251-A Notre Dame Avenue Winnipeg,
Manitoba R3B 1N8
Phone 204.940.1260 Fax 204.940.1272
NEEDS CENTRE

Office Use Only	**File Number**	

Protected B when completed

Additional Family Members Form

(Please Print)

Client 6			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 7			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 8			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 9			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 10			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Manitoba
Immigration, Refugees and Citizenship Canada
Immigration, Réfugiés et Citoyenneté Canada
Canada

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Additional Family Members Form

(Please Print)

Client 11			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 12			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 13			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 14			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	

Client 15			
First Name	Last Name	Relationship to Main Registrant	Imm Category ☐ *Same as main registrant*
Phone ☐ *Same as main registrant*	Address ☐ *Same as main registrant*	Email ☐ *Same as main registrant*	Name of Current School
PR #/UCI Number	Date of Birth *(yyyy/mm/dd)*	Date of Entry into Canada ☐ *Same as main registrant (yyyy/mm/dd)*	
Gender	Allergies, Dietary or Health Concerns ☐ Yes ☐ No *(if yes please explain)*	Note:	