Integrated Adult Services (IAS) Pilot Project Application

# Description of the IAS Project

The Manitoba government is collaborating with persons with disabilities, the Manitoba Human Rights Commission and the Winnipeg Regional Health Authority (WRHA) to develop and pilot the Integrated Adult Services (IAS) project designed to assess and address gaps in services for adults 18 years of age or older with:

1. a medical diagnosis and permanent complex physical disability-related needs; or
2. a medical diagnosis and permanent complex physical and intellectual disability related needs.

The IAS pilot project is seeking individuals in the Winnipeg Health Region who are currently experiencing challenges accessing supports and services in Manitoba and may have but are not limited to complex needs in the area(s) of: Personal Care, Home Care, Housing, Day Services, Employment, Equipment, Mental Health, Prescription Medication, Transportation, Income and Respite.

The IAS Steering Committee reserves the right to exercise discretion during the selection process should an applicant not meet the criteria outlined in items 1 or 2, but is clearly experiencing significant disability-related barriers to obtaining supports and services in the areas mentioned above.

Participants will take part in an innovative process designed to identify service barriers or gaps and work towards creative solutions that enhance quality of life and a person centred evaluation designed to measure participant outcomes. It is anticipated that the duration of the pilot program will be for up to 30 months. The IAS project is inviting individuals interested in participating in the pilot to apply through one of the following methods:

* Completing an online e-form at: [http://www.gov.mb.ca/fs/ias/index.html](https://can01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.gov.mb.ca%2Ffs%2Fias%2Findex.html&data=05%7C01%7CLaurel.Litardi%40gov.mb.ca%7C54e71895f17c4614da0a08dabd12a3d1%7Cabf64de92a5c4d77baa2a76265367d3a%7C0%7C0%7C638030184989075666%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=FXEMT4yhWcmY6XuluEKeK9UedvywL9MIu0%2BM1n5orJ8%3D&reserved=0)
* Completing the text or Word version of the application form and sending to the Department of Families/WRHA by email [IntegratedAdultServices@gov.mb.ca](mailto:IntegratedAdultServices@gov.mb.ca) or by mailing or dropping off in person to 3-170 Goulet Street, Winnipeg (attention Integrated Adult Services Pilot); or sending by fax to (204) 948-3282
* Providing information in the body of an email and sending to [IntegratedAdultServices@gov.mb.ca](mailto:IntegratedAdultServices@gov.mb.ca); or
* Calling (204) 945-6533 to provide information verbally or to request another application format.

**The deadline for IAS applications is December 9, 2022 at 11:59 p.m. C.S.T**

# Integrated Adult Services Pilot Project Application Form

## Applicant given name(s):

## Applicant surname:

## Name of person completing form (if other than applicant) and relationship to applicant:

## Applicant address:

## Applicant’s medical diagnosis (es):

## **Applicant is at least 18 years of age:** Yes No

## **Applicant has a complex disability:** Yes No Unsure

## Please check all areas in which the applicant is seeking support:

Personal Care  Mental Health

Home Care  Prescription Medication

Housing  Transportation

Day Services  Income

Employment  Respite

Equipment  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please describe the impact the applicant’s disability has on their daily living:

## Contact information:

Telephone Email

Preferred method for follow-up communication:

Telephone

Email

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Demographic Information:

1. How old are you?

18-24  55-64

25-34  65-74

35-44  75+

45-54  Prefer not to respond

1. How do you identify? (Select all that apply)

Woman  Transgender

Man  Two-spirit

Non-binary  Another gender identity

Prefer not to respond

1. Do you identify as Indigenous? If yes, please specify which you identify with. (Select all that apply)

First Nation  Unknown

Inuit  Prefer not to disclose

Métis

1. We recognize this list of racial or ethnic identifiers may not exactly match how you would describe yourself. Keeping that in mind, which of the following best describes the racial or ethnic community that you belong to?

African  Southeast Asian

Black  Latin American

Chinese  North American Indigenous

Filipino  White

South Asian  Prefer not to respond

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what community do you reside?

Winnipeg  West St. Paul

East St. Paul  Churchill

# Authorization to collect information

The Manitoba government and the Winnipeg Regional Health Authority are authorized to collect your personal information and personal health information under clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act (“FIPPA”) and section 13(1) of The Personal Health Information Act (“PHIA”) respectively, as the information is directly related to and necessary for determining eligibility for the IAS pilot project.

Your information is protected by the privacy provisions under FIPPA and PHIA. The Manitoba government and Winnipeg Regional Health Authority cannot use or disclose your personal or personal health information for any other purpose, unless you consent or the administrators of the IAS pilot project are authorized or required to do so under FIPPA or PHIA.

# Consent

I/we hereby authorize the release of the information in this application to representatives of the Manitoba government and Winnipeg Regional Health Authority for the purpose of determining eligibility for the Integrated Adult Services pilot project. I/we understand that submitting an application form does not guarantee the applicant’s participation in the IAS pilot project and that additional information may be requested at a later date for the purpose of assessing eligibility.

If you have questions about the collection of information, please contact Krystina Costello, case manager, Department of Families, 3-170 Goulet St, Winnipeg, (204) 945-6533

**Applicant signature (or signature of applicant’s legal representative):**

**Nature of legal authority (if applicable):**

**Date:**

**APPLICATION AVAILABLE IN OTHER FORMATS UPON REQUEST.**

**PLEASE CALL 204-945-6533 FOR ASSISTANCE.**