

COMMUNITY LIVING disABILITY SERVICES

Subject: **Individualized Support in Residential Care
Facilities – Appendix C – Cancellation of
Approval**

ADULT DISABILITY SERVICES

CANCELLATION OF APPROVAL TO PROVIDE INDIVIDUALIZED SUPPORT

(to be typed on Regional Letterhead)

Current Date

Name of Care Provider
Address of Care Provider

Dear (name of Care Provider):

Subject: Cancellation of Approval to Provide Individualized Support

The Approval to Provide Individualized Support to (name of individual) at (address of facility), is cancelled effective (date of cancellation), at the recommendation of the participants in the Individualized Support planning process. The team participants have determined that (name of individual) cannot be safely left without supervision in the facility at any time.

Please return the original document for Approval to Provide Individualized Support as soon as possible, and retain this letter of cancellation on (name of individual)'s file. Supervision is to be provided to (name of individual) at all times whenever (he/she) is at the facility.

Yours truly,

Program Manager

c.c. Community Service Worker
Licensing Authority

Date Issued:	January 1, 2019
Replacing:	November 1, 1997

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FAMILIES**

C	166.8C	1
Location	Section	Page