



The First Steps to Independence Program offers support to adults living in Winnipeg's inner-city who are committed to personal growth and development. Housing is one aspect of the program. A referral is required for all applications.

FIRST STEPS TO INDEPENDENCE PROGRAM: AGENCY REFERRAL

Applicant Name:	Date:		
Applicant Address:	Applicant Phone:		
Agency Referring:	Agency Phone:		
In what capacity do you know this person?			
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First Steps to Independence Program Requirer	<u>nents</u>		
Is the applicant an adult, 18-years or older?		Yes	No
is the applicant an addit, 10-years of older:			_
Do you know if the applicant has experience living alone?		Yes	No
Do you know if the applicant has any restrictions or limitations			
that may impact their ability to do certain tasks or work?		Yes	No _
Please detail:			
To your knowledge, does the applicant have a h	nistory of		
substance use disorder, addiction, or mental he	ealth struggles?	Yes	No
Please detail (ex: used alcohol for 4 years, 2 years sob	er):		

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P: 204-942-8682 F: 204-957-5001 E: wicm@wicm.ca

Do you know if the applicant is receiving support for their substance use, addictions, or mental health? Yes No Please detail (ex: goes to AA meetings at *location* twice weekly): What ongoing support services do you believe this individual needs? In your opinion, what makes this individual a good candidate for our program? What continued support can your agency provide for this individual? Date: The referring agency agrees to support the client with a Winnipeg Inner City Referred by: Missions: Resident Action Plan prior to intake in the First Steps to Independence Position: Program. Signature:

Candidate will be contacted at the discretion of the Winnipeg Inner City Missions leadership.