

**MANITOBA STANDARDS MANUAL
FOR WOMEN'S SHELTERS**

March 2013

**Developed by the Family Violence Prevention Program and
Manitoba's Women's Shelters**

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Introduction: Women's Shelter Program

This section provides an overview of the Women's Shelter Program. It contains information about the program, the development of standards, funding agreements and quality assurance activities.

Program Overview

The Women's Shelter Program in Manitoba began in the late 1970's and continues to take a leadership role in Canada in the field of services for abused women.

Background Information

In 1984, the Government of Manitoba assigned responsibility for the funding and coordination of services for abused women to the Department of Community (Family) Services.

The Family Violence Prevention Program (FVPP) was created in 1985. The mandate of the Program was to promote the elimination of intimate partner violence through the development and support of a continuum of community-based services. In November 2012, the mandate of the program was expanded to include those who experience abuse by family members who are not intimate partners.

FVPP provides policy and program direction to services for women, their children and men affected by family violence, and is responsible for monitoring and reviewing the quality of these services and ensuring accountability in the use of public funds allocated to agencies delivering programs in this field.

Program Purpose

The purpose of the Women's Shelter Program is to offer protection and a full range of support services for abused women and their children, and to provide abused women with opportunities to learn of available resources and alternatives to facilitate informed personal choices and decisions.

Program Description

Women's shelters provide emergency accommodation for abused women and their children on a 24 hour basis, seven days a week. Access to shelter is universal regardless of the financial resources available to the individual. Support services include:

- crisis intervention
- emotional support
- individual and group counselling
- information and referral
- essential transportation
- food and shelter
- child care
- follow-up

Many shelters also act as developmental resources in such areas as:

- recruitment and training of volunteers
- providing community education
- facilitating awareness workshops for personnel from other disciplines
- participating in or conducting research

Departmental Funding

The Department of Family Services and Labour funds basic needs and emergency services according to guidelines issued by Employment and Income Assistance (EIA) (found in the online EIA Administrative Manual at <http://www.gov.mb.ca/fs/manuals/eia/9/index.html>).

These needs and services can include:

- food and accommodation
- personal incidentals
- medication
- emergency transportation to and from shelters
- special needs

The Department also allocates funds through FVPP for the following services:

- administration
- crisis intervention
- children's support
- follow-up
- crisis telephone lines

The Department also flows a grant to shelters for facility management.

Fee Waiver

Fee waiver is a grant provided by FVPP to shelters to offset the costs associated with admitted clients who do not qualify for EIA benefits. Allowable expenses for fee waiver are consistent with allowable expenses outlined in EIA guidelines. Agencies recover these costs by submitting the prescribed invoice and other documentation to FVPP on a monthly basis. FVPP reimburses fee waiver costs on a monthly basis.

If these clients require an extension of stay, shelters should use the same EIA extension guidelines and forms as they do for clients who do qualify for EIA benefits. (Appendix A)

Development of Standards

The development of standards was prompted by the belief, shared by the Department and the shelter community, that standards are necessary to ensure the qualitative evolution of services for abused women. FVPP began the process of developing standards in consultation and partnership

with the Manitoba Association of Women's Shelters Inc. (MAWS). This process is consistent with a department-wide initiative to develop standards for all service areas.

Service Purchase Agreements

The Department of Family Services and Labour requires Service Purchase Agreements (SPAs) with community-based non-profit agencies receiving public monies.

The general purpose of these agreements is to clarify and formalize the relationship between external agencies and the Manitoba Government through defining the rights, responsibilities and expectations of each party.

Quality Assurance

FVPP uses the following accountability measures to ensure adherence with established expectations and standards:

- agency adherence reviews
- program consultations
- monitoring of adherence to SPAs

Agency Adherence Reviews

FVPP will conduct an agency adherence review (AAR) every second year, unless there are changes to the standards manual that require updating of agency policy and procedures. FVPP will endeavour to contact agencies at least four weeks prior to a site visit for the purpose of an AAR. Once a date is set, FVPP will provide written confirmation to the agency. Note that FVPP will request a complete copy of the agency's policies and procedures prior to the review to facilitate the process.

The review may include but is not limited to one or more of the following:

- examining agency policies and procedures, financial statements, and other documents required by the standards;
- engaging in discussions with service personnel to determine their knowledge of the standards and agency policies;
- touring the service provider's premises; or
- where applicable, examining permits and other documents issued to service providers pursuant to any federal, provincial or municipal regulations or by-laws.

Effects of Non-Adherence

Where there is evidence of non-adherence to the standards, FVPP may undertake one or more of the following steps:

- negotiate terms and conditions with service providers to re-establish adherence to standards;
- request in writing that the service provider initiate negotiated remedial measures within a specified period of time;
- initiate a service review and / or funding audit and evaluation;
- negotiate revised reporting requirements as part of an existing SPA;
- suspend or terminate an existing SPA and enter into a time-limited agreement determined by FVPP; or
- suspend or terminate an existing SPA and decline to enter into a new one.

Program Consultations

FVPP will conduct an agency program consultation (APC) every second year, unless there is a significant change in leadership, requiring that a consultation be conducted more frequently. FVPP will endeavour to contact agencies at least four weeks prior to a site visit for the purpose of an APC. Once a date is set, FVPP will provide written confirmation to the agency. During this consultation, FVPP may interview members of the board, the director, counsellors and / or other staff persons. The areas of discussion include but are not limited to the following:

- agency board operations;
- community relationships;
- operational and strategic planning;
- client evaluations;
- human resource management;
- counselling services; and
- collaboration with collateral agencies.

Use of the Manual

This section provides information about the development of this manual, its content and structure, and distribution and maintenance procedures. Comments on the development of the manual include a statement of its purpose and objectives.

Manual Development

This manual outlines minimum requirements for all Women's Shelters in receipt of public funds in the form of core grants allocated by the Department of Family Services and Labour. It contains standards both the shelters and the Department believe are appropriate for governance, administration, facilities and services.

Purpose and Objectives

The public continues to demand a high quality and accountability in the delivery of social services. The purpose of standards for shelters is to ensure the delivery of quality services to clients while recognizing and respecting the autonomy of these agencies.

The development of this manual addresses the demand for quality services through the following objectives:

- Program direction to assist agencies and others in the management and operation of shelter services.
- A comprehensive set of standards in one manual to use in staff orientation and training.
- A manual readily accessible to staff in shelters, the Department and other organizations.
- A statement of minimum expectations for program planning by shelters and the Department and for communication with the public.
- A statement of provincial requirements to be used in quality assurance activities by shelters and the Department.
- Clarification of authority, responsibility and accountability within and between shelters and the Department.

Standards, Policies and Guidelines

The standards set out minimum requirements for the operation of women's shelters and for women's programs and services. Applicable provincial policies and guidelines are stated, or referred to, in the text or in specific standards. The manual appendices include these policy statements and guidelines in their entirety.

Distribution and Maintenance

This manual is a public document. It is distributed to all shelters and may also be distributed to other organizations requesting information on program standards, and is available on the FVPP web site.

Manual holders are encouraged to identify concerns and make suggestions for improving or revising the manual by writing or contacting:

Director
Family Violence Prevention Program
Manitoba Family Services and Labour
4126 – 300 Carlton Street
Winnipeg MB R3B 2K6
Telephone: 204-945-1709
E-mail: fvpp@gov.mb.ca

Definitions

This section defines key terms used throughout the manual.

Abused woman

is any woman who identifies herself as having been physically, psychologically, emotionally or sexually abused by an intimate partner or other family member.

Accompaniment and Practical Support

involves accompanying and providing practical support for women who are attempting or planning to access other resources.

Agency

refers to a shelter receiving core funds from the Department, and, in this document, is used interchangeably with the term Service Provider.

Board

is the community volunteers duly elected as the governing body of the agency and, in this document, is used interchangeably with the term Organization.

Child Witness

is a child who lives with a woman who has been abused by an intimate partner or other family member.

Client

is any person who has been admitted in any service offered by a shelter.

Department

is the Department of Family Services and Labour.

Family Violence

is actual or threatened physical or sexual violence, and / or psychological, emotional, and financial abuse directed toward a family member. It includes intimate partner abuse, as well as abuse that is directed to others in a family relationship, such as so-called honour-based violence.

“Honour”-Based Violence

is where a person is being punished by their family or community for actually or allegedly undermining what they believe to be the correct code of behaviour. By not conforming it may be perceived that the person may have brought shame or dishonour to the family. This type of violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and / or collusion from the family and / or community.

Intimate Partner Abuse

is actual or threatened physical or sexual violence, and / or psychological, emotional, and financial abuse directed toward a spouse, ex-spouse, current or former common-law, or current or former dating partner. Intimate partners may be of the opposite or same sex. Some of the common terms used to describe intimate partner abuse are domestic abuse, spouse abuse, domestic violence and battering.

Policy

is a general plan of action adopted by the Department or an agency in relation to operations or service goals; a formalized statement describing the guiding principle or philosophy adopted by a service provider in relation to a specific Standard.

Principle

is a comprehensive and fundamental law, doctrine, value or assumption; a rule or code of conduct or service.

Procedure

is a mode of performing a task or way of carrying out an activity; in the context of “policy and procedures”, the method and manner by which the policy will be implemented; preferred or required practices.

Standard

is a minimum level of performance expressed in precise measurable terms; a mandatory requirement used as a basis for review or audit; a concise statement of expectations requiring adherence to clearly defined practices or procedures, and resulting in measurable outputs or outcomes.

Trans (or transgendered or transidentified)

includes transsexuals and other variations and combinations of gender identity and expression. Trans is an umbrella term that embraces people who cross socially constructed gender boundaries with a gender identity, presentation or behaviour not typically associated with their perceived, actual or biological sex. People who describe themselves as trans may not feel, look, dress or behave in a way expected of women (or men) in their culture. Please note: It may be sexual harassment to ask questions about intimate physical details (e.g., Have you had surgery?). (Definition adapted from: Trans Inclusion Policy for Women's Organizations, Darke and Cope for the Women / Trans Dialogue Planning Committee and the Trans Alliance Society, Winter 2002).

Part 1: Shelter Governance and Administration

Part 1 of the manual articulates standards related to governance and administration. Many provisions in this section of the manual are reflective of the reporting requirements for all agencies receiving public monies through the Department. Established in 2006, the Financial Reporting Requirements (FRR) replace the Agency Reporting Requirements and summarize the information agencies are requested to provide and the time lines for reporting.

The FRR can be found on the Department's web site at <http://www.gov.mb.ca/fs/about/frr.html>.

1.1 Incorporation and By-Laws

This section contains standards related to shelter incorporation and by-laws. Manitoba policies require that shelter organizations receiving funding from the province have legal status as non-profit entities under *The Corporations Act*.

The FRR is referenced as applicable.

1.1.1 Service Provider Identifying Information

Shelters maintain service provider identifying information as outlined in the FRR.

On April 1st this information is submitted in writing to FVPP. The information includes identifying information (e.g., address, telephone number), corporate status, collective bargaining agreements, board and staff related information, a listing of programs, an annual operational plan as well as any changes to the constitution and by-laws. Supplementary information may also be requested by the Department.

1.1.2 Notification of Changes

The board notifies FVPP in writing within 14 working days of any changes in organizational structure, board membership or senior staff positions.

1.1.3 Shelter Incorporation

Shelters are incorporated as non-profit organizations under *The Corporations Act*. Each shelter provides FVPP with a copy of the original "Articles of Incorporation" and the corporation by-laws.

1.1.4 Registration Renewals

Shelters renew their registrations annually and within the prescribed time with the Companies Office, Manitoba Healthy Living, Seniors and Consumer Affairs.

1.1.5 Shelter By-Laws

Shelter by-laws comply with *The Corporations Act* and regulations and are consistent with provincial legislation and policies relevant to shelter operations and services.

Copies of consolidated by-laws are forwarded to FVPP upon request and amendments must be submitted as part of each year's Service Provider Identifying Information. Any changes should indicate the date of approval by the membership.

1.1.6 Annual Reports

The board submits a copy of the Annual Report within six months of fiscal year end. If no formal report is prepared, the minutes of the annual general meeting should be submitted along with the following information: (i) comments relating to the year's activities, (ii) a report on the achievement of program and service results, (iii) use of volunteers (see the FRR for detailed information requirements).

1.2 Shelter Boards

This section contains standards related to the organization and function of boards of directors, and to conflict of interest.

The board of directors is independently incorporated as the legal entity with authority to govern the agency. The board is ultimately responsible for the operations and management of the shelter. The by-laws provide a framework within which the board meets its management obligations to develop internal policies in matters such as finances and budgeting, fund raising, personnel management, program development and public relations. *The board involves the shelter director and staff in the planning and development of services and programs for abused women and their children.*

The manual entitled *The Roles, Responsibilities and Functions of a Board*, developed by the Department of Family Services and Labour, is an excellent resource and reference guide.

1.2.1 Board Membership and Composition

The by-laws of the organization define the requirements for the election of board members, board size and composition, committees of the board, and the roles and responsibilities of members and officers in governing the agency. The organization will have an open call for board members, minimally once per year.

1.2.2 Board Orientation and Training

The organization has written policies and procedures to orient and train board members. Orientation and training are carried out at least annually and usually during the month following the summer recess.

1.2.3 Accountability and Delegation

The board is accountable for the overall management of the agency and develops written service and personnel policies.

The board delegates authority for specific matters related to the daily operation of the program and the implementation of policies to the director, consistent with the director's position description.

The shelter director attends board meetings in an advisory capacity and as a non-voting member.

1.2.4 Conflict of Interest

The board and staff adhere to the Conflict of Interest Requirements in the SPA.

It is the responsibility of the board to ensure that the conflict of interest policy is communicated to all board members and to employees of the agency, and to establish procedures for ensuring compliance with the policies and guidelines.

1.3 Organizational Development

This section contains information and standards related to strategic and operational planning within the context of service goals and objectives.

This section also includes standards related to personnel policies and labour-management agreements. The provisions of an active labour-management agreement in a shelter organization supersedes the minimum requirements set out in these standards.

Strategic Planning

Strategic Planning is an important management practice that results in a written plan setting out the long-term direction for the agency. Planning occurs through a collaborative effort, led by the board of directors and actively involving the agency director and staff. A strategic plan may look ahead three to five-years.

A strategic planning process usually includes:

- an environmental scan identifying key internal and external issues, needs, opportunities, or problems facing the agency;
- a review of the agency's vision and mission statements; and
- the identification and prioritization of goals and key strategies.

Operational Planning

Operational planning enables the board and staff of the agency to convert the strategic plan into a shorter term plan that focuses on the day-to-day operation of the agency. An operational plan usually looks ahead one year.

In order to meet the reporting requirements of the Department, reference to the schedules of the SPA is essential to the process. Each schedule or cost centre describes the required service

activities and expected outcomes of those activities. From this framework, the agency can plan its service activities, define any resource needs and / or adjustments and then attach a cost.

An operational plan usually includes:

- a ranked list of program and operational objectives for the fiscal period;
- a description of desired outcomes for each objective, their measurement criteria, and performance indicators to form the basis for consistent reporting systems;
- a list of all activities and tasks necessary to achieve operational objectives and produce the desired outcomes;
- the identification of the resources assigned to the activities and tasks, and the individuals who are responsible and accountable for the successful completion of the activities and tasks;
- a costing of associated staff and other resources needed to accomplish each activity or task (a detailed budget); and
- the time frames or completion dates for developmental tasks or projects.
- to facilitate reporting, operational plans may include a column that reports on the progress on each objective and is updated throughout the year.

1.3.1 Mission Statement

The organization has a written mission statement that identifies the client group to be served and articulates the overall purpose of the agency.

The mission statement includes reference to women in violent relationships and the need to empower these women to make informed decisions.

1.3.2 Goals and Objectives

The organization has written statements of service goals and objectives. These goals and objectives are stated in measurable terms and identify the programs and services to be provided, and are consistent with the organization's SPA with the Department.

1.3.3 Operational Planning

The board, in collaboration with agency staff, formally conducts an annual planning process for the coming fiscal year, and develops written strategies based on identified program and financial needs and priorities.

The operational plan is submitted with the service provider identifying information.

1.3.4 Organizational Structure

The board maintains a current organizational chart showing the structure of the organization and setting out the relationships between the board, committees of the board, the director, shelter staff and volunteers.

1.3.5 Staff Recruitment and Hiring

The organization has written policies defining the recruitment and screening procedures for all potential employees and volunteers. Screening includes a criminal record check (including Vulnerable Sector Verification), a child abuse registry check, and an adult abuse registry check. In addition, the organization has a policy defining the number of years after which every employee's criminal record and child abuse registry check should be updated.

1.3.6 Human Resource Management

The organization has written personnel policies that outline expectations of personnel, including a code of conduct, working conditions, staff training, labour-management relations where applicable, benefits and entitlements, grievance procedures, and disciplinary procedures.

These policies are readily accessible to all employees and are part of the orientation of new employees at the point of hiring.

1.3.7 Labour-Management Agreements

In organizations where a formal labour contract or collective agreement is in place, a copy is provided to FVPP upon ratification or request.

1.3.8 Position Descriptions

The organization develops and keeps current written position descriptions defining the duties and responsibilities of each employee. A copy is provided to FVPP upon request.

1.3.9 Fair Employment Practices

The organization complies with applicable federal and provincial laws and regulations governing fair employment practices and contractual relationships with staff.

1.4 Financial Management

The standards in this section reflect financial controls and procedures for shelters receiving core funding from the Department.

Service Purchase Agreements

It is the policy of the Manitoba government to fund external agencies on the basis of a negotiated SPA. An SPA is a written contract requiring each party to perform certain obligations or deliver

specific services. These Agreements clarify and formalize the relationship between the agency and the government.

The Budget Process

The financial viability of the agency depends on the budgeting process to establish direct correlation between service planning and delivery, and committed financial resources. The control of agency finances is maintained through collaborative efforts of the board of directors and management staff, with the board having ultimate responsibility.

The budget process is an opportunity to ensure that the services that the board has agreed are essential are provided within the funds available. The outcome of the budget process is compatible with the terms outlined in the SPA signed by the agency and the Department.

The budget process is an opportunity to accomplish the following:

- compile a list of programs and activities;
- determine the costs associated with each program and activity;
- determine the revenues that are, or can be, realistically expected;
- compare costs and revenues;
- set priorities based on client and administrative needs and costs, and the availability of funds; and
- balance, monitor and adjust the budget, so that a financial deficit is not incurred.

Budget Documents

Budget documents provide a written record of the budget process and include the following components (see the FRR for details):

- a balanced Annual Operating Budget presenting the budget for the current year, the proposed budget, the variance between these two budget years as well as an explanation of significant variances;
- a budgeted staffing report reconciled to the budget; and
- a board signature.

The board ensures that planning flows from the agency's mission statement and that budget documents reflect the overall goals and purpose of the organization.

1.4.1 Service Purchase Agreement

The board of directors and the Department have a current and duly signed SPA.

1.4.2 Financial Controls and Reporting

The agency maintains financial statements and records in accordance with the FRR.

The agency employs acceptable accounting practices, and maintains financial statements and records in accordance with relevant legislation (e.g., Revenue Canada).

1.4.3 Statistical Reports - Units of Service

Statistical reports are compiled on the prescribed form and enumerate units of service in each program area funded by FVPP.

The agency submits monthly statistical reports to FVPP by the 30th day of the month following the period being reported.

1.4.4 Fee Waiver Invoices

The agency completes and submits fee waiver invoices to the Crisis Shelter Liaison Coordinator on a monthly basis. Fee waiver billings for each client listed on the invoice are accompanied by receipts for allowable expenses and a signed copy of the "short needs form".

1.5 Administrative and Client Records Management

This section contains standards concerning the management of both administrative and client service records.

1.5.1 Record Storage and Access

The organization develops, implements and updates as needed a policy and procedures intended to ensure that records, including those of persons interviewed but not admitted to the program, are protected from loss and unauthorized removal or access. This standard applies to both paper and electronic records.

1.5.2 Record Retention and Destruction

The organization has a written policy governing record retention and written procedures for record destruction - for both paper and electronic records - that safeguards against any breach of client confidentiality.

This policy complies with applicable federal and provincial laws and regulations governing the management of both administrative and client records, including the *Freedom of Information and the Protection of Privacy Act* (FIPPA) and the *Personal Health Information Act* (PHIA).

As per section 8.04 of the SPA, records are to be preserved and available for seven years following the end of the fiscal year to which the record pertains.

1.5.3 Client Record Contents

The shelter maintains one record for each client (parent *and* child) admitted for counselling services, children's counselling services, or follow-up services. The record includes:

- the completed intake and assessment form;
- the completed "short needs form", where applicable;
- the service plan;
- case notes outlining the client's expressed needs, services provided by the shelter and by other resources;
- documentation of requests for other agency involvement, including written consent forms;
- documentation of outcomes of service; and
- departure interview.

Where a service record does not contain a completed departure interview form, the designated shelter worker notes the circumstances of the client at departure.

1.5.4 Client Record Maintenance

The organization has a policy that appropriate shelter staff keep the record current for each client from the point of intake to termination of services. All case notes are initialled and dated by the author, and, in accordance with standard 2.1.3, are shared with shelter personnel on a need to know basis only.

1.5.5 Confidentiality of Client Records

The organization has written policies and procedures stating that client records, including paper and electronic records, are:

- stored in a secure manner;
- strictly confidential;
- the property of the agency; and
- only disclosed to other parties with the informed and written consent of the client who is the subject of the record or in accordance with the law.

1.5.6 Client Access to Records

The organization has written policies and procedures ensuring that clients have clearly defined right of access to their record, except where precluded by law (for example, in a child abuse situation), and are informed of this right.

1.6 Physical Facilities

The organization operates and maintains the physical facility in accordance with minimum health and safety standards as set out by other departments or levels of government. Upon a request to FVPP, shelters are given information on how to obtain copies of provincial or federal statutes, regulations and codes that are mandatory throughout the province.

1.6.1 Adherence to Legislation and Regulations

The organization ensures that its premises and equipment conform to all applicable health, safety, building and fire codes, by-laws, regulations and legislation (see Appendix B).

1.6.2 Local Codes and By-Laws

The shelter acquires copies of city or municipal codes or by-laws that apply only to their locale.

1.6.3 Annual Fire Inspection

The organization requests and undergoes a fire safety inspection annually. The organization is required to:

- provide FVPP with the date of inspection, and
- forward the final report to FVPP within three days of its receipt.

The organization will implement basic fire prevention principles, such as keeping walkways free of obstacles and keeping miscellaneous items away from boilers and vents.

1.6.4 Annual Housing Inspection

The organization requests and undergoes a housing facility / maintenance inspection with Manitoba Housing annually.

1.6.5 Shelter Facility Security

The organization undergoes a shelter facility audit as determined by FVPP. The audit will review shelter facility security utilizing established principles of practice and standardized specifications as articulated by FVPP.

The organization is responsible for the regular monitoring of shelter facility security mechanisms. Any non-urgent requirements for security maintenance, repair or replacement are communicated to FVPP within 24 hours from when the concern is first noted. The form for reporting non-urgent security concerns can be found in Appendix C. Urgent shelter facility security requirements are to be immediately communicated to the local Manitoba Housing office either by direct dial or utilizing the Manitoba Housing automated maintenance request system at 1-800-661-4663 (1-800-661-HOME).

NB: Any immediate threat of breach or actual breach of shelter facility security should be reported to local police authorities as per established shelter protocol. In a shelter security breach, the integrity of the shelter facility is understood as secondary to client safety.

Part 2: Shelter Services

Introduction

Part 2 of the manual articulates standards related to shelter services. Major sections in Part 2 include Protection of Rights, Client Safety and Health, Admission Criteria and Process, Shelter Services and Resources, and Service Monitoring and Evaluation.

Shelter organizations are encouraged to refer to their current SPA for additional information on service activities and expected outcomes.

Service Principles

The Women's Shelter program is founded on the following service principles:

- Women should not be forced to remain in a violent or abusive environment due to the lack of safe alternatives.
- Women have a right to be informed of alternatives and to make self-determined choices within the context of their own life situation.
- Women have a right to receive services which are sensitive to and respect their cultural and linguistic heritage, religious beliefs and sexual orientation.
- Services designed for child witnesses to family violence are developmentally appropriate.
- Children are entitled to receive shelter services and to exercise choices regarding program participation.
- Services are provided in a supportive, non-judgemental environment.
- Services are provided in a manner that respects client confidentiality and the right to privacy.
- Women and children are entitled to be informed of their rights and to participate in decisions affecting those rights.

2.1 Protection of Rights

This section contains standards related to the rights of consumers of shelter services.

2.1.1 Human Rights

The agency has a written policy stating that shelter services are extended to all women who are victims of abuse as defined in the introduction to the manual regardless of age, race, faith, socio-economic status, physical or mental capabilities or sexual orientation. This policy also applies to transgendered women.

2.1.2 Right to Service

The agency has a written policy stating that shelter services are accessible on a voluntary basis and are free of charge.

2.1.3 Right to Privacy

The agency has a written policy statement defining the client's right to privacy. This policy should include but is not limited to the following measures:

- depending on the expressed preference of the client, private space or offices are available for interviewing or counselling at intake and throughout the duration of the woman's stay;
- information concerning clients is shared among shelter personnel on a need-to-know basis only (see also standard 1.5.5 on client confidentiality and standard 2.2.1 on client safety); and
- clients are protected from invasion of their privacy except where there is reasonable cause to believe that the safety of the client, her individual family members, or third parties is jeopardized due to such possible threats as the presence of fire hazards, substance abuse, concealed weapons, or other life threatening concerns.

2.1.4 Consent to Release Information

The agency has a written policy stating that information recorded or known about a client will not be shared with outside agencies without the written consent of the client except when required to do so by legislation, Court order, or a medical crisis. Written consent of the client should be time limited and indicate with whom the information may be shared.

2.1.5 Right to Appeal - Client Complaints

The organization has written procedures that guarantee clients the right to register a complaint regarding any aspect of services received in shelter and the right to have the complaint heard in an impartial forum.

Shelter staff provide the written Right to Appeal procedures to clients within 48 hours following intake, and ensure that the client understands the meaning of, and process for, appeal.

The Right to Appeal procedures clearly outline the steps to be taken and include the right of appeal to the board of directors.

2.1.6 Right to Services with Cultural Sensitivity

The organization ensures that women and their children can receive services that are sensitive to, and respect, their cultural and linguistic heritage, religious beliefs and sexual orientation. The organization will make efforts to reflect community diversity in its staff and board complement.

2.1.7 Information / Crisis Line Privacy Protection

The agency has a policy in place to protect the anonymity of callers to the crisis line. To this end, the shelter does not subscribe to Call Display and does not request or otherwise access computer printouts of numbers calling the toll-free telephone service.

2.2 Client Safety and Health

This section contains standards related to client safety and child protection. For easy reference, the [Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection](#), as well as a map indicating the division of the province by [Designated Intake and Emergency After-Hours Agencies](#) can be found on the Department web site.

2.2.1 Confidentiality and Safety of Admitted Clients

The shelter has a written policy intended to protect client confidentiality and ensure client safety upon admission.

The policy includes the following components:

- as a general rule, shelter staff do not confirm admission or disclose the whereabouts of a woman admitted to the shelter for service to any person;
- addresses the exceptions to this general rule when required to disclose due to legislation, judicial order or medical crisis;
- clarifies that the purpose of the policy is to protect the client from the abuser and does not limit contact to other support services;
- articulates the procedure for cooperating with police inquiries, including verification of the police officer's identity before further discussion with the inquiring officer;
- notes that in the case of a missing person inquiry, the shelter is only obligated to say that they know the whereabouts of the woman and to remind police that even this information is strictly confidential;and
- follows a process of signed "release of information" when consulting with another service with which that the woman may be, or had been, involved.

2.2.2 Special Precautions

The shelter has written policies and special precautions to be used when shelter staff or clients of the shelter have received threats or there is concern for their safety. These procedures should include the identification of responsibilities of staff and a designated place of safety in the event of a need for evacuation.

2.2.3 Supervision and Safety of Children

The shelter has written procedures intended to ensure the supervision and safety of children when the mother or guardian of those children is not on the premises.

The written procedures are given to women with children at the point of intake and are explained during the orientation to the shelter program.

2.2.4 Preferred Child Care Practices

The shelter has written policies and procedures outlining preferred child care practices, including disciplinary methods.

2.2.5 Parental Permission for Children's Outings

Shelter staff obtain a mother's or guardian's written permission when her children are attending a shelter-sponsored outing without her being present at the outing.

2.2.6 Parental Permission for Children's Counselling

Shelter staff obtain a mother's or guardian's written permission before her children participate in any counselling activities.

2.2.7 CFS and Women's Shelter Protocol

The shelter has a written protocol, developed in co-operation with the local Child and Family Service (CFS) agency and consistent with the Protocols between Child and Family Service Authority Agencies and Women's Shelters in Manitoba (see Appendix D), describing the expectations and obligations of each party to the protocol in matters of child protection. If the agency relates to more than one child and family service agency, additional protocols may need to be developed.

2.2.8 Children in Need of Protection

The shelter has a written policy and procedures requiring staff to report suspected cases of children in need of protection to a child and family service agency, notwithstanding that the information on which the belief is founded is confidential.

Except in rare circumstances, which are left to the discretion of management, it is the practice of the shelter to discuss with the mother the exact nature of the concerns prior to contacting a CFS agency. Where deemed appropriate and provided there is no breach of the law, the mother is given the opportunity to report the information to CFS on her own volition. The shelter will follow up with CFS and organize a case management meeting as appropriate.

Shelter staff record the date and time of the identification or disclosure of suspected abuse or neglect, and the date and time of the report to CFS on the client's service file. The shelter staff responsible for the report affixes her signature to the recording on the client's service file.

2.2.9 Medication Storage and Access

The shelter has a written policy and procedures intended to ensure the safe storage of, and client access to, prescribed and over-the-counter medication.

2.2.10 Communicable Disease Policy

The shelter has a written policy outlining hygienic procedures to be followed to prevent the spread of communicable diseases and parasites in the facility. Communicable diseases are

transmitted from one person to another and include those contracted through the exposure to blood and / or body fluids of an infected person (e.g., HIV, Hepatitis B), and those contracted through exposure to airborne droplets (e.g., Tuberculosis, Meningococcal disease).

The use of universal precautions in all such cases is required, though specific measures will vary depending on the disease. Universal precautions (also known as routine practices) have been developed by the World Health Organization and interpreted and applied by Manitoba Health (Appendix E).

2.2.11 Fire Safety Plan and Procedures

A fire safety plan and evacuation procedures are developed by the agency and posted throughout the facility in highly visible locations.

The shelter's fire safety plan and evacuation procedures are provided to each client during her intake and orientation.

2.2.12 Critical Incidents

If there is a critical incident, the service provider will inform FVPP and the Chair or designated board member within 24 hours. If a life-threatening incident should occur, the Chair and FVPP should be contacted within three hours.

Within seven working days of the incident, a written Critical Incident Report (Appendix F), signed by a designated service provider, must be submitted to FVPP.

2.2.13 Outings and Failure to Return

The shelter has a written policy and procedures regarding clients leaving the shelter for outings, appointments, etc. without agency accompaniment.

The policy / procedures include the following components:

- personalized protection planning is done with each client at some point after intake and prior to their first outing;
- the procedures regarding outings and failure to return from outings are discussed with each client at some point after intake and prior to their first outing;
- staff ensure information is recorded regarding the client's destination(s), telephone number if available, and expected time of return, which is signed by the client;
- prior to their first outing without agency accompaniment, each client is reminded of the action the agency will take, if the client fails to return by the designated time;
- failures to return are noted in client files; and
- procedures address what to do, if a client fails to return by the designated time.

2.2.14 Interruption of Residential Services

The organization has a written policy and procedures in place for any occasion warranting the temporary interruption or cessation of emergency shelter services.

In the range of programs designed to intervene in and prevent the incidence of family violence, residential crisis shelters are designed to offer security and support 24 hours a day, seven days a week, and are therefore considered critical services. As such, with the exception of unanticipated emergencies (e.g., flooding, fire threat, security threat, pandemic, infestation, fumigation), residential services will not be interrupted for any reason without the following in place:

- approved plan of action, developed in consultation with FVPP;
- the plan will include treatment of client safety, alternate service delivery arrangements, communication protocol with all related collateral or community supports (i.e. police) and a process for information dissemination; and
- the roles and responsibilities of all involved parties will be identified, articulated and agreed-upon prior to any action impacting service delivery.

2.2.15 Interruption of Non-Residential Services

The organization has a written policy and procedures in place for any occasion warranting the temporary interruption or cessation of agency services.

In the event that the agency is unable to provide service during regular operating hours due to unanticipated emergencies (e.g., flooding, fire threat, security threat, pandemic, infestation, fumigation), a plan needs to be in place to address:

- alternate service delivery arrangements; and
- communication with clients, staff and collateral agencies.

This plan must be developed in consultation with FVPP.

2.2.16 Technology and Safety

The organization has a written policy that governs the use of technology for the purpose of ensuring the safety and privacy of clients and staff.

Staff has training on technology and interpersonal safety. Clients are informed about online safety risks such as computer monitoring and spyware.

2.3 Admission Criteria and Process

2.3.1 Admission Criteria

Shelter services are designed specifically for women who have been abused by intimate partners, or other family members, and their children. Following this, only women (and their children) seeking support for dealing with family violence should be admitted.

The shelter has a policy for the admission of clients for service based on needs and the availability of space.

Exceptions may include:

- women assessed by shelter staff as being at imminent risk and needing alternative intervention services due to indicators such as serious mental disturbance or chronic chemical dependency; or
- women under the influence of alcohol or drugs who, in the opinion of shelter staff, present a risk to other women and children in residence.

The shelter also has a policy that specifies what to do when the shelter is full. Generally, the first plan of action should be to refer and transfer the woman to another shelter to ensure that she is accommodated in a safe and secure location; the second option would be to place the woman in a hotel or motel.

In the case of a woman having an older male child, care should be used during admission. An older male child could be seen as threatening by other women in the shelter. A family in immediate danger should not be referred elsewhere unless the family room is unavailable.

2.3.2 Non-Admitted Clients

If a woman does not fit the criteria for admission or fits the exceptions to admissions outlined above, under no circumstances is she to be turned away.

Rather, the agency should err on the side of caution and ensure that clients not accepted for admission are brought in for assessment and then referred to other resources. When necessary, clients should also be provided with assistance to access those resources.

2.3.3 Intake and Assessment

Intake at shelters is available on a 24 hour basis, seven days a week.

The shelter has a written policy and procedure describing the intake and assessment process. The process requires the use of a structured intake form and the completion of the "short needs form". An intake should occur within 24 hours of a client being admitted.

The information collected on the "short needs form" does not, under any circumstances, affect eligibility for shelter services.

Shelter staff follow and complete the intake and assessment process for every abused woman and her child/ren seeking services from the shelter in the residential, non-residential, or follow-up programs.

2.3.4 Intake and Assessment for Children

The agency has a policy and procedures which state that:

- Where admitted children are receiving basic residential services only, shelter staff collect needed information from the accompanying adult. The information remains on the adult's file.
- Shelter staff complete the intake and assessment process, as is age and developmentally appropriate, for every child admitted to the children's counselling program.

2.3.5 Management of Client Assets

The shelter has a written policy defining its role and responsibility in the management and safekeeping of client assets and valuables. The policy is communicated to the client at admission.

Where the shelter assumes responsibility for monies or other valuables on behalf of clients, written procedures are in place to ensure safe storage and the recording of transactions.

2.3.6 Shelter to Shelter Transfer

When transferring a client to another facility, communication with the receiving shelter should be consistent with the Shelter To Shelter Transfer Form found in Appendix G.

2.4 Shelter Services and Resources

This section begins with a list of key service components of the shelter program, funded by the Department. Standards are related to requirements in specific service areas.

Core Support Services

- information / crisis telephone lines
- intake and assessment
- crisis counselling
- individual and group counselling
- children's support and counselling
- information, referral and advocacy
- protection planning
- departure planning

Follow-Up Services

- intake and assessment
- individual and group counselling
- on-going protection planning as needed
- information, referral and advocacy

2.4.1 Residential Care

The shelter has written policies with regard to meeting clients' basic needs through the provision of safe accommodation, meals, emergency clothing, personal hygiene supplies, laundry facilities, and, safe transportation to and from shelter for medical and legal appointments.

2.4.2 Client-Centred Planning

The agency has a policy that, in the individual counselling component of the residential, non-residential and follow-up programs, shelter staff and the woman develop a client-centred plan. This plan should clearly identify the woman's expectations of counselling services, her goals, ways to meet those goals during her participation in the services, and ways to measure achievement of goals.

2.4.3 Crisis Intervention Counselling

The agency has a policy that designated shelter staff provide crisis intervention counselling.

2.4.4 Individual Counselling Services

The agency has a policy that designated shelter staff provide individual counselling for both residential clients and community women requesting this service.

The policy should also state that women in the residential program are provided with an opportunity to receive a minimum of one hour of individual counselling in a 24- hour period.

2.4.5 Support Groups

The agency has a policy that shelter staff facilitate on-going self-help support groups for both, residential clients and community women requesting this service.

2.4.6 Children's Counselling

The shelter has a designated children's counsellor. The children's counsellor provides individual counselling and group programs intended to assist children to cope with the effects of witnessing violence.

2.4.7 Follow-Up Services

The agency has a policy that the shelter provides follow-up services.

The staff person delivering follow-up services provides individual counselling and facilitates support groups for former clients of the shelter.

2.4.8 Withdrawal of Services

The agency has a written policy that clearly states the circumstances under which staff would not support a client's extension of stay in shelter, and the circumstances under which a client may be asked to leave the shelter.

The policy, and how it will be implemented, is explained to each woman on an as-needed basis. Consistent with standard 2.1.5, each woman should be advised of her right to appeal.

2.4.9 Information / Crisis Telephone Lines

The shelter ensures that toll-free telephone lines are available and accessible to women on a 24 hour basis.

2.5 Service Monitoring and Evaluation

This section includes standards for client evaluation of service and overall service monitoring and evaluation.

2.5.1 Client Evaluation of Service

The organization has a written policy and procedure to obtain a written evaluation from each client at departure, and to review these evaluations on a regular basis.

2.5.2 Monitoring of Client Files

The agency has a written policy and procedures in place to internally audit client records at least annually to determine whether services provided are compatible with the goals and objectives of the program and the needs of clients.

APPENDIX A: EMPLOYMENT AND INCOME ASSISTANCE INFORMATION SHEET

THE EMPLOYMENT AND INCOME ASSISTANCE (EIA) PROGRAM INFORMATION SHEET

APPLICATION FOR CRISIS SHELTER SERVICES

Crisis facility staff complete the Crisis Shelter Emergency Assistance Request (otherwise known as the 'short form application') for persons who are requesting assistance to stay at their facility. The information required includes: name, birth date, social insurance number, sex, provincial health card information, Treaty Band name and number, financial resources immediately available, current address and reason for shelter service.

Individuals requesting shelter assistance that do not fit the mandate of the crisis shelters should be referred to their community EIA office during business hours or After Hours Emergency Services (AHES) at:

- 204-945-0183 - Winnipeg
- 1-866-559-6778 – outside of Winnipeg

EIA staff will review each application to determine eligibility under *The Employment and Income Assistance Act* and in accordance with EIA policies on assessing resources, needs and payment considerations.

Health Needs

EIA Health Services provides coverage for essential drug, dental and optical supplies and services for eligible clients and children. Individuals with alternative health coverage (e.g. FNIHB for treaty status or Manitoba Blue Cross) are not eligible for EIA Health Services benefits.

Drugs

Once fully enrolled on EIA, individuals may take their prescriptions to a pharmacy and advise the pharmacist that they are on EIA benefits and provide their Manitoba Health card and / or nine-digit Personal Health Information Number (PHIN). Individuals who are not able to attend the pharmacy may call in their prescriptions to the pharmacy and relay the information regarding their enrolment on assistance and their PHIN. The prescription may then be picked up or delivered by a third party.

In situations where shelters must directly pay for prescriptions, shelter staff may submit the prescription receipt to the Crisis Shelter Liaison Coordinator for reimbursement.

Dental

EIA clients accessing shelter services will continue to receive the same dental benefits as all clients of the EIA program. The waiting period for dental care for single parents is 3 months, and the waiting period for single adults with no children is 6 months.

Emergency dental care for EIA clients consists of the treatment and relief of pain. It does not cover restorative treatment. Requests for emergency dental treatment may be forwarded to the Crisis Shelter Liaison Coordinator.

Optical

EIA clients accessing shelter services will continue to receive the same optical services as all clients of the EIA program. The waiting period for optical care for single parents is 3 months and the waiting period for single adults with no children is 6 months.

Emergency coverage for all EIA clients may be provided in situations where a prescription has significantly changed. Where an individual makes a request for replacement frames or new eyeglasses, and is not eligible under the EIA program, she may choose to pay for replacement glasses / frames with any available resources / savings. Where glasses have been damaged as a result of a domestic dispute, she may be eligible for replacement eyeglasses through Victim Services. Requests for emergency optical treatment may be forwarded to the Crisis Shelter Liaison Coordinator.

Special Needs

School Supplies

Families residing in crisis shelters are not eligible to receive EIA funds for school supplies until they leave the shelter. In situations where the family is enrolled on the EIA program after leaving the shelter, EIA case coordinators may issue assistance for school supplies at the age appropriate guidelines.

Household Needs

EIA reviews requests for household needs (e.g. furniture, beds and bedding) on a case-by-case basis, prior to leaving the crisis shelter. Washing machines may be requested from the EIA case coordinator after leaving the shelter. Funds to purchase a washing machine are only provided under special circumstances, such as a disability that prevents the family from going to the Laundromat, or living in an area where Laundromats are not available.

Household Locks

The costs of changing or strengthening locks on an existing residence may be approved for persons accessing shelter facilities, who are eligible for EIA.

Transportation

Transportation to the crisis shelter, to and from medical and legal appointments, and from the crisis shelter to a residence in the community, or anywhere in Manitoba, may be approved by the least expensive mode of transportation that is available in situations, provided the safety of the client is not a concern. Approval should be requested during regular business hours (Monday to Friday, 8:00 am to 4:00 pm) by fax at 204-948-4702.

Bus tickets are provided to the shelters by EIA, to assist clients with searching for housing and for attending legal and medical appointments. Where shelters choose to provide transportation for other reasons, the funding may come from other resources, such as fund raising and private donations.

In most situations, where public transportation is available, taxi service will not be approved as a method of transportation. Once a person has returned home or moved to a new accommodation, public transportation will often be required to purchase groceries, go to children's schools, attend errands, etc. In situations where a client is considered high risk, and the request for a taxi is being made because of this, EIA may request further details regarding the safety plan, including the planned ongoing method of transportation.

In situations where individuals were financially independent prior to utilizing shelter services, and where they will not require EIA after exiting the shelter, individuals may choose to use their personal resources to pay for transportation.

EIA does not provide funds for transportation where existing alternative resources for transportation are in place (e.g. a client is traveling to a medical appointment that is related to a car accident where Manitoba Public Insurance covers the transportation costs). Transportation requests for out-of-province travel must be referred to the Crisis Shelter Liaison Coordinator for consideration. Transportation requests for air fare, train fare, bus fare and fuel allowances involving a move for a client with or without children may be approved for shelter to shelter transfers in province or shelter to shelter transfers out of province. The mileage rates are 20 cents south of the 53rd parallel and 22 cents north of the 53rd parallel.

For shelter to shelter transportation requests, the appropriate client centered planning is required and any requests for transportation should indicate high risk where appropriate. In high risk situations, the crisis facility should call the local police to provide assistance in facilitating safe transportation.

NOTE: the only time transportation would be reimbursed without prior approval would be to transport a client with or without children from a northern / remote community where immediate safety is an issue and arrangements cannot wait for the next business day. As approval cannot be acquired in the evenings, on weekends or holidays, the agency is responsible to follow-up for post-approval on the next regular business day.

Prior to the agency arranging transportation, the shelter MUST ensure it has the client's (and children's, if applicable) complete name, date of birth and social insurance number in order to be reimbursed. The short form application always needs to be provided to the Crisis Shelter Liaison Coordinator, whether signed or not.

Shelter to Shelter Referrals

In situations where a client is being moved from a federally funded shelter to a provincial shelter, the client is eligible for the full 30 days in the provincial shelter, so as to provide adequate time to stabilize in a new community. However, the time spent in the federally funded shelter may be considered in a situation where there is a request for extension of the client's stay.

Case Plans

EIA staff may need to request that shelter staff provide relevant details of a client's case plan / safety plan / exit plan. Questions are limited to situations where EIA staff require further information related to financial eligibility and level of benefits (e.g., employment status, number of children), in order to make an informed decision on the case. Privacy laws, and the absence of an information sharing agreement, prevent EIA staff from providing information regarding clients and / or their previous history to shelter staff.

Shelter staff should anticipate that questions may be asked by EIA staff. However, the information should not require further preparation as the case plan / safety plan / exit plan would have already been developed and the shelter staff will only be asked to relay the information.

Requests for Extension of Shelter Stay

As a general rule, extensions beyond 30 days may be requested under three circumstances:

1. The client has not secured a safe living arrangement. It may be that a woman is unable to relocate, secure housing or assume possession of a new residence within a 30-day timeframe.
2. There is an outstanding safety concern such as a lack of a protection plan or the client requires legal assistance before leaving the residential program.
3. A client's situation is not sufficiently stabilized. Specifically, EIA considers cases where the physical / emotional needs of a client delay crisis counselling, or a woman needs more time to establish a support network and / or secure financial support.

To assist EIA in making a determination for the extension, provide all relevant information about the woman's case plan / safety plan / exit plan on the request for extension of stay form.

Procedures for completion of extension of stay forms:

- Complete the request for extension of stay form in its entirety, ensuring all the information at the top of the form and part 1 is filled out.
- In outlining the case plan (section F, part 1), refer to the actions required to stabilize the client's situation or to support the protection plan, and provide an estimate of the time needed to complete this work. If relevant, include details about other agency involvement, outstanding needs, and medical concerns.

- A request for an extension of stay beyond 30 days should be made on the 21st day of the client's stay. The form is to be forwarded (fax preferred at 204-948-4702) to EIA for review. EIA will contact the agency to either (a) ask for further clarification, or (b) return a decision. If an extension request is modified or rejected, EIA will provide specific reasons based on current EIA policy.

NOTE: Any changes in a client's circumstances that would affect an agreed upon extension should be reported to EIA immediately.

- If the agency is not in agreement with EIA's decision, the procedure to follow is to:
 1. Contact EIA to discuss the rationale for the decision.
 2. If this does not resolve the issue, contact the External Agency Coordinator (EAC) at the Family Violence Prevention Program (FVPP). The EAC will review the decision with EIA and discuss the outcome with the agency.
 3. Appeal the decision to the Director of FVPP. FVPP Director will consult with senior officials in EIA and will discuss the resulting decision with the agency.

The EIA program is committed to and appreciates the open flow of communication concerning EIA policies with each of the provincial shelters and the Manitoba Association of Women's Shelters. Further questions may be addressed to the Crisis Shelter Liaison Coordinator at 204-948-4096.

Revised January 31, 2013

APPENDIX B: LIST OF LEGISLATION, REGULATIONS, CODES AND BY-LAWS FOR PHYSICAL FACILITIES

LIST OF LEGISLATION, REGULATIONS, CODES AND BY-LAWS FOR PHYSICAL FACILITIES

The Buildings and Mobile Homes Act

The Manitoba Building Code

The Fire Prevention Act

City of Winnipeg By-Laws

Sanitation Regulations:

Reg. 325/88-P210

Reg. 328/88-P210

Dwellings and Buildings Regulation:

Reg. 322/88-P210

City of Winnipeg Maintenance and Occupancy By-Law No. 763/74

City of Winnipeg Untidy and Unsightly Premises By-Law No. 762/74

City of Winnipeg Food Services By-Law No. 2920/81

Province Wide Legislation and Regulations

Sanitation Regulations:

Reg. 325/88-P210

Reg. 328/88-P210

Dwellings and Buildings Regulation

Reg. 322/88-P210

The Environment Act

Manitoba Regulation (Food and Food Handling)

Reg. 339/88-P210

Workplace Safety and Health Act

APPENDIX C: SECURITY INCIDENT REPORT FORM

Section 1 General Information	
Shelter Facility:	
Date of Incident:	Time of Incident: AM PM
Area Affected:	
Type of occurrence:	<input type="checkbox"/> Equipment Failure or Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Vandalism / Theft <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Property Dmage
Evaluate Problem:	<input type="checkbox"/> Critical (incident requires local emergency response) <input type="checkbox"/> Urgent (incident caused shelter exterior breached, remedy required in 1-3 days) <input type="checkbox"/> Non-Urgent
Police Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No Detachment:
Officer's name / badge no.:	Incident No.:

Section 2A – Damaged Property or Injured Individual (If security incident is only equipment failure or damage, skip to section 2B.)	
Details of Damage to Property:	
OR	
Injured Party Name & Nature of Injury:	

Section 2B – Equipment Failure or Damage				
Equipment Affected:	<input type="checkbox"/> CCTV	<input type="checkbox"/> Door System	<input type="checkbox"/> Window Bar	<input type="checkbox"/> Alarm System
Describe Problem:				
Describe Action Taken to Date:	<input type="checkbox"/> Checked power supply	<input type="checkbox"/> Reboot system	<input type="checkbox"/> Other (provide details)	

Section 3 – Contact Information	
Staff Name:	Date Report Completed:
Signature:	Contact Telephone No.:

Please submit to FVPP by fax at 204-948-2286.

Section 4 – Follow Up Information (To be completed by FVPP)	
Date FVPP Notified:	Date Report Received:
Name of Vendor:	Date Vendor Contacted:
Expected Repair Date:	Date Work Completed:
Estimated Cost:	Actual Cost: <input type="checkbox"/> Paid
Date Shelter Notified:	FVPP Staff Signature

APPENDIX D: CFS-SHELTER PROTOCOL

PROTOCOLS BETWEEN CHILD AND FAMILY SERVICE AUTHORITY AGENCIES AND WOMEN'S SHELTERS IN MANITOBA

Approved October 6, 2009

The Department of Family Services and Housing has worked with the CFS Authorities and women's shelters to clarify their working relationships. These guidelines are a product of the joint working group including representatives from the CFS Authorities, Women's Shelters, Child Protection and Family Violence Prevention Program. The purpose of the mutually agreed upon protocols is to clarify the working relationship between all parties in matters of child protection.

Services Provided by Women's Shelters

Women's shelters offer safe accommodation for abused women and their children. While in shelter, clients receive counseling, protection planning, information and referral, as well as support services. Counselors at shelters provide counseling to clients. Follow up services for women who have left abusive relationships are also available. The very nature of abuse against women necessitates that services be voluntary. Women are supported to make informed decisions about their lives. Limited counseling support is also available for children who accompany their mother to shelter services.

Services Provided by CFS Authority Agencies

Manitoba's child and family service agencies mandated by the four CFS Authorities have a legal responsibility for the protection of children. Child protection services are intended to protect children within the context of their family and community, unless to do so would place the child at risk of further abuse or neglect. Agency intervention to protect a child must always be balanced with the needs of the child for a continuous family relationship. Any intervention strategy will reflect respect for the rights of all concerned to be involved in decisions which affect their lives, to the extent possible under the circumstances.

Admission Into Shelter

Admission into shelter must be truly voluntary on the part of the woman. If a child and family service agency is involved with a woman currently experiencing domestic violence, the use of shelter may be an option. This option, which provides protection for herself and her children, must be presented as one of a number of options for her consideration. CFS Agencies must appropriately advise women of their choices. As part of the process of presenting options for the woman's consideration, it is appropriate for the agency to explain the services available at the shelter, the relationship between spousal abuse and child abuse, and, any action the agency may have to take dependent on her decisions. If the woman chooses to enter shelter, consultation with the shelter would be appropriate to facilitate the coordination of services to both the woman and her children.

Care of Children in Shelter

While in the women's shelter, the mother has primary responsibility for the daily care of her children. Where staffing permits, the shelter will provide care for the children, on a planned basis, for short periods of time when necessary to allow the mother to attend counseling appointments or personal business (such as medical or legal appointments). Limited children's counseling support is available with the mother's signed consent.

Planned Absences

Where staffing permits, the shelter can provide care to the children when the mother needs to be absent for a brief period of time in order to attend appointments (such as medical or legal appointments). These arrangements must be made between the woman and the shelter prior to her absence. If the woman does not return at the agreed upon time, the shelter will then consider the woman to be on an unplanned absence, as per each shelter's policy.

Unplanned Absences

Unplanned absence is anytime the mother is absent from the shelter without having made prior arrangements with the shelter for care of her children. This includes those occasions when the woman does not return to shelter at the agreed upon time. The shelter will consult with the appropriate child and family service agency as soon as shelter staff have determined that the mother is absent without agreed upon arrangements and child protection concerns become evident. An appropriate care plan for children under the age of sixteen will be made. CFS agency and shelter will work out most appropriate arrangements based on staffing availability and needs of the children.

Shelter Assessment Process

On occasion, children in shelter may be observed to be in need of protection. The shelter assessment process and staff observations during a child's stay at the shelter can help shelter staff identify a child who may be in need of protection. Staff record observations on a form which may be used as a basis for discussion between shelter and CFS staff as well as a written record of concerns. Care should be taken to document observations only and not the observer's interpretation of observations. Documentation should also include the context from which the observation was made. All documentation should contain the date, time, name and signature of the observer. Any statement made by a child to a shelter employee or volunteer should be recorded in the child's own words. Staff should consult with the shelter director and their local case worker before conducting any further action. Documentation should be kept to track all case proceedings. Shelter staff are not expected to monitor parenting, at CFS' request, in order to substantiate evidence when a child may be in need of protection.

Disclosure of Child Protection Issues

Where a staff has information that leads the person to reasonably believe that a child is or might be in need of protection because an act or omission which is neglectful and / or physically, sexually, or emotionally abusive in nature, the shelter staff is obliged to report the information to the local agency as specified in the [Revised Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection](#) (August 2001) (see attached) and as per Subsection 18 of the Child and Family Services Act.

To report suspected child protection issues, contact your [designated intake agency](#).

Confidentiality

In general, knowledge of a suspected case of a child in need of protection must be kept strictly confidential, as per subsection 76 of the Child and Family Services Act. No one but persons required to know should be given any information. Suspected cases should not be discussed with persons outside the shelter or with any of the residents. All clients will routinely be asked for permission to share information and / or be informed that information will be shared and with whom. Release of information forms will be completed as required. However, where there is believed to be a child in need of protection, permission to release information is not required. Reports of suspected protection concerns received by CFS are confidential. The identity of the reporting person shall not be disclosed to the family of the child except as may be required in the course of a judicial proceeding.

Information Sharing

In certain situations, CFS and shelters may need to share information regarding clients with each other. When a CFS staff requests information, shelters should first call the CFS agency and confirm the staff person's status, regardless of urgent time constraints. Once the status is confirmed, then shelter staff should share only that information which is requested or which will assist with identifying if the child is in need of protection or if the provision of services is required. This could include the residency of the client in shelter or the date of departure and intended location of residency.

Service Quality

Both shelters and CFS collect information for education, planning and service quality purposes. Shelters and CFS agree that service output indicators include the number of women and children referred to CFS from shelters, the number of children referred to CFS from shelters that are found to be in need of protection, and the number of times CFS caseworkers respond to shelter requests (particularly in shelter). For quality assurance purposes, shelters and CFS will develop a mutually agreed upon process to debrief on difficult cases. The objective of this process is to help shelters and CFS agencies identify what "went right or wrong" in a specific case, what lessons can be learned, and what best practices can be used in the future.

Designated Placements

When exceptional circumstances exist (i.e. where no other safe accommodations are available), shelters can be used as a short term solution of last resort. The placement of children in shelters should not be greater than 48 hours unless approved by the CFS agency and Shelter Director. Shelter staff are not expected to supervise or monitor children while in shelter for a designated placement. Compensation from CFS to the shelter is to be at FVPP's rate, and a CFS support worker must be provided for placements when children require additional care and supervision because of age or need. Shelters should have a policy that further delineates the process to be followed in these circumstances. Emergency placements are voluntary on the part of the shelter, and a request for placement may be denied based on the capacity of the shelter, and the potential risks that may arise due to the acceptance of a CFS placement.

Custody Visits

On occasion, children in care will attend the shelter for overnight custodial visits with their mothers. Shelters should be made aware of this process to ensure adequate staffing. CFS shall be responsible for providing per diem funds when children in care visit the shelter.

Independent Youth

An independent youth is defined as a child between 16 and 18 years of age who is living independently and is not in the care of an agency or another adult. The independent youth may also have children. Employment and Income Assistance (EIA) does not generally provide per diem funding for youth ages 16-18 at shelter to deal with issues of intimate partner violence. However, EIA will assess each case on an individual basis and per diem funding will be provided in those cases deemed appropriate.

Apprehension of Children from Mother in Shelter

When there is a need under the Child and Family Services Act to apprehend a child/ren while residing in a women's crisis shelter, CFS staff and shelter staff share the responsibility to ensure the process is conducted in a manner that is professional, sensitive and respectful of the shelter clients, staff, and the child(ren) that are to be brought into care. CFS staff attending the shelter must have adequate identification which may include a photo ID card and business card for leaving with the client / staff OR a telephone number where a supervisor can verify their status with the agency.

It is the responsibility of the CFS agency representative to notify the shelter staff as soon as possible prior to the apprehension taking place. If a parent is not at the shelter at the time of apprehension, the CFS staff will use other means to contact the parent and inform them of the apprehension.

In some cases, a parent may be told that if they leave the shelter with their child/ren, and the child/ren are deemed to be in need of protection, then the child/ren will be apprehended. In these cases, shelter staff must call the CFS staff representative or after hours line immediately following the client leaving the shelter.

Shelter staff will support the caregiver after the removal of the child/ren.

Training

Shelters and CFS agency workers agree joint training in the area of family violence and the use of the family violence protocols is a significant success factor in ensuring consistent service quality to vulnerable women and children, and stronger relationships between shelters and CFS agencies. Mutual training opportunities will be sought.

Dispute Resolution Process

Disagreements between the shelter and the CFS agencies and / or Authority should be resolved in a timely manner, and in accordance with the policy manual of each entity. Each shelter and CFS agency will jointly develop a dispute resolution mechanism.

All parties acknowledge that due to the short timeframes that clients are residing in the shelter and based on the urgency of the issue, early resolution between professionals is critical.

Review and Amend Provisions

A committee with representation from the shelters, the CFS Authorities, Child Protection, and Family Violence Prevention Program will review this guide on an annual basis and amend it as required.

APPENDIX E: COMMUNICABLE DISEASE CONTROL

COMMUNICABLE DISEASE CONTROL

The following are universal precautions or routine practices. The basic principle behind routine practices is that all individuals are potential carriers of any number of infectious agents. Note that these practices do not eliminate the need for other category or disease specific practices.

Hand Washing

Careful hand washing is indicated after every physical contact with another individual or any object potentially contaminated. Hand washing is also recommended after each change of gloves.

It is further advisable to wash hands:

- at the beginning and end of the work period;
- before and after eating;
- before and after rest periods;
- after handling dishes and utensils;
- after handling other individuals' articles, dirty linens, and garbage; and
- before and after using the washroom

It is further recommended that employees keep their nails trimmed and avoid nail biting.

Gloves and Protective Wear

It is recommended that protective gloves be worn when there is physical contact with another (potentially contaminated) individual. Hands must be washed immediately after the gloves are removed.

To prevent possible cross-infection, gloves should be removed following any personal contact.

Staff having open skin are strongly advised to wear protective gloves. Staff with allergies to latex are encouraged to use substitution gloves.

Disposable gloves shall be removed properly after each use because failure to do so can result in contamination of the skin which renders precaution useless.

Masks and gowns shall be worn when any body substances are likely to splash the skin, mucous membrane or clothing.

Soiled reusable items, linen and garbage shall be contained securely enough to prevent leakage. Double bagging is recommended but not necessary unless the outside of the bag is visibly soiled or known to be contaminated.

Ventilation Devices

Micro-shields are recommended if a staff person is required to perform mouth-to-mouth resuscitation.

APPENDIX F: CRITICAL INCIDENT REPORTING PROCEDURES AND FORM

CRITICAL INCIDENT REPORTING PROCEDURES FOR SERVICE PROVIDERS

INTRODUCTION

Agencies delivering services that are funded by the Family Violence Prevention Program (FVPP) are responsible for providing services which promote the health, safety and welfare of the clients being served. This responsibility requires service providers to demonstrate that their service delivery is consistent with relevant legislation, regulations, standards and policy.

Along with other reporting requirements between agencies and FVPP, Critical Incident reporting provides both parties with an effective means of monitoring the appropriateness and quality of their service delivery. It also allows for the ongoing review of service provider practices, procedures, and training needs.

As such, FVPP requires that agencies, funded to provide services to abused women and their families, report all critical incidents within 24 hours. In addition, service providers are required to submit a Critical Incident Report. The following procedures include descriptions of roles and responsibilities, reporting templates, and the steps required to promote a consistent approach to Critical Incident reporting and related follow-up actions.

DEFINITION

Critical incidents to be reported by the service provider to FVPP are defined as follows:

- Any death of a client which occurs while participating in a service¹.
- Any serious injury to a client which occurs while participating in a service, including:
 - any injury caused by the service provider;
 - a serious accidental injury received while in attendance at a service provider setting, and / or in receiving service from the service provider; or
 - an injury to a client which is non-accidental, including self-inflicted, or unexplained, and which requires treatment by a medical practitioner, including a nurse or dentist.
- Any alleged abuse² or mistreatment of a client, which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff or volunteers.
- Any situation where a client is missing and the service provider considers the matter to be serious.
- Any disaster, such as a fire, on the premises where a service is provided.

¹ In the event of death, a medical examiner must also be notified.

² Abuse includes physical harm, sexual molestation or exploitation, not providing medical treatment when required, and psychological, verbal, emotional, financial abuse or mistreatment.

- Any complaint made by, or about, a client, or any other Critical Incident concerning a client that is considered by the service provider to be of a serious nature.
- Any event that caused a substantial damage of equipment or facilities.

Note: Within the parameters of the preceding definitions, the service provider is responsible for determining whether an incident is a Critical Incident as defined by these procedures and whether, therefore, it should be reported to FVPP. As a general rule, when in doubt whether an event is a Critical Incident or not, shelters are advised to discuss it with their External Agency Coordinator.

REQUIREMENTS

Instruction of Staff

Service providers are expected to develop internal policies for instructing staff regarding critical incidents. At a minimum, these policies must address:

- the identification of critical incidents;
- the immediate response procedures to a critical incident; and
- the expected steps in reporting a critical incident.

Critical Incident Response – Immediate Actions by Service Provider

Actions to be taken, if a critical incident has occurred or is suspected, include the following:

- The client will be provided with immediate medical attention when warranted.
- Appropriate steps will be taken to address any continuing risks to the client's health or safety. (The need for the same or similar steps to address the health and safety of other clients should also be considered, as appropriate.)
- Ensure that the local medical examiner is notified immediately in all cases involving death, regardless of location (e.g. hospital) or circumstances (e.g. "Do Not Resuscitate" order was in effect, or death not considered questionable).
- The staff or any other person witnessing, or having knowledge of the occurrence, will report the matter to the person designated by the service provider to conduct Critical Incident inquiries.
- The designated person will immediately begin a Critical Incident inquiry in accordance with the following steps. The purpose of the inquiry is to gather information regarding the actual or alleged occurrence(s).
- All persons having knowledge of the occurrence will be asked to remain on the premises until the designated person has interviewed them or indicated that there is no need for their involvement at that point.

The inquiry information gathered by the designated person will form the basis of the Critical Incident Report Form below, and therefore should include as many of the following details as possible at this time:

- description of the incident
- client's allegation (if applicable);
- date, time, place where it occurred;
- time the incident was reported;
- reason for the incident (if known);
- people involved;
- action taken;
- current status;
- parties notified - medical examiner in all cases of death; police / Child & Family Services (as applicable); parents and others, as appropriate; and
- further action recommended - specific to immediate situation, or related to potential underlying factors (e.g. review of particular internal policy / procedure, review of program / treatment plan for client, staff training need, modification to physical plant, etc.).

If on the basis of the inquiry there is reason to suspect that a client has been abused (and / or in need of protection, in the case of a child), the designated person shall ensure immediate contact with:

- police and / or Child & Family Services as appropriate in the case of a child. (Note: It is the person who has reasonable grounds to suspect that a child is or may be in need of protection who is legally obligated to make a report to the CFS.)
- police, as appropriate and in accordance with applicable service provider policies / practices.

Reporting Process – Within 24 Hours

The service provider will inform FVPP and the Chair or designated board member within 24 hours when a Critical Incident is deemed to have taken place.

Reporting Process – Within Seven (7) Days

After the initial notification to FVPP, the written Critical Incident Report, signed by a designated service provider representative, must be submitted to FVPP within seven (7) working days. The report shall identify any clients involved by their first name and the first initial of their last name. Any other party should be referenced in as non-identifying terms as possible (e.g. first and last initials only, staff A / staff B, etc.)

Note: The primary focus of the Critical Incident Report is the record of service provider actions from an accountability perspective (i.e. were the actions taken appropriate, complete, consistent

with legislation / policy, etc.). However, it is possible that not all desired information can be obtained, or incident review / follow-up actions completed, within the required seven-day period.

As such, service providers are requested to always submit the Critical Incident Report within the seven-day period, even if they have incomplete information and / or actions that have yet to be completed. In such cases, an explanation should be included, along with a clear indication that a supplementary follow-up report to FVPP will be forthcoming.

Upon reviewing the Critical Incident Report, FVPP may request additional information or a further review by the service provider of the incident. The service provider is then expected to submit any related follow-up or outcome report(s) to FVPP in accordance with approved timelines. If required, FVPP may also initiate its own, or other departmental reviews.

Ongoing Monitoring

The service provider is expected to monitor the agency's performance on an ongoing basis with respect to the reporting, management, and follow-up of critical incidents.

CRITICAL INCIDENT STEPS & RESPONSIBILITIES SUMMARY	
Immediate actions	Address health & safety of client(s) Notify medical examiner for any death; police or CFS as applicable; family and / or others as appropriate Conduct Critical Incident inquiry
Within 24 hours	Notify FVPP
Within 7 days	Submit Critical Incident Report to FVPP
Following submission of Critical Incident Report	Provide follow-up review(s) and information updates to FVPP as requested
Ongoing	Monitor Critical Incident related issues / trends and conduct follow-up actions in a timely manner

CRITICAL INCIDENT REPORT

Agency	Address		
Director / Senior staff	Telephone Number		
Board Chair	Date & Time of Occurrence		Date & time information received by person completing report
Name of person(s) involved (First name & initial of surname)	Age	<u>Type of serious occurrence</u>	
Staff member in-charge at the time of the incident	<input type="checkbox"/> death <input type="checkbox"/> serious injury <input type="checkbox"/> alleged abuse / maltreatment <input type="checkbox"/> missing person <input type="checkbox"/> disaster on premises <input type="checkbox"/> Other _____		
Who was notified?	Verbal Rpt	Written Rpt	Date
Chair / designated member	<input type="checkbox"/>	<input type="checkbox"/>	_____
FVPP	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Description of the Critical Incident (attach details)

Please print legibly, using black ink

What happened? (*Who, what, where, when, why, & how. Include names of staff who were involved or who witnessed the incident.*)

When was the incident reported? To whom? By whom? Time of call? Response time? (*i.e. Police, emergency services, doctor, etc.*)

Action taken:

Current status / Condition:

Further immediate, or future action proposed (include measures taken or planned to prevent similar incidents in the future):

Is this expected to be the only / last report submitted for this occurrence? Yes No

Report completed by: (Printed name)	 (Signature)	Date report completed	Time
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To be completed by the Family Violence Prevention Program

Date FVPP notified:	Time	Written report received:
Assigned to: Further service provider action required <input type="checkbox"/> Yes <input type="checkbox"/> No Further FVPP action required <input type="checkbox"/> Yes <input type="checkbox"/> No Briefing / Advisory Note written <input type="checkbox"/> Yes <input type="checkbox"/> No Explain current status and additional action to be taken:		
FVPP Signature		Date

APPENDIX G: SHELTER TO SHELTER TRANSFER

SHELTER TO SHELTER TRANSFER FORM

The following steps are to be taken to ensure a smooth transition for clients between shelters.

- Shelter requesting transfer and the receiving shelter must have an initial conversation about the transfer.
- Client that is transferring must speak to receiving shelter staff.
- Client transfer paperwork must be complete and faxed by the shelter requesting the transfer to the receiving shelter.
- Transport request and shelter to shelter transfer documents must be faxed to EIA by the shelter requesting the transfer. Authorization prior to faxing is based on individual shelter policy.

SHELTER TO SHELTER RELEASE OF INFORMATION AUTHORIZATION

I, _____ hereby authorize
 _____ to release the following information to:
 (Shelter from which the Clients is being transferred)

 (Name of Shelter to which Client is being transferred)

 (Address of Shelter)

Phone Number _____

Staff Contact at receiving shelter _____

 (Client Signature) (Date)

Release of information will be effective for a 48 hour period
from: _____ **to** _____

CLIENT INFORMATION

Name _____ DOB _____

History of Shelter Stays (circle one): No History Some History Long History

History of Domestic Violence (circle one): No History Some History Long History

Latest Incident of Violence / Precipitating Incident:

Protection order against current partner? (circle one) Yes No Pending

Identification (circle one):

Provincial Health Card Treaty Status Card Provincial Driver's Licence

Liquor Commission Photo ID Card Provincial Photo ID Passport

Other _____

Health Concerns _____

Allergies / Special Dietary Needs _____

Financial Support (circle one)

EIA Band Assist Disability Assist Employed Other

Other Needs _____

Reason for Transfer _____

Client's Support System _____

Intimate Partner Information:

Name _____

DOB _____ **Whereabouts** _____

Brief Physical Description _____

Has Partner had any charges against him? (Circle one)

Yes No Other _____

Other important information _____

Relationship to client's children _____

Client's Children Accompanying Client:

Name	Age	Date of Birth	Who has Custody?	Health / Medical Concerns?	CFS / DOCFS? Or other Comments

Names and DOB and whereabouts of children not accompanying Client:

Safety Plan for Transfer

Mode of Transportation _____

Time Departing _____ Estimated Time of Arrival: _____

Does Client have phone numbers and money for pay phone for departing shelter and Transfer Shelter? (Circle one)

YES NO

Client's Safety Plan _____

Miscellaneous Information _____

Transferring Staff _____

Director's Initials if required _____

Date _____