

## Families

### Winnipeg Autism Outreach Services

Centralized Services & Resources

Unit 5 - 2015 Portage Avenue, Winnipeg, Manitoba, Canada R3J 0K3

T 204-945-0354 F 204-945-1735

www.manitoba.ca

### Winnipeg Autism Outreach Service Application

Child's Name:

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D.O.B.:

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Parent's Name(s):

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Phone #1:

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Phone #2:

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Email Address:

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Mailing Address:

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Postal Code:

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Diagnosed By:

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My child is:

☐ At home with a parent

☐ Attends a nursery program

☐ Attends a daycare program

(Program Name)

I intend for my child to start kindergarten in September 20

(Year)

My first language is:

☐ English

☐ French

☐ Other

(Language)

I need translation services for communication:

☐ Yes

☐ No

Other services currently involved:

Family Services Worker

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Child Development Counsellor

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Speech Therapist

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Occupational Therapist

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Other

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☐ I also have my child's name on the St. Amant Early Learning Program waitlist

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### Sharing of Information between Early Intervention Services

If I have applied to both St.Amant Autism Programs and Autism Outreach, I understand that once my child begins receiving full service from one program (this does NOT include involvement in the Parent Support Model), he or she is no longer eligible to remain on the waitlist for the other program. Should Autism Outreach offer services to my child first, I can proceed with Autism Outreach and my child's name would be removed from the waitlist for St.Amant Autism Programs. I may also choose to decline the services offered by Autism Outreach at that time, and maintain a position on St.Amant Autism Programs waitlist. In order to ensure that both programs manage their respective waiting lists effectively, St.Amant Autism Programs and Autism Outreach will share only relevant information regarding a family's decisions regarding choice of service.

I understand that St.Amant Autism Programs and Autism Outreach will share information regarding my child's status on each program's respective waitlists.

☐

Yes

\_\_\_\_\_  
(Initial)

### Sharing Information about Your Child's Diagnosis

A developmental assessment confirming diagnosis is required to complete this application. If you do not have a copy of the developmental/psychological assessment confirming the diagnosis, you may sign the attached release of information, and we can obtain a copy of the assessment from Child Development Clinic or from the practitioner who diagnosed your child with Autism Spectrum Disorder (ASD).

☐

I have read and understood the information regarding Autism Outreach

Parent/Guardian Signature

Date Signed

Printed Parent/Guardian Name

Parent/Guardian Signature

Date Signed

Printed Parent/Guardian Name

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### Release of Information

I/We, \_\_\_\_\_ the parent(s)/legal guardian(s) of  
\_\_\_\_\_, (DOB: \_\_\_\_\_), hereby authorize Autism Outreach  
to exchange confidential information regarding my child's diagnosis, assessment, and treatment with  
the following individuals/organizations:

#### **Child Development Clinic**

\_\_\_\_\_  
(Name of Individual/Organization)

\_\_\_\_\_  
(Name of Individual/Organization)

\_\_\_\_\_  
(Name of Individual/Organization)

\_\_\_\_\_  
(Name of Individual/Organization)

I/We understand that this information will be treated in a confidential manner and that it will be used  
for the purposes of assessment, consultation, and treatment planning.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed