



Referral to: In Motion & Momentum+ (IM&M+)
Attention: Kathy Palmer kpalmer@workprep.ca
Phone: 757-9096 ext 233

Please indicate the individual's readiness for group based on the following characteristics:

<p>Ready for Change:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A feeling of being stuck <input type="checkbox"/> A feeling of moving in a direction that doesn't fit <input type="checkbox"/> Some stability with respect to addictions and/or health (physical/,mental), housing, food and finances <input type="checkbox"/> A desire to participate fully (attend all sessions) <input type="checkbox"/> A commitment to contribute to all activities <input type="checkbox"/> A willingness to participate in post surveys <input type="checkbox"/> Other: _____ 	<p>Ready for Group:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A minimum Grade 5 Literacy <input type="checkbox"/> Access to dependent care (as necessary) <input type="checkbox"/> Access to transportation <input type="checkbox"/> Basic Digital Literacy <input type="checkbox"/> Access to technology (supports may be available) <input type="checkbox"/> The capacity to function as part of a diverse group <input type="checkbox"/> Other: _____
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Referral Date: _____ **Client Name:** _____

Address: _____ **Postal Code:** _____

Phone number: _____ **Message Number (if applicable):** _____

Client's Email Address: _____ **DOB:** _____

Referring Consultant: _____ **Phone:** _____

E-mail address: _____ **Fax:** _____

Comments: (Other workers names/contact information. NOTE: This program can accommodate unforeseen crises, but ideally participants would enter the program with some degree of stability in their life)

To be completed by Work Prep:

Client Name: _____ **Date:** _____

Referral Outcome:

IM&M+Team: _____ **Appointment:** _____

- No contact (see notes below)
- Enrolled in Im&M+
- Referred out
- Referral Agency contacted

Notes: