

# EXTERNAL PARTICIPANT REFERRAL

Please ensure all fields are complete.

Upon completion, forms can be e-mails [referrals@needsinc.ca](mailto:referrals@needsinc.ca) or by fax at (204) 940-1272.

Referred By	
Staff Name	
School/Organization	
Position/Job Title	
Contact Number	
Contact E-mail	
Is referral urgent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is family aware of referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian #1			
First & Last Name		Gender	
Language(s)		Date of Arrival	
Interpretation Needed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address		Unit #	
Home Phone			
Cell Phone			
E-mail			
Status	Canadian <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Refugee Claimant <input type="checkbox"/>

Parent/Guardian #2			
First & Last Name		Gender	
Language(s)		Date of Arrival	
Interpretation Needed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address		Unit #	
Home Phone			
Cell Phone			
E-mail			
Status	Canadian <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Refugee Claimant <input type="checkbox"/>

Please print off an additional page if referring more than four (4) children from the family.

Participant #1			
First & Last Name		Gender	
Date of Birth		Age	
Language(s)			
Interpretation Needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Presently registered at school in WPG?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
School		Grade Level	
Participant #2			
First & Last Name		Gender	
Date of Birth		Age	
Language(s)			
Interpretation Needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Presently registered at school in WPG?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
School		Grade Level	
Participant #3			
First & Last Name		Gender	
Date of Birth		Age	
Language(s)			
Interpretation Needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Presently registered at school in WPG?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
School		Grade Level	
Participant #4			
First & Last Name		Gender	
Date of Birth		Age	
Language(s)			
Interpretation Needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Presently registered at school in WPG?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
School		Grade Level	

Referral Information	
Reason for Referral	
What supports is your organization providing to this client/family?	
Other relevant information for referral	

I, \_\_\_\_\_ as the parent/guardian of the above children, hereby authorize the referral to N.E.E.D.S. Inc.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# OFFICE USE ONLY

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Operations Office	
Receiving Date of Referral (MM/DD/YYYY)	
Service Referred To	SWIS In House <input type="checkbox"/> SWIS <input type="checkbox"/> Employment <input type="checkbox"/>
Date Sent to Manager (MM/DD/YYYY)	