Manitoba Possible.

Manitoba Possible. Recreation and Leisure
Referral/Request for Service Form

DATE OF REQUEST _____

Client

Name in full (please print):	
Date of Birth (DD/MM/YY):____/____/_____	Gender: □ Female □ Male
Address:	
City:	Postal Code:
Email Address:	Phone Number:

Parent/ Guardian Information (Emergency Contact)

□ Parent □ Guardian	□ Parent □ Guardian
Name:	Name:
Home phone:	Home phone:
Cell phone:	Cell phone:
Work phone:	Work phone:
Email:	Email:

General Information

Communication used by participant	□ English	□ French	□ ASL	□ Other:
Communication used in home	□ English	□ French	□ ASL	□ Other:
Is an interpreter required?	□ No	□ Yes, please list language here:		

Does the participant receive other services from Manitoba Possible?	□ Yes	□ No
If yes, name of program/ case manager (Please print):		
Case manager's phone number and email:		
Does the participant being referred receive services from Children's disABILITY Services (CdS) or Community Living DisABILITY Services (CLdS)?	□ Yes	□ No
If yes, name of CdS/CLdS worker (Please print):		
If yes, does the participant have funding for a 1-1 worker for programming if needed?	□ Yes	□ No
Does the participant have a respite or 1-1 worker that can attend programming with them if needed?	□ Yes	□ No
Phone number and email of CdS/CLdS worker:		

Does the participant receive services from any other organizations? (Group homes, day programs?)

Referred By (If Not Parent/Guardian):

Name in full (please print):	
Position:	Agency/ Organization:
Address:	
City:	Postal Code:
Phone number:	
Email:	

Program

What program is the participant interested in? □ Children/youth Recreation and Leisure □ Adult Recreation and Leisure □ Deaf or hard of hearing Recreation and Leisure □ Rural Recreation (Westmen in person) □ Virtual programming (children/youth) □ Virtual programming (children/youth)

Diagnosis

Please check all of the appropriate categories □ Deaf or hard of hearing; □ ASD □ Developmental delays □ Physical difference □ Neurological impairments including alcohol related neurological disorders, brain injury and seizure disorders; □ Congenital anomalies that have an impact on daily life; □ Amputations; □ Other, please list

Medical Information

Is the participant on any medication that will need to be administered during programming?	□ Yes	□ No
If yes, please list which medications:		
Does the participant have any allergies?	□ Yes	□ No
If Yes, please list:		

Does the participant require an Epi-Pen?	□ Yes	□ No

Does the participant experience seizures?	□ Yes	□ No
If Yes, what is the type of seizure?		
Frequency and duration: □ Several times/day □ Several times/week □ Several times/month □ Once/day □ Once/week □ Once/month	□ Less than monthly □ Only with certain conditions □ There is no pattern □ Other:	
How long (in minutes) do the seizures usually last?		
What triggers a seizure?		
What are some signs a seizure is about to happen?		
When did the participant last have a seizure?		
What procedure should be followed in the event of a seizure?		
Do seizures need to be documented?	□ Yes	□ No

Does the participant have asthma?	□ Yes	□ No
Does the participant require a puffer?	□ Yes	□ No
Does the participant have diabetes? Type:	□ Yes	□ No
What procedure should be followed in case of a blood sugar emergency?		
Does the participant have the ability to swim independently?		

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Any other health/safety concerns we should know about? (sun sensitivity, behaviour, anger management, wandering, memory issues, etc.)

Other:

Primary Mobility:		
Means of transportation: □ Bus □ Driven by self □ Driven by others □ Transit Plus		
Does the participant require 1-1 assistance? *If joining our adult rec program, it is important to note that 1-1 staff are not always available, and individuals will be required to bring an assistant with them as needed.	□ Yes	□ No
In what areas will the participant need assistance in?		

What does the participant like to do? Interests? Hobbies?

Goals/Objectives:

□ To maintain maximum independence
□ To be offered a welcoming environment
□ To develop better communication skills
□ To develop improved social skills
□ To gain greater confidence
□ To develop leadership skills
□ To make new friends
□ To participate in new activities or activities you haven't done for a while
□ To become more physically active
□ Other: