

MANITOBA POSSIBLE REQUEST FOR SERVICE FORM



Please Fill-In Bubbles ● Erase Errors Completely. Print Neatly Inside Boxes. THANKS!!

1) Date of Request (DD/MM/YYYY) / /

2) Referred by: _____ Position (If applicable): _____

2.1) Telephone Number: () -

3) Name of Organization/Agency making referral? **(If referred by self/friend/family, please indicate. If Self-Referral, go to Question 6.)** _____

4) Location of Referral Source: Central Eastman Interlake Northern Parkland Westman Winnipeg

5) Postal Code of Referral Source:

6) Name: **(First, Mid. Init. Last)**

7) Other Name(s) (If Applic.)

8) Individual's Date of Birth (DD/MM/YYYY) / /

9) Individual's Gender: Female Male

10) Address: 10.1) City:

10.2) Province: 10.3) Postal Code:

11) Telephone Number () -

11.1) Additional Telephone Number () -

12) Alternate Contact Info.

13) Address: 13.1) City:

13.2) Province: 13.3) Postal Code:

14) Telephone Number () -



15) Who does the child live with?

15.1) Relationship to the child? **(Please fill-in ALL that apply.)**

- Parent/Guardian Other Family Foster Parent Public Trustee Other

15.2) Is CFS involved? Yes No Don't Know **(If 'No' or 'Don't Know,' please go to Question 16.1.)**

15.3) Nature of CFS involvement? Perm. Ward Temp. Ward OVPA Other

15.4) Name of CFS Worker:

15.5) Name of CFS Agency:

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15.6) Worker's Phone No.

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16.1) Diagnosis/Condition (1)

- Self-Diag. Medical Diag.

16.2) Diagnosis/Condition (2)

- Self-Diag. Medical Diag.

16.3) Diagnosis/Condition (3)

- Self-Diag. Medical Diag.

16.4) Diagnosis/Condition (4)

- Self-Diag. Medical Diag.

16.5) Diagnosis/Condition (5)

- Self-Diag. Medical Diag.

16.6) Has medical verification been received by Manitoba Possible on any of these diagnoses/ conditions? Yes No

16.7) Additional related comments (eg. functional limitations, etc.)

17) Can the individual communicate in **English**? Yes No Don't Know **(If 'Yes,' please go to Question 21.)**

18) Does the individual require an **Interpreter**? Yes No Don't Know **(If 'No,' please go to Question 21.)**

19) In what languages does the individual fluently speak/communicate? **(Please fill-in ALL that apply.)**

- | | | | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> 1 Albanian | <input type="checkbox"/> 7 Chinese | <input type="checkbox"/> 13 Farsi | <input type="checkbox"/> 19 Khosa | <input type="checkbox"/> 25 Ojibway | <input type="checkbox"/> 31 Somali | <input type="checkbox"/> 37 Vietnamese |
| <input type="checkbox"/> 2 Amharic | <input type="checkbox"/> 8 Cree | <input type="checkbox"/> 14 French | <input type="checkbox"/> 20 Korean | <input type="checkbox"/> 26 Portuguese | <input type="checkbox"/> 32 Spanish | <input type="checkbox"/> 38 Other |
| <input type="checkbox"/> 3 Arabic | <input type="checkbox"/> 9 Creole | <input type="checkbox"/> 15 German | <input type="checkbox"/> 21 Kru | <input type="checkbox"/> 27 Punjabi | <input type="checkbox"/> 33 Swahili | |
| <input type="checkbox"/> 4 ASL | <input type="checkbox"/> 10 Dari | <input type="checkbox"/> 16 Hindi | <input type="checkbox"/> 22 Laotian | <input type="checkbox"/> 28 Russian | <input type="checkbox"/> 34 Tagalog | |
| <input type="checkbox"/> 5 Bosnian | <input type="checkbox"/> 11 Dene | <input type="checkbox"/> 17 Italian | <input type="checkbox"/> 23 Lebanese | <input type="checkbox"/> 29 Saulteaux | <input type="checkbox"/> 35 Tigrini | |
| <input type="checkbox"/> 6 Cantonese | <input type="checkbox"/> 12 Dinka | <input type="checkbox"/> 18 Japanese | <input type="checkbox"/> 24 Mandarin | <input type="checkbox"/> 30 Serbian | <input type="checkbox"/> 36 Turkish | |

20.1) Please enter the number of the **primary language of choice** of the **family**, from **Question 19** above. 20.2)

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Please enter the number of the **primary language of choice** of the **individual being referred**.

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21) What specific services are being requested for this individual from Manitoba Possible, at this time?

PLEASE NOTE: Questions 22 and 23 are answered only when a participant is seeking services from Newcomer Navigation and Support Unit. All other Manitoba Possible programs will answer these questions on the Participant Intake Form Part One.

22) Is the individual receiving services from another organization or department? Yes No Don't Know

22.1) If 'Yes,' from which agencies, organization(s) or department(s) is this individual receiving services?

23) Other Agencies, Organizations and/or Departments (**Taken from Question 22.1, Code List One.**) _____

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24) If request is being made by a representative of an agency, organization or department, is the individual aware that this request is being made on his/her behalf? Yes No Don't Know

25) If the individual is aware that the request for service is being made, is he/she in agreement with this request? Yes No Don't Know

Individual's Signature, if applicable: _____ Date Signed: _____

Signature of person completing this form: _____ Date Signed: _____



Manitoba Possible USE ONLY

26) Referral Source(s) (**Code List One**)

27 Individual's Diagnoses/Conditions (**Code List Two**)

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	·	<input type="text"/>

28) **Outcome of this Request for Service: (Please fill-in ALL that apply.)**

Individual referred to Manitoba Possible service (**Please fill-in bubble, and then go to Question 29.**) Individual referred to external service or program (**From Code List One**)

Non-return of forms (Process stopped)

Individual did not access offered services (Services declined)

Individual ineligible for services (Please state reason)

Individual has left catchment area

Other outcome (Please state)

29) SMD Program(s) to which individual is *internally* referred (**Please fill-in ALL that apply.**)

1) Children's Services Children's	2) Adult Services	3) Other Services
<input type="radio"/> Case Management Communication	<input type="radio"/> Adult Case Management VR General	<input type="radio"/> Wheelchair Services WRHA
<input type="radio"/> Center for Children POTC	<input type="radio"/> Adult Case Management VR Deaf Adult	<input type="radio"/> Wheelchair Services Other
<input type="radio"/> Children Leisure and Recreation	<input type="radio"/> Leisure and Recreation TSEP	<input type="radio"/> Parking Permits
<input type="radio"/> Other Children's	<input type="radio"/> MIIP for Newcomers	<input type="radio"/> NNSU (Children)
<input type="radio"/>	<input type="radio"/> Living With Hearing Loss	<input type="radio"/> NNSU (Adults)
<input type="radio"/>	<input type="radio"/> Other Adult	<input type="radio"/> ASL Immersion Courses Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30) Participant Code, if assigned:

31) Please indicate (in MINUTES) the **approximate** time used to determine this individual's eligibility to receive services, and the decision regarding which program(s) to internally or externally refer the individual to, if applicable.

Meeting/talking directly with individual/family member	<input type="text"/> <input type="text"/> <input type="text"/>	Accompanying ind. to meetings	<input type="text"/> <input type="text"/> <input type="text"/>	Assisting Ind. to Complete Forms	<input type="text"/> <input type="text"/> <input type="text"/>
Meeting/talking with service providers/referral source	<input type="text"/> <input type="text"/> <input type="text"/>	Translating/ Interpreting	<input type="text"/> <input type="text"/> <input type="text"/>	Driving to/from Meetings	<input type="text"/> <input type="text"/> <input type="text"/>
Undertaking research re. Individual's condn/needs	<input type="text"/> <input type="text"/> <input type="text"/>	Completing Forms/Docs.	<input type="text"/> <input type="text"/> <input type="text"/>	Other Activities	<input type="text"/> <input type="text"/> <input type="text"/>

32) Signature of employee completing this form: _____ 33) Employee Number

34) Supervisor's signature, if applicable: _____

35) Date on which the outcome of this request was determined: / /

