

COMMUNITY LIVING disABILITY SERVICES

Subject: **Individualized Support in Residential Care
Facilities – Appendix B – Approval**

ADULT DISABILITY SERVICES

**APPROVAL TO PROVIDE
INDIVIDUALIZED SUPPORT
RESIDENTIAL CARE FACILITY**

**Manitoba
Families
Community Living disABILITY Services**



Approval is hereby granted to

(Name of careprovider)

of _____, Manitoba
(City, Town)

to provide Individualized Support

on behalf of _____
(Name of individual)

at _____
(Address of facility)

Approval is based on adherence to governing regulation, policy and procedure.

Approval is

specific to the above named individual and is not

transferable to another resident or care provider.

Dated at _____ this _____ day of _____ 20 _____
(City, Town)

Community Service Worker

Regional Program Manager

c.c. Care Provider/Agency, (original)
Community Service Worker

Date Issued: January 1, 2019

Replacing: June 8, 2006

**MANITOBA
FAMILIES**

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