

Date:

Referral source name and address:

Dear \_\_\_\_\_ :

**Re: Request for Services from the Community Living disAbilities Services (CLDS) Program – \_\_\_\_\_**

Further to your request for services from the Community Living disAbilities Services Program of the Manitoba Department of Families, \_\_\_\_\_ has been determined to be ineligible for services due to the fact that \_\_\_\_\_ **does not have significantly impaired intellectual functioning** as per the criteria of the program and as required under *The Vulnerable Persons Living with a Mental Disability Act* (“the Act”).

Should you wish to discuss the eligibility criteria, or should you have additional information to support \_\_\_\_\_’s eligibility for services, please contact me at \_\_\_\_\_.

Please be aware that under Section 16 (1) of the Act, an appeal of this decision may be filed with the Social Services Appeal Board (SSAB) by the individual or his/her committee, if any, to resolve such disputes. Should you have any new or additional information, including a current clinical assessment, please provide this material to the SSAB prior to the scheduled appeal hearing.

If you have any questions, please contact myself at \_\_\_\_\_. If you wish to file an appeal with the Appeal Board, please include a copy of this letter as an attachment to the Notice of Appeal. An appeal must be filed with the SSAB within 30 days of the date of the decision. Appeal forms are available at the Regional Office on request, or the Social Services Appeal Board can be reached at 204-945-3003 or 204-945-3005.

Dated at \_\_\_\_\_, Manitoba this \_\_\_\_\_ day of \_\_\_\_\_.

Sincerely,

Program Manager /  
Community Social Services Supervisor  
Department of Families

cc:

Date Issued:	January 1, 2019
Replacing:	

MANITOBA  
FAMILIES

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