

**YMCA – YWCA of Winnipeg**

 **Recreation Opportunities for Children (ROC) Program Referral Form**

301 Vaughan St ● Winnipeg, MB ● R3B 2N7 ● Phone 204-698-5106 ● Email: grant.richter@ymanitoba.ca

Date (Day/Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Referring Agency/Organization:  | Referrer (Name):  |
| Telephone #:  | Email:  |

**Family Information**

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| Applicant Parent Name:  |
| Spouse/Parent Name: |
| Physical Address: |
| Postal Code:  | EIA/RAP # (if applicable) | Voicemail: Yes No  |
| Home #: | Cell #:  | Other #:  |
| Email:  |

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| --- | --- | --- |
| First Name, Last (Family) Name | Age | Gender |
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**Children in the home (between 6 and 18 years of age)**

Is there an adult in the home that has a driver’s license: \_\_\_\_\_\_\_\_\_\_\_\_ Does the family have a vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the family aware of the referral to ROC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of any activities/groups/clubs that the family is currently involved in? If so, please list them:

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What is the family need or barrier that prompted this referral? (i.e., low-income family, newcomer family, lack of knowledge of recreation option in the city, etc.)

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What do you hope the family/child(ren) get from ROC?

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Is the family currently receiving any other services or supports from other organizations or resources? If so, what are they?

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| **Office Use ONLY** |
| Date Received | Dates(s) Contacted | Expected Intake | Intake Completed | Outcome |
|  |  |  |  |  |

**Please return form via email to ROC Coordinator at** **grant.richter@ymanitoba.ca**