

Age of Majority Planning – Youth in Care Transitioning to Community Living disABILITY Services

The Community Living disABILITY Services (CLDS) program within the Department of Families provides a range of supports to eligible adults living with an intellectual disability. CLDS also provides assistance to youth and their care providers in order to help with transition planning for CLDS-eligible youth who will reach the age of majority. The information below answers some frequently asked questions about how CLDS and CFS work together.

What is Transition Planning for Youth in Care who are eligible for CLDS?

Transition planning is the process of preparing CLDS-eligible youth to move from child services to adult services. Transition planning includes applying for CLDS and other adult supports they may be eligible to receive prior to age 18. This helps to ensure that resources and/or programming will be available when they reach the age of majority. Transition planning may also include accessing informal community supports and developing support networks. Supporting a smooth transition for youth and their care providers is an important priority for CLDS.

What are CLDS adult services?

The Community Living disABILITY Services program provides a range of support services for Manitobans age 18 years and older living with an intellectual disability and their families. The program supports eligible adults to live safely and participate fully in the community.

Eligibility Criteria

To be eligible for CLDS, an individual must:

- have significantly impaired intellectual functioning with impaired adaptive behaviour, existing prior to age 18;
- be 18 years or older;
- be a Canadian citizen or legally entitled to permanently live and work in Canada;
- live in Manitoba; and
- live off-reserve.

When should transition planning with CLDS start?

Transition planning with CLDS should begin when the youth living with an intellectual disability is 15 years of age. It is important planning begin early enough to complete the required steps of the referral process and to determine program eligibility.

What happens during the transition process?

Step 1: Assessment

Assessment should begin at age 15. CLDS eligibility policy requires a clinical assessment by a qualified clinician (registered psychologist or school psychologist) confirming that the individual has significantly impaired intellectual functioning, occurring prior to the age of 18. If the youth is attending school, the CFS worker should contact the school counsellor to determine if a clinical assessment has been completed by the school psychologist. If an assessment is not available from the school, there are many qualified clinicians that can complete clinical assessments.

The [Psychological Association of Manitoba](#) provides information on registered psychologists in Manitoba.

Step 2: Referral

The referral process should also begin at age 15. The CFS worker should submit a referral application along with supporting documentation and clinical assessment to CLDS before the youth reaches age 16. The supporting documentation needs to include professional assessments; school reports; family and social history; as well as any other documentation showing that the individual meets CLDS eligibility criteria and provides helpful information for future planning. If a clinical assessment is not immediately available, the CLDS referral should still be submitted to the appropriate Department of Families office. The clinical assessment should be completed and forwarded to CLDS as soon as possible.

Step 3: Planning

Planning should begin well before the youth's 17th birthday. The CFS worker and CLDS Community Service Worker (CSW) will meet with the youth, their family and other support network members. Planning includes gathering information from youth about their preferences, abilities, and experiences; the youth's aspirations for adulthood; determining the individual's necessary resources; ensuring all Residential Care Licensing (RCL) requirements are identified and understood, and; identifying available supports at home, in the community and at school (if applicable) that can help prepare for the transition to adulthood.

Step 4: Transition

Thoughtful and collaborative planning ensures the individual successfully transitions to CLDS as seamlessly as possible. The plan may be for the young adult to remain in their current living arrangement, with CLDS assuming case management, licensing, and funding responsibilities. Alternatively, young adults may transition into a new living arrangement (e.g., independent living, home share, or shift-staffed home). Successful placement requires advance planning and collaboration between the child and adult systems.

Contacting CLDS

To find the contact information for your local CLDS office, please visit:

<https://www.gov.mb.ca/fs/locations.html>