

Application for Community Living disABILITY Services

The form is available in alternate formats upon request.

APPLICANT IDENTIFICATION

| | | | | | |
|---|-------------------------------|---------------------------------|---|-----------|--|
| Last Name | | First Name | | Middle | |
| Alias | | Birth Date | | | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Another Gender <input type="checkbox"/> | | |
| Address | | Postal Code | | Phone No. | |
| City/Town | | Province | | | |
| 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 age 18? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

EDUCATION

| | | |
|---|------------------------------|-----------------------------|
| Does the applicant currently attend school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, which school? | | |

OFFICE USE ONLY

| | | | | | |
|---------------------------------|--|-----------|--|------------|--|
| Community Area/Region | | SAMIN No. | | inFACT No. | |
| Community Area/Regional Contact | | | | | |

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 <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, Name of Psychologist | |
| Date of Assessment | |
| Have you included a copy of the Psychological Assessment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| Transition from Children’s disABILITY Services | <input type="checkbox"/> |
| Case Management | <input type="checkbox"/> |
| Employment and/or Day Services | <input type="checkbox"/> |
| Residential Services | <input type="checkbox"/> |
| Respite | <input type="checkbox"/> |
| Clinical Services | <input type="checkbox"/> |

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.

VOLUNTARY INDIGENOUS IDENTITY DECLARATION

The personal information collected in this section will be used to help the Department of Families understand the composition of Indigenous applicants/participants of the Community Living disABILITY Services program.

Providing this information is entirely voluntary.

Which best describes the applicant’s Indigenous identity? Please select all that apply:

First Nations

Inuit

Métis

If First Nations, please select up to two further choices below:

Anishinaabeg (Ojibwe)

Anishinewuk

Dakota Oyate

Denesuline (Dene)

Nehethowuk (Cree)

Other Please specify: _____

If the applicant is a member of a First Nation:

Registration No.: _____

Registry Group No. and Name: _____

DECLARANT INFORMATION

I understand that completing this section is optional and I am providing this information on a voluntary basis. I understand that the Department of Families may collect, use and disclose this information to help plan, deliver and improve the Community Living disABILITY Services program.

Name: _____ Relationship to applicant: _____

Date: _____

**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: _____

***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.

Information on the Collection of Personal Information and Personal Health Information

Personal information and personal health information collected in this application will be used to determine eligibility for Community Living disABILITY Services and to plan and deliver services to those enrolled in the program. Collection, use and disclosure of this information is done under the authority of The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act.

If you have any questions about the collection of your information, please contact Centralized Intake for Community Living disABILITY Services at 204-945-0979 (Winnipeg) or 204-904-8412 (outside Winnipeg).

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.

If you live outside the City of Winnipeg, please send your completed referral and supported documentation to the Rural Central Intake Office. In Winnipeg, please send your information to the Winnipeg Centralized Intake Office. For assistance, please contact these offices using the information outlined on page 6 below.

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.

WINNIPEG CENTRALIZED INTAKE

| OFFICE ADDRESS | EMAIL | PHONE NO. | FAX NO. |
|--|-----------------------|------------------|----------------|
| 3 – 1050 Leila Ave. Winnipeg MB R2P 1W6 | clds.intake@gov.mb.ca | 204-945-0979 | 204-938-5609 |

RURAL CENTRALIZED INTAKE

| OFFICE ADDRESS | EMAIL | PHONE NO. | FAX NO. |
|--|---------------------------|------------------|----------------|
| 101 – 446 Main St. Selkirk MB R1A 1V7 | cldsruralintake@gov.mb.ca | 204-904-8412 | 204-785-5321 |