

**New Directions for Children, Youth, Adults and Families**

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**The Empower Project Referral Form**

*Referral date:* Click or tap to enter a date.*Release date, if in custody:*Click or tap to enter a date.

***Applicant’s Name:*** Click or tap here to enter text.

*Present Address:* ­Click or tap here to enter text.*Postal Code:* Click or tap here to enter text.

*Phone Number:*Click or tap here to enter text. *email:* Click or tap here to enter text.

*Facebook name:* Click or tap here to enter text.

***Referred by****:*

*Name: Agency:* Click or tap here to enter text.

*Address:*Click or tap here to enter text. Postal Code:Click or tap here to enter text.

*Phone Number:*Click or tap here to enter text. *email:*Click or tap here to enter text.

*Applicant’s gender:* [ ] 1 Male [ ] 2 Female [ ] 3 Transgender

*Applicant’s date of birth:*Click or tap here to enter text. *Age:* Click or tap here to enter text.

Applicant’s Social Insurance Number: Click or tap here to enter text.

*Guardian Contact (name and phone #, e-mail):* Click or tap here to enter text.

*Emergency Contact Person (name and phone #, e-mail):* Click or tap here to enter text.

*CFS (name, agency, and e-mail):* Click or tap here to enter text.

*Guardianship Status :* [ ] 1 VPA [ ] 2 PW [ ] 3 EOC

*PO (name, office, phone #, e-mail):* Click or tap here to enter text.

*ISSP (name, office, phone #, e-mail):* Click or tap here to enter text.

*ATSW (name, office, phone #, e-mail):* Click or tap here to enter text.

*EIA Worker* *(name, office, phone #, e-mail):*Click or tap here to enter text.

Case Number: Click or tap here to enter text.

*Other Agency Involvement with Applicant:* Click or tap here to enter text.

*Guardianship Status:* [ ] 1 Family [ ] 2 Independent [ ] 3 CFS [ ] 4 CLdS [ ] 5 Provincial Special Needs

[ ] 6 Other Click or tap here to enter text.

*Parents (names of birth, step, foster, etc.):* Click or tap here to enter text.

*How is the participant supported financially?*

 [ ] 1 CFS [ ] 2 EIA [ ] 3 Family on EIA [ ] 4 by Family [ ] 5 Employment [ ] 5 No $ support

*Participant ethnicity:*[ ] 1 Aboriginal Status [ ] 2 Aboriginal Non-Status [ ] 3 Inuit [ ] 4 Metis

[ ] 5 Asian [ ] 6 African [ ] 7 EuroCanadian [ ]  8Other

*Is the participant a new comer?* [ ] 0 No [ ] 1 Yes

*Is the participant a parent?* [ ] 0 No [ ] 1 Yes *If yes, do they live with the applicant?* [ ] 0 No [ ] 1 Yes

*Has the participant been diagnosed with FASD?* [ ] 0 No [ ] 1 Yes

 *If yes, has the participant been informed of the diagnosis?* [ ] 0 No [ ] 1 Yes

*Does the participant have a mental health diagnosis?* [ ] 0 No [ ] 1 Yes

Thank You!