; WAGR Syndrome; Angelman Syndrome; Leigh Syndrome; Cri-Du-Chat Syndrome</p> <p><input type="checkbox"/> Diagnosis with a high probability of developmental delay</p> <p><input type="checkbox"/> Lifelong, extreme, complex medical needs (URIS Group A) <i>in combination with one or more of the above criteria</i></p> <p><input type="checkbox"/> Professional report or diagnostic assessment from qualified professional to make diagnoses relevant to their scope of practice attached.</p> <p>Note: All assessment information is strictly confidential and resides in Children's disABILITY Services.</p>	

Please check all of the appropriate categories:

- ☐ Autism Spectrum Disorder
- ☐ Developmental delay DQ: _____ (be specific)
- ☐ Intellectual disability IQ: _____ (be specific)
- ☐ Lifelong physical disability with significant functional limitations in mobility
- ☐ Diagnosis of Down Syndrome (Trisomy 21); Prader-Willi Syndrome; Rett Syndrome; WAGR Syndrome; Angelman Syndrome; Leigh Syndrome; Cri-Du-Chat Syndrome
- ☐ Diagnosis with a high probability of developmental delay
- ☐ Lifelong, extreme, complex medical needs (URIS Group A) **in combination with one or more of the above criteria**
- ☐ Professional report or diagnostic assessment from qualified professional to make diagnoses relevant to their scope of practice attached.

Note: All assessment information is strictly confidential and resides in Children's disABILITY Services.

F. Parental/Guardian Agreement	
Is the family/guardian in agreement with this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the family/guardian in agreement with this referral? ☐ Yes ☐ No

G. Referral Source <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other			
Name of Source/Agency:		Name and Designation of Referral Source:	
Office Address:			
City:	Postal Code:		Phone:
Signature of Referral Source:			Date:

Name and Designation
of Referral Source:

City:

Postal Code:

Phone:

Signature of Referral Source:

Date:

Comments (if any):

Information on the Collection of Personal Information and Personal Health Information

If you have any questions about the collection of your information, please contact the Department of Families Access and Privacy Coordinator at 204-945-2013 or 205-114 Garry Street, Winnipeg MB R3C 4V4.

Please send this application along with the diagnostic assessment or medical report to:

WINNIPEG OFFICE

FAMILY SUPPORT SERVICES

SSCY Centre

1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1
Phone: 204- 945-8311
Fax: 204-948-4788

REGIONAL OFFICES

EASTERN REGION

Regional Office

290 North Railway Street
Morden, MB R6M 1S7
Phone: 204-822-2861
Fax: 204-822-2879
Toll Free: 1-888-310-0568

Area Office

25 Tupper Street North
Portage la Prairie, MB R1N 3K1
Phone: 204-239-3092
Fax: 204-239-3198
Toll Free: 1-866-513-2185

Regional Office

Box 50, 20-1st Street South
Beausejour, MB R0E 0C0
Phone: 204-268-6028
Fax: 204-268-6222
Toll Free: 1-866-576-8546

Area Office

242-323 Main Street
Steinbach, MB R5G 1Z2
Phone: 204-346-6390
Fax: 204-326-9948
Toll-Free: 1-866-682-9782

WESTERN REGION

Regional Office

229-340, – 9th Street
Brandon, MB R7A 6C2
Phone: 204-726-6336
Fax: 204-726-6539
Toll Free: 1-866-726-6438

Area Office

309–27, 2nd Avenue SW
Dauphin, MB R7N 3E5
Phone: 204-622-2035
Fax: 204-638-3278
Toll-Free: 1-866-355-3494

NORTHERN

Regional Office

101 – 446 Main Street
Selkirk, MB R1A 1V7
Phone: 204-785-5106
Fax: 204-785-5321
Toll-Free: 1-866-475-2015

Regional Office

Provincial Building
Box 2550, 79 3rd Street Avenue
The Pas, MB R9A 1M4
Phone: 204-627-8311
Fax: 204-627-8265
Toll-Free: 1-866-443-2292

Area Office

Box 5, 59 Elizabeth Drive Thompson,
MB R8N 1X4
Phone: 204-677-6570
Fax: 204-677-6517
Toll-Free: 1-866-677-6713
Toll-Free: 1-866-443-2291

Area Office

102-143 Main Street
Flin Flon, MB R8A 1K2
Phone: 204-687-1700
Fax: 204-687-1708
Toll-Free: 1-866-443-2291

Area Office

PO Box 997
1431 First St. North.
Swan River, MB R0L 1Z0
Phone: 204-734-3491
Fax: 204-734-5615
Toll-Free: 1-866-269-6498