

# Children's disABILITY Services Referral



This application must be completed to determine eligibility for Children's Special Services. The application is completed by a **referral source** and the child's parent(s) or guardian. A referral source is an agency/individual that supports the family.

The application must be **completed in full and supporting documents attached**, including professional reports and assessments and the Release of Information declaration. In some cases additional information may be required to confirm eligibility and/or develop an Individual Service/Program Plan.

Incomplete applications may be returned to referral source.

## A • Program Application and Eligibility Criteria

<input type="checkbox"/> <b>Children's disABILITY Services</b> <b>Eligibility Criteria</b> <ul style="list-style-type: none"> <li>• Be <u>under 18 years of age</u>, a resident of Manitoba and living with their natural, extended or adopted family</li> <li>• Present with one of the following: Mental disability; developmental delay; lifelong physical disability with significant functional limitations in mobility; Autism spectrum disorder which includes Aspergers and PDD-NOS; have a lifelong extreme complex medical need in combination with one or more of the above criteria</li> </ul>	
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## B • Child Information

Last Name	First Name
Date of Birth (YYYY, Month, DD) e.g. 2006 July 1	

## 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		Address	
City	Postal Code	City	Postal Code
Home Phone		Home Phone	

## D • Referral Source / Agency

Name of Source / Agency		Name of Referring Worker	
Office Address			
City	Postal Code		Phone

## E • Child and Family Services Agency (if applicable)

Name of Agency		Name of Case Manager / Social Worker	
Office Address			
City	Postal Code		Phone

<b>F • Diagnosis</b>
<input type="checkbox"/> Professional report or diagnostic assessment from doctor, psychologist or psychiatrist attached. <b>Note:</b> All assessment information is strictly confidential and resides in the Community Area Office.

<b>G • Resource Services Involved with Child/Family</b> <i>(such as: Child and Family Services, Physical Therapy, Occupational Therapy, Speech and Language Pathologist)</i>			
Contact Person	Resource Agency	Address	Phone No.

<b>H • Reason for Referral</b>

<b>I • Release of Information</b>
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<b>Release of Information to Manitoba Family Services and Housing</b>	
I _____ of _____ <small>(Name)</small>	_____ of _____ <small>(Full Address)</small>
<p>agree to this application for services from Manitoba Family Service and Housing. I authorize the Province of Manitoba, Family Services and Housing, or its representative to obtain from any physician, hospital, school, social agency, or any relevant source, the medical, psychological, or psychiatric information required for the purposes of determining eligibility for services to the applicant named above. I realize that a more in depth Release of Information may be completed at commencement of service to develop an appropriate service plan. I understand that the information obtained will be treated in a <b>confidential</b> manner, and that this release of information will be for a <b>one year</b> period from date given in this release.</p>	
Signed: (Applicant) _____	
* Signed: (Parent/Guardian) _____	
Date: _____	Witness: (Signature) _____
Please print witness' name & address below:	
Name: _____	Full Address: _____
NOTE: Legal authorization is required when applicant is under 18 years of age and/or a Substitute Decision Maker has been appointed or an Order of Committee has been granted.	

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

**In Winnipeg**

**St. James/ Assiniboia South**

2 – 2015 Portage Ave.  
Winnipeg R3J 0K3  
Ph. 940-8365  
Fax 940-2636

**Fort Garry/River Heights**

6 – 677 Stafford St.  
Winnipeg R3M 2X7  
Ph. 938-5299  
Fax 938-5311

**St. Boniface/St. Vital**

614 Rue Des Meurons  
Winnipeg R2H 2P9  
Ph. 945-2270  
Fax 948-3282

**River East/Transcona**

975 Henderson Hwy.  
Winnipeg R2K 4L7  
Ph. 938-5100  
Fax 938-5229

**Downtown/Point Douglas**

2A – 111 Rorie St.  
Winnipeg R3B 3N1  
Ph. 948-4092  
Fax 948-1334

**Seven Oaks/Inkster**

Unit 3 -1050 Leila Avenue  
Winnipeg R2P 1W6  
Ph. 938-5600  
Fax 938-5609

**Outside Winnipeg**

**Central Region**

63 Stephen St.  
Morden MB R6M 1Z6  
OR  
Portage la Prairie Provincial Building  
25 Tupper Street N

**Parklands Region**

Dauphin Provincial Building  
3rd Floor  
27 – 2nd Avenue SW  
Dauphin MB R7N 3E5  
  
59 Elizabeth Drive  
Thompson MB R8N 1X4  
OR  
102 – 143 Main Street  
Flin Flon MB R8A 1K2

**Westman Region**

CSS Program Manager  
Brandon Provincial Building  
206-340 – 9th Street  
Brandon MB R7A 6C2  
Ph: 726-6179  
Toll Free: 1-800-230-1885

**Interlake Region**

Selkirk Mental Health Centre  
3rd Floor, Administration Building  
P. O. Box 9600  
825 Manitoba Avenue  
Selkirk MB R1A 2B5

**Eastman Region**

Beausejour Provincial Building  
Box 50  
20 – 1<sup>st</sup> Street S  
Beausejour MB R0E 0C0  
OR  
P.O. Box 209  
427 Sabourin Street  
St. Pierre-Jolys MB R0A 1V0