

**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](mailto: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**](mailto:grant.richter@ymanitoba.ca)