



A Place of Hope



Winnipeg
Inner City Missions

415 Logan Avenue
Winnipeg, MB, R3A 0A4
Ph: 204-942-8682
Fax: 204-957-5001

Your Resident Action Plan must be completed with support from your referring agency prior to intake interview. An Action Plan is required for all applications.

RESIDENT ACTION PLAN

Date: _____

Resident:

Staff:

Personal Goals:

Work or Educational Goals:

Long-Term Housing Goals:



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What I *Have* to Do Right Now:

What I *Want* to Do:

I Need:

- | | |
|--|--|
| <input type="checkbox"/> Identification (photo or other) | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Manitoba Health Card | <input type="checkbox"/> Social Insurance Number |
| <input type="checkbox"/> CRA Account | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Treaty or Metis Card | <input type="checkbox"/> Other: |

Resident Signature

Staff Signature

Secondary Staff Signature