

# Children's Special 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 Special Services</b><br><b>Eligibility Criteria</b> <ul style="list-style-type: none"> <li>• Be under 18 years of age, 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> |  |
|---|--|

## B • Child Information

|   |            |
|---|------------|
| Last Name   | First Name |
| Date of Birth (YYYY, Month, DD)<br>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   |
| Home Address   | Home Address   |
| Home Phone   | Home Phone   |
| Work Address   | Work Address   |
| Work Phone   | Work 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 |

**F • Professional Diagnostic Assessment**

Professional report or diagnostic assessment from doctor, psychologist or psychiatrist attached.

**Note:** All assessment information is strictly confidential and resides in the Community Area Office.

**G • Child's Abilities and Needs**

**Medical Needs:**

**Hearing:**

**Vision:**

**Toileting:**

**Dressing:**

**Eating:**

**Mobility:**

**Fine Motor or Perceptual  
Motor Skills:**

**Attention and  
Concentration Skills:**

**Transitions  
(Ability to Change Activities):**

**Ability to Play:**

**Communication  
Skills:**

**Cognitive  
Skills:**

**Social  
Skills:**

**Emotional  
Skills:**

**Please list adaptive equipment or aids presently being used for/with the child:**

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

**I • Release of Information**

**Release of Information to Manitoba Family Services and Housing**

I \_\_\_\_\_ of \_\_\_\_\_  
 (Name) (Full Address)

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 **confidential** manner, and that this release of information will be for a **one year** period from date given in this release.

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

**Westman Region**

Brandon Provincial Building  
340 – 9th Street  
Brandon MB R7A 6C2

**Interlake Region**

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

59 Elizabeth Drive

Thompson MB R8N 1X4  
OR  
102 – 143 Main Street  
Flin Flon MB R8A 1K2

**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