

COMMUNITY LIVING disABILITY SERVICES

Subject: **Intake – Appendix A – Eligibility Letter**

ADULT DISABILITY SERVICES

Date:

Name and Address of Client:

Dear _____ :

Re: Request for Community Living disABILITY Services – _____

Community Living disABILITY Services (CLDS) has reviewed the referral information submitted on your behalf and has determined that you meet the eligibility criteria for the program. As a result, you will be eligible for case management services from the program through your region/community area office.

Your file has been assigned to Community Services Worker _____ who can be reached at _____.

CLDS has adopted the Supports Intensity Scale (SIS) to assess individual support needs. The SIS is a standardized assessment tool designed to measure the level of support a person needs to participate in everyday life. CLDS will be contacting you in the near future to schedule a SIS assessment interview. Please refer to the SIS Frequently Asked Questions document that has been included in this package for more information about the SIS.

Please note that the delivery of programs and supports under CLDS are subject to assessed needs, annual budget limitations, regional allocations and appropriate human resources.

Dated at ____, Manitoba this _____ day of _____

Sincerely,

Program Manager/
Community Social Services Supervisor
Department of Families

cc:

Date Issued:	January 1, 2019
Replacing:	

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FAMILIES

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