Manitoba
Department of Families

Application for Community Living disABILITY Services

APPLICANT IDENTIFICATION					
Last Name		First Name		Middle	
Alias		Birth Date			
Address		Postal Code			
City/Town		Province		Phone No.	
Mailing Address (if different)					
Next of Kin, Guardian or Substitute Decision Maker (Name/Address/Phone No.)					

IMPORTANT – THIS SECTION MUST BE COMPLETED IN FULL	
Individual Making Application	
Program/Organization	
Address (including Postal Code)	
Phone No.	
Fax No.	
Email Address	
Date Application Made	

CHILD AND FAMILY SERVICES AGENCY (if applicable)			
Name of Agency		Name of Case Manager	
Office Address		Postal Code	
City/Town		Phone No.	
Email		Fax No.	
Placement Type (Foster, Group Home, etc.)		Approved CFS Funding **(attach Service Plan)**	
Is there a plan to have the current placement continue after the age 18?		Yes ☐ No ☐	

EDUCATION	
Does the applicant currently attend school?	Yes ☐ No ☐
If yes, which school?	

OFFICE USE ONLY					
Community Area/Region		SAMIN No.		inFACT No.	
Community Area/Regional Contact					

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DISABILITY RELATED INFORMATION			
Please list all specific disabilities that may relate to the eligibility criteria listed on Pages 4 and 5. Doctor, Psychologist or Psychiatrist name and phone numbers are requested as it may be necessary to confirm their reports.			
Primary Disability			
Secondary Disability(ies)			
Additional Information			
Family Doctor		Phone No.	
Psychologist		Phone No.	
Psychiatrist		Phone No.	

ASSESSMENT INFORMATION	
Please Note: A Clinical Assessment with psychometric testing completed by a Registered or School Psychologist is required to confirm that an individual has significantly impaired intellectual functioning and impaired adaptive behaviour occurring prior to the age of 18.	
Has the applicant been formally assessed by a Registered Psychologist or School Psychologist?	Yes ☐ No ☐
If Yes, Name of Psychologist	
Date of Assessment	
Have you included a copy of the Psychological Assessment?	Yes ☐ No ☐
If No, what is the reason for not including the assessment information?	

REASON FOR REFERRAL	
Please confirm the reason for the referral by checking the service(s) that may be required. Please select all that apply.	
Age of Majority Planning	☐
Transition from Children's disABILITY Services	☐
Case Management	☐
Employment and/or Day Services	☐
Residential Services	☐
Respite	☐
Clinical Services	☐
Please Note: The delivery of programs and supports under Community Living disABILITY Services are subject to assessed need, annual budget cycles, regional allocations and available resources.	

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RELEASE OF INFORMATION TO THE DEPARTMENT OF FAMILIES
(Please print off and sign hard copy)

Applicant Name:_____

I_____ OF _____
NAME **FULL ADDRESS**

agree to this application for services from Community Living disABILITY Services through the Department of Families. I authorize the Province of Manitoba, Department of Families or its representative to obtain from any physician, hospital, school, social services agency or any relevant source, the medical, psychological or psychiatric information required for the purposes of confirming eligibility for Community Living disABILITY Services to the applicant named above. I realize that a more comprehensive Release of Information may be completed at commencement of service, to develop an appropriate Service Plan.

I understand that the information obtained or discussed will be treated in a confidential manner and that this Release of Information will be for a **one year** period from date provided in this release.

Signed: _____
APPLICANT

*Signed: _____
PARENT, LEGAL GUARDIAN OR SUBSTITUTE DECISION MAKER

Date: _____ Witness: _____
SIGNATURE

***NOTE:** Legal authorization is required when the applicant is under 18 years of age and/or a Substitute Decision Maker has been appointed or an Order of Committee has been granted.

CHECKLIST FOR COMPLETING APPLICATION
Please confirm the following:
☐ The application is **completed in full**.
☐ All supporting documents have been attached to the application, including professional reports, assessments from doctors, psychologists and psychiatrists.
☐ The Release of Information Declaration is signed and attached to the application.
Please Note: Incomplete applications may be returned to the referral source for completion. In some cases, additional information may be required to confirm eligibility and/or develop an individual service plan. Please send your completed referral and supported documentation to the Regional/Community Area office closest to your residential address. If you need assistance, please contact your Regional/ Community Area Office.

