Second-Stage Family Violence Prevention Program Application

(service provider referral)

Introduction

Sankewi-pomawsuwikuwam: A Peaceful Place to Live is a second-stage family violence healing program for Indigenous women and children. It is a healing program that includes housing — not a housing program that offers support. *Sankewi-pomawsuwikuwam* has six 3-bedroom family units in total, 2 of which are accessible units.

Woli-Kehkituwakonol is next door to *Sankewi-pomawsuwikuwam* and offers programming space and 2 single units upstairs. **Note these units require climbing stairs and are not suitable for individuals with mobility challenges.

Our focus is on safety, healing, and rebuilding a foundation for a life free from violence.

Admission Criteria

The program serves Indigenous women (18 years and older) who are leaving or have recently left a situation of family or intimate partner violence. Admission is based on need, program suitability, and availability.

To be eligible, applicants must:

- Be committed to sobriety throughout their stay. Sankewi-pomawsuwikuwam is a dry facility — alcohol and non-prescription drugs are not permitted.
- Consume prescription medication only, including prescribed medicinal cannabis, may be used safely as directed by a healthcare provider. Where medicinal cannabis is consumed by smoking, smoking may only occur in the designated areas - there is no smoking within the units or facility.
- Be willing to engage in program activities that support healing, safety, and growth.
- Be able to live cooperatively within a shared, women-led community environment.
- Be prepared to contribute a monthly accommodation fee (30 % of household income, as determined by Housing NB or in accordance with internal Affordable Rent & Participant Rent Subsidy Policy).

Sankewi-pomawsuwikuwam is an Indigenous-led and Indigenous-centered program. **Priority is given to First Nations women and/or children with status under the *Indian Act*, Inuit, and Métis with established and ongoing connection with their community** (ie. they meet the membership or citizenship criteria established by the community they claim membership or citizenship).

Women without status or non-Indigenous women who are mothers or primary caregivers of Indigenous children may also be considered if they provide a Letter of Support from an Elder, counsellor, healthcare provider, or another trusted person in their community who can speak to their (or their child's) established and ongoing connection with the Indigenous community. The letter must establish how they (or their children) meet the membership or citizenship criteria established by the community they claim membership or citizenship.

If there are questions about an applicant's eligibility after receiving their application and any supporting documentation, an Intake Committee may be called to make a determination. This Committee will comprise of Ksalsuti CEO, Resident Elder and two members from the Board of Directors.

Instructions

This referral form is to be completed by a service provider working with the applicant. The information you provide helps our team understand the applicant's current needs and determine suitability for the program. Please complete this form to the best of your ability, using a trauma- and violence-informed approach.

Once submitted, our team will review the application and may reach out if further information is required. Our team will also contact the applicant to provide updates on their application throughout the process. Completing this form does not guarantee a placement, but ensures the applicant is considered when a unit opens.

Application Checklist

- Ensure your client has reviewed the Information Booklet and understands the terms and expectations
- Complete this form to the best of your ability, based on your professional knowledge of the applicant.
- Provide proof of Status; or obtain a letter of support from community (if needed)
- Email the completed form (and letter of support, if applicable) to peacefulplacetolive@ksalsuti.org

Service Provider Information

Organization Name: _____	
Referral Agent Name: _____	
Job Title & Role: _____	
City & Province: _____	
Phone #: _____	**Email Address:** _____
Relationship to Applicant: _____	

How long have you been working with the applicant?

_____

Did you recommend this program, or did the applicant request the referral?

_____

Applicant Information

Full Legal Name: _____

Preferred Name / Pronouns: _____

Date of Birth (MM/DD/YYYY): _____

Status Registration No. : _____ OR ☐ **Letter of Support Attached**

Preferred Language: _____

Other Language(s) Spoken: _____

Preferred method of contact: _____

Safe Phone #:

_____

Safe to call? ☐ Yes ☐ No

Safe to leave a message? ☐ Yes ☐ No

Email Address: _____

Safe to email? ☐ Yes ☐ No

Accessibility or mobility considerations (******_Please note our single units are accessible by stairs only – may not be suitable for applicants with mobility challenges_******):

_____

Is the applicant currently pregnant? ☐ Yes ☐ No Due date (if applicable): _____

Dietary Restrictions: _____

Allergies: _____

Children' s Information (if applicable)

How many children will live with the applicant (full or part-time)? _____

Child's Name	**Gender**	**Date of Birth**	**Status #** (if applicable)

Accessibility or mobility considerations:

_____

_____

Dietary Restrictions:

_____

_____

Allergies:

_____

_____

Pets (if applicable)

Does the applicant currently have pets? ☐ **Yes** ☐ **No**

If yes, describe type/number (e.g. number, type, breed, size).

_____

_____

If a cat or dog, are they spayed or neutered? ☐ **Yes** ☐ **No**

Are they currently in the applicant's care? ☐ **Yes** ☐