REFERRAL FORM

REFERRAL INFORMATION

APPLICANT IS BEING REFERRED TO:

- ☐ 840 McLeod Avenue
- ☐ Regent Avenue
- ☐ Atlas Graham (Sargent Avenue)
- ☐ Kingsbury Avenue
- ☐ 836 McLeod Avenue
- ☐ Mazenod Road

Referred By

Referring Agency

Address

Postal Code

Email Address

Telephone No.

Fax. No.

GENERAL INFORMATION

Name of Applicant

First Last

Address

Postal Code

Telephone #

Social Allowance #

Birthdate / / S.I.N. #

mm dd yyyy

MB Health Registration #

Personal Health I.D. #

COMMUNITY LIVING WORKER

VOCATIONAL REHABILITATION WORKER

Address

Telephone

Email

Fax No.

RESIDENCE:

☐ Family/Parent
☐ Foster Home
☐ Residential (Group) Home
☐ Independent Home/Apartment
☐ Supervised Apartment

Address

Postal Code Telephone No.

Cell Phone No. Email

Contact Person at Residence

SIGNIFICANT OTHERS:

1. Rel'ship

Address Telephone #

Email

2. Rel'ship

Address Telephone #

Email

MEDICAL INFORMATION

Doctor Telephone #

Address

Behaviour Specialist Telephone #

Psychiatrist Telephone #

Concerns in this area:

Medications used Reason

Other Health Concerns (e.g., Heart, Diabetes,seizures Asthma, Bulimia, Anorexia, etc.)

Allergies

DIAGNOSES AND DETAILS

☐ Intellectual Disability

☐ Mental Health Issue

☐ Other - (please specify)

AMBULATION

☐ No difficulty
☐ Unsteady on feet
☐ Ambulation aides (crutches, canes, etc.) /independent
☐ Ambulation aides/requires assistance
☐ Wheelchair/independent
☐ Wheelchair/requires assistance

The type of assistance required includes:

☐ Dressing ☐ Personal Care
☐ Eating

MODE OF TRANSPORTATION:

☐ City Bus ☐ Family Services Transportation

Company Name

☐ Handi-Transit ☐ Other (please specify)

COMMUNICATION INFORMATION:

Skills include:

☐ No difficulty

☐ Uses only body language

☐ Computer /B.L.I.S.S./symbols/voice devices

☐ Other

Primary language spoken

Have you been through the Vulnerable Person Act Hearing Panel?

YES ☐ NO ☐

(Go to Question 1) (Go to Question 2)

1. If yes, please answer the following:
   a) Date of Hearing Panel / /
      Month Date Year
   b) Substitute Decision Maker appointed Yes ☐ No ☐
   c) Who was appointed as SDM? Name

      Address

      Phone

      Relationship
   d) How long is the appointment? ☐ One decision Year(s)
   e) In what areas is the SDM responsible?
      ☐ Personal ☐ Property
   f) When is the SDM appointment finished or up for renewal? / /
      Month Date Year
2. Do you have a Hearing Panel scheduled? Yes ☐ No ☐

PERSONAL INFORMATION

Family History

Education History

Last Grade Level: Program:

Last School Attended: Graduating Year

School Work Experience

Vocational History

Other Agency Involvement *(name, dates, reason(s) for leaving):*

Residential History

Social Activities/Interests

Additional Information: (Other unique personality/behavioural traits)

Summary and Recommendations

DATE:	**SIGNATURE:** **Referring Person**

FOR OFFICE USE ONLY

Applicant Name:

W.A.S.O. Program

- ☐ 840 McLeod Avenue
- ☐ 836 McLeod Avenue
- ☐ Kingsbury Avenue
- ☐ Regent Avenue
- ☐ Atlas Graham (Sargent Avenue)
- ☐ Mazenod Road

Referral accepted Yes ☐ No ☐

Reason

Per Diem Requested:

Basic $

Special Rate Amount $

Applicant's Start Date

Any other information needed to complete the screening of this Applicant:

DATE:

Program Manager

cc: Kim McIntyre-Leighton, C.E.O.
Community Living/Voc Rehab Worker