FAMILY & COMMUNITY SUPPORTS FOR NEWCOMERS REFERRAL FORM

Please fax to Intake Worker at 204-947-2128

REFERRED BY:	**AGENCY** _____	**DATE: (M/D/Y)**	_____
	CONTACT NAME:	**PHONE #**	( )
	EMAIL ADDRESS: _____		
REFERRED TO:	**FAMILY SUPPORT FOR NEWCOMERS PROGRAM (Portage office)**	HIGH CASE MANAGEMENT ☐	
	COMMUNITY SETTLEMENT PROGRAM (Pembina office)	LOW CASE MANAGEMENT ☐	
		1-1 SETTLEMENT SUPPORT ☐	
		PROGRAMMING ☐	

FAMILY/CLIENT INFORMATION			
PRINCIPAL APPLICANT		**PARTNER** (if applicable)	
FIRST NAME		**FIRST NAME**	
LAST NAME		**LAST NAME**	
PR/UCI#:		**PR/UCI#:**	
IMMIGRATION STATUS	**CANADIAN** ☐ **PERMANENT RESIDENT** ☐	**REFUGEE CLAIMANT** ☐	**TEMPORARY RESIDENT** ☐
ARRIVAL INFORMATION	**ARRIVAL DATE:**	**ARRIVAL DATE:**	
COUNTRY OF ORIGIN:		**COUNTRY OF ORIGIN:**	
PRIMARY LANGUAGE:		**PRIMARY LANGUAGE:**	
LANGUAGES SPOKEN:		**LANGUAGES SPOKEN:**	
DATE OF BIRTH	M M D D Y Y	**GENDER** Male ☐ Other: ☐ Female ☐	M M D D Y Y **GENDER** Male ☐ Other: ☐ Female ☐
ADDRESS			
POSTAL CODE			
HOME/CELL PHONE			
EMAIL ADDRESS			
RELATIONSHIP	☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Single ☐ Widow ☐ Multigenerational		
CHILDREN IN THE HOME	NUMBER OF CHILDREN OVER 18 _____	NUMBER OF CHILDREN UNDER 18 _____	
OTHERS IN THE HOME	NUMBER OF OTHER ADULTS _____		

PRESENTING BARRIERS/AREAS NEEDING SETTLEMENT OR CASE MANAGEMENT SUPPORT Notes

- ☐ **Urgent Basic Needs (food/shelter/clothing)** _____
- ☐ **Struggling with Basic Life Skills** _____
- ☐ **Safety Concerns** _____
- ☐ **Mental Health Concerns** _____
- ☐ **Health Issues** _____
- ☐ **Family-Related Challenges** _____

☐ **Legal Issues**

☐ **Social Issues/Isolation**

☐ **Racism**

☐ **Education Challenges**

☐ **Employment Concerns**

☐ **Other**

PROGRAMMING

☐ **Conversation Circle (in-person or virtual)**
☐ **Information Groups (in-person or virtual)**
☐ **Gardening Program in Fort Richmond**

CLIENT CONSENT OBTAINED FOR REFERRAL ☐ Verbal Consent Obtained ☐ Written Consent Form Signed