



Cerebral Palsy Association of Manitoba (CPAM)

PERSONAL SUPPORT WORKER PROGRAM APPLICATION

Fall session (Oct 1 2017 to March 31 2018)
Spring Session (April 1 2018 – Aug 15 2018)

Check one box only

This is a “first come, first served” basis so apply right away.

A letter will be sent to you with more details of the program in the last week of September 2017.

You can call the office at 982-4842 or 1-800-416-6166 for assistance.

Return to CPAM, 903-213 Notre Dame. Wpg., MB. R3B 1N3 or Fax 204-982-4844

Name of Adult: _____

Date of Birth: _____ The individual must have an 2017-2018 membership with CPAM

Address: _____

Postal Code: _____ Phone Number: _____

Cell Phone: _____ E-mail: _____

Name of Person completing the application, if different from above:

Relationship to Member: _____

Address: _____

Postal Code: _____ Phone number: _____

Cell Phone: _____ E-mail: _____

Provide a brief description of the ways in which the applicant might use this service – i.e. social event, recreation, shopping, and trip/holiday
