

COMMUNITY LIVING disABILITY SERVICES

Subject: **Program Proposal Procedure – Appendix C –
Proposal for Changes to Program**

ADULT DISABILITY SERVICES

**PROPOSAL FOR CHANGES TO PROGRAM
COMMUNITY LIVING disABILITY SERVICES PROGRAM**

SUBMISSION DATE:

PART I. IDENTIFYING INFORMATION:

1. PERSON/AGENCY PROPOSING SIGNIFICANT CHANGES:

LEGAL NAME:

OPERATING NAME:

(if different from above)

CONTACT PERSON:

(name)

(position)

PHONE: _____

FAX:

MAILING ADDRESS:

PART II. SIGNIFICANT CHANGES PROPOSED:

1. TYPE OF CHANGES PROPOSED:

PERSONS SERVED

EXPANSION

PROGRAM CONTENT

OPERATOR CHANGE

RELOCATION

STAFFING LEVEL

OTHER: SPECIFY:

2. PLEASE PROVIDE THE FOLLOWING ATTACHMENTS:

- DETAILS ON PROPOSED CHANGE(S) AND REASONS FOR CHANGES;
- HOW THESE CHANGES WOULD EFFECT THE PROGRAM’S FUNDING LEVEL; AND
- DESCRIBE HOW THESE CHANGES WOULD BENEFIT THE FOLLOWING AS APPLICABLE: INDIVIDUALS RECEIVING SUPPORTS; OPERATION OF THE PROGRAM; QUALITY OF THE PROGRAM; AND ANY OTHER BENEFITS.

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FAMILIES

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