Wahkohtowin: Strengthening Families Program

REFERRAL FORM

Referring Agency:	**Date Referred**:
Your Name & position title:	**Relationship:**
Email:	**Phone Number**:
Referral's name:	**Age:**
Preferred method of contact: ☐ cell phone ☐ home phone ☐ email	
Contact info:	
Reason for Referral:	
I confirm that _____ (referral's name) has given me permission to share their personal information with the Wahkohtowin: Strengthening Families Program. **Yes** ☐ **No** ☐	
Are Wahkohtowin SFP staff permitted to leave a message identifying ourselves at the referral's preferred method of contact? **Yes** ☐ **No** ☐	
Wahkohtowin SFP is offered at 4 Winnipeg locations, from 5-8pm. Please **indicate** the referral's program **site preference** with a **check mark (√)** in the left column and email/fax this form to referral's preferred site.	

√	Site Name	Address	Weeknight	Site Coordinator Fax & email
	Ndinawemaaganag Endaawaad	650 Burrows Ave.	Mondays	Sara – Ph: 204-417-7233 x226 Fax: 204-589-4086 sara@ndinawe.ca
	Ka Ni Kanichihk	765 Main St.	Tuesdays	Sarah – Ph: 204-560-3007 x111 Fax: 204-953-5824 sfonsecaerrestad@kanikanichihk.ca
	Bilal Community and Family Centre	33 Warnock St.	Wednesdays	Anteneh – Ph: 204-880-2483 Fax: 204-774-2243 anteneha@bilalcommunitycentre.ca
	Spence Neighbourhood Association	365 McGee St.	Thursdays	Seth – Ph: 204-471-0940 Fax: 1-800-515-8757 seth@spenceneighbourhood.org

Signature:	Date:

For more information about the program, contact Natalie Carreiro, Project manager: ncarreiro@kanikanichihk.ca