



RAPID SERVICES

Housing Department
670 Main Street
Winnipeg, Manitoba R3B 1E4
Intake Line 204-589-1613
Email: IntakeRapidServices@mmf.mb.ca
Fax: 204-942-6670
<https://www.mmfrapidservices.com>



REFERRAL FORM

Date:

Referral Department/Agency:

Referral Person Name:

Referral Ph Number:

Referral Fax Number:

Referral Email:

Participant Information:

First Name:

Last Name:

Mailing Address:

City:

Province:

Ph Number:

Best time to contact: Day / Afternoon

Email:

Contact at specific time:

(Circle that apply)

Do they Identify as Metis?

Yes / No

Do they have citizenship with the MMF?

Yes / No

If they don't have citizenship, are they willing to apply?

Yes / No

Do they have ID?

Yes / No

If So, which ID? (do not write #'s down on this form)

Health / Drivers / Birth / Metis / Status/
S.I.N / Other:

Do they have an income? (If so circle source)
Yes / No

EIA Reg/ EIA Disability / EI / Employed /
OAS - CPP / Other:

What services do they require? (Circle that apply)

(Use second page case notes for
additional information)

Justice/Reintegration | Housing | Advocacy | Education |
Identifications | Basic Needs | Resources |

Employment | Health | Aging Out Youth