



YMCA – YWCA of Winnipeg

Shine On

Recreation Opportunities for Children (ROC) Program Referral Form

301 Vaughan St • Winnipeg, MB • R3B 2N7 • Email: fatemeh.mansouri@ymanitoba.ca

Date (Day/Month/Year): _____

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

Family Information

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

Children in the home (between 6 and 18 years of age)

First Name, Last (Family) Name	Age	Gender

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.)

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

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

MEMBERSHIP INFORMATION (FOR OFFICE USE ONLY)

Membership Start Date: Year _____ Month _____ Day _____

Membership End Date: Year _____ Month _____ Day _____

Which branch do they anticipate using the most?

Downtown ☐ Elmwood-Kildonan ☐ South ☐ West Portage ☐

Newcomer ROC Program Coordinator Signature:

Please return form via email to ROC Coordinator at fatemeh.mansouri@ymanitoba.ca