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Important Notes Regarding Community Living disABILITY Services Applications

To qualify for Community Living disABILITY Services, an individual must meet all of the following criteria:

- significantly impaired intellectual functioning
- impaired adaptive functioning
- these limitations must have manifested prior to the age of 18

In addition, the individual must:

- be 18 years of age or older (referrals should be made by age 16 for planning purposes)
- have a permanent residence off-reserve in Manitoba
- be a Canadian citizen or adult legally entitled to remain and work in Canada on a permanent basis, and a resident of Manitoba

A Clinical Assessment by a qualified clinician (Registered Psychologist or a School Psychologist) is required to confirm that an individual has significantly impaired intellectual functioning, occurring prior to the age of 18. The Clinical Assessment is ordinarily based on direct assessment of the individual with one or more standardized, individually administered intelligence tests. Please note the department will not accept the Wechsler Abbreviated Scale of Intelligence (WASI) for the purpose of confirming eligibility. Assessment information must be current and conclusive.

Information is considered current if:

- the individual was at least 15 years old at the time of the assessment*
- the assessment was completed within the last five years if the individual was under the age of 18 at the time of the assessment
- the assessment was completed within the last 10 years if the individual was age 18 or older at the time of the assessment

Assessment information is considered conclusive if a qualified clinician completed the assessment, and the assessment information:

- provides a clinical conclusion or interpretation of the derived scores establishing that the individual presents with significantly impaired intellectual functioning
- does not contain any reservations or conditions that would influence the validity of the test results

A diagnosis of a clinical syndrome by a physician must be accompanied by psychometric information indicating the degree of intellectual impairment.

Adaptive functioning refers to how effectively the individual copes with common life demands and meets the standard of independence expected of someone the same age, socio-cultural background and community setting. Limitations should be identified within the environment in which persons of the individual's age ordinarily live, learn, work and interact. There are a number of adaptive skills assessment tools available and are generally administered by an appropriately trained professional (behaviour specialist, psychologist, occupational therapist).

*For individuals referred while still under the age of 18, assessments completed at age 13 or 14 will be considered acceptable as the "base" reference of intellectual status. However, clinicians will be required to provide written confirmation of the validity of the assessment as representative of the individual's current intellectual status, confirming that the individual currently presents with significant impairments in intellectual functioning. This confirmation will require direct observation of the child (by the clinician) in addition to reviewing any other sources of validating information.

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WINNIPEG SERVICES

COMMUNITY AREA OFFICE	OFFICE ADDRESS	Postal Code	PHONE NO.	FAX NO.
Downtown / Point Douglas	2 – 111 Rorie Street Winnipeg, MB	R3B 3N1	204-948-4001	204-948-1334
River East / Transcona	975 Henderson Hwy Winnipeg MB	R2K 4L7	204-938-5100	204-938-5229
River Heights / Fort Garry	135 Plaza Drive Winnipeg MB	R3T 6E8	204-938-5500	204-940-7481
St. Boniface / St. Vital	3 – 170 Goulet Street Winnipeg MB	R2H 0R7	204-945-2270	204-948-3282
St. James / Assiniboine South	280 Booth Drive Winnipeg MB	R3J 3R7	204-940-8365	204-940-2636
Seven Oaks / Inkster	3 – 1050 Leila Avenue Winnipeg MB	R2P 1W6	204-938-5600	204-938-5609

RURAL and NORTHERN SERVICES

REGIONAL OFFICES	OFFICE ADDRESS	Postal Code	PHONE NO.	FAX NO.
CENTRAL – Morden	290 North Railway Street Morden, MB	R6M 1S7	204-822-2861	204-822-2879
CENTRAL – Portage la Prairie	106 – 25 Tupper Street N Portage la Prairie, MB	R1N 3K1	204-239-3092	204-239-3198
WESTMAN	340 – 9th Street Brandon, MB	R7A 6C2	204-726-6336	204-726-6539
INTERLAKE	101 – 446 Main Street Selkirk, MB	R1A 1V7	204-785-5106	204-785-5321
EASTMAN	242 – 323 Main Street Steinbach, MB	R5G 1Z2	204-346-6390	204-346-6394
PARKLAND	309 – 27 2nd Avenue SW Dauphin, MB	R7N 3E5	204-622-2035	204-638-3278
NORTHERN – Thompson	Box 5 – 59 Elizabeth Drive Thompson, MB	R8N 1X4	204-677-6570	204-677-6517
NORTHERN – Flin Flon	102 – 143 Main Street Flin Flon, MB	R8A 1K2	204-687-1700	204-687-1708
NORTHERN – The Pas	Box 2550 3rd & Ross Avenue The Pas, MB	R9A 1M4	204-627-8230	204-623-5792