



P: 204-942-8682  
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*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:**

\_\_\_\_\_

**Support:**

\_\_\_\_\_

**Personal Goals:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work or Educational Goals:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Long-Term Housing Goals:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**What I *Have* to Do Right Now:**

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**What I *Want* to Do:**

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**I Need to Obtain:**

- |  |  |
|--|--|
| <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:                  |

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**Resident Signature**

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**Support Person Signature**

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**WICM Staff Signature**

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