Referral and Intake Application
Children's disABILITY Services

Manitoba Families

CLEAR FORM

This form is available in alternate formats upon request

This referral must be completed to determine eligibility for Children's disABILITY Services. The referral may be completed by a child's parent/guardian, an agency or an individual that supports the family; however, the family must be aware of this referral.

This referral must be completed in the following manner:

- Referral completed in full
- Diagnostic Assessment(s) attached

Incomplete referrals may be returned to referral source.

A. Program Application and Eligibility Criteria

☐ **Children's disABILITY Services**	☐ **Child Development Service**
Eligibility Criteria • Be under 18 years of age • A resident of Manitoba and living with their natural, extended or adopted family • Present with one of the following: intellectual disability, developmental delay, lifelong physical disability with significant functional limitation in mobility, autism spectrum disorder, a high probability of developmental delay or have lifelong extreme complex medical needs in combination with one or more of the above criteria	**Eligibility Criteria** • Eligible for Children's disABILITY Services • For children up to and including 6 years of age • Children may be residing *within the care of Child and Family Services* or their natural, extended or adopted family

B. Child Information

Last Name:	First Name:
Date of Birth (yyyy,month,dd):	Gender: ☐ Male ☐ Female
Address/Postal Code:	
Previous Children's disABILITY Services involvement: ☐ yes ☐ no	First Nation Status ☐ yes ☐ no

C. Parent/Guardian Information

☐ Parent ☐ Guardian ☐ Foster Parent	☐ Parent ☐ Guardian ☐ Foster Parent
Name:	Name:
Address/Postal Code: (if different from child)	Address/Postal Code: (if different from child)
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:
E-mail Address:	E-mail Address:
Consent to share email address: yes ☐ no ☐	Consent to share email address: yes ☐ no ☐
Language(s) spoken in home: Primary: Other:	Language(s) spoken in home: Primary: Other:
☐ French Service Request ☐ Interpreter Needed	☐ French Service Request ☐ Interpreter Needed

D. Child And Family Services Agency (if applicable)

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

E. Professional Diagnostic Assessment

Diagnosis

Please check all of the appropriate categories:

- ☐ Autism Spectrum Disorder
- ☐ Developmental delay DQ: _____ (be specific)
- ☐ Intellectual disability IQ: _____ (be specific)
- ☐ Lifelong physical disability with significant functional limitations in mobility
- ☐ Diagnosis with a high probability of developmental delay
- ☐ Lifelong, extreme, complex medical needs (URIS Group A) ***in combination with one or more of the above criteria***

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

Note*:* All assessment information is strictly confidential and resides in Children's disABILITY Services.

F. Parental / Guardian Agreement

Is the family/guardian in agreement with this referral? ☐ Yes ☐ No

G. Referral Source ☐ Parent ☐ Guardian ☐ Agency ☐ Other

Name of Source/Agency:	Name and Designation of Referral Source:	
Office Address:		
City:	Postal Code:	Phone:
Signature of Referral Source:		Date:

Comments (if any):

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

WINNIPEG OFFICE

FAMILY SUPPORT SERVICES

SSCY Centre
1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1
Phone: 204- 945-8311 or 204-945-0327
Fax: 204-948-4788

REGIONAL OFFICES

PARKLAND

Regional Office
309–27, 2nd Avenue SW
Dauphin, MB R7N 3E5
Phone: 204-622-2035
Fax: 204-638-3278
Toll-Free: 1-866-355-3494

Area Office
PO Box 997
1431 First St. North.
Swan River, MB R0L 1Z0
Phone: 204-734-3491
Fax: 204-734-5615
Toll-Free: 1-866-269-6498

WESTMAN REGION

Regional Office
229-340, – 9th Street
Brandon, MB R7A 6C2
Phone: 204-726-6336
Fax: 204-720-7711
Toll Free: 1-866-726-6438

CENTRAL

Regional Office
290 North Railway Street
Morden, MB R6M 1S7
Phone: 204-822-2861
Fax: 204-822-2879
Toll Free: 1-888-310-0568

Area Office
25 Tupper Street North
Portage la Prairie, MB R1N 3K1
Phone: 204-239-3092
Fax: 204-239-3198 Toll Free:
1-866-513-2185

EASTMAN

Regional Office
Box 50, 20-1st Street South
Beausejour, MB R0E 0C0
Phone: 204-268-6028
Fax: 204-268-6222
Toll Free: 1-866-576-8546

Area Office
242-323 Main Street
Steinbach, MB R5G 1Z2
Phone: 204-346-6390
Fax: 204-326-9948
Toll-Free: 1-866-682-9782

INTERLAKE

Regional Office
101 – 446 Main Street
Selkirk, MB R1A 1V7
Phone: 204-785-5106
Fax: 204-785-5321
Toll-Free: 1-866-475-2015

NORTHERN

Regional Office-Provincial Building
Box 2550 3rd Street and Ross Avenue
The Pas, MB R9A 1M4
Phone: 204-627-8311
Fax: 204-627-5792
Toll-Free: 1-866-443-2292

Area Office
Box 5, 59 Elizabeth Drive
Thompson, MB R8N 1X4
Phone: 204-677-6570
Fax: 204-677-6517
Toll-Free: 1-866-677-6713
Toll-Free: 1-866-443-2291

Area Office
102-143 Main Street
Flin Flon, MB R8A 1K2
Phone: 204-687-1700
Fax: 204-687-1708
Toll-Free: 1-866-443-2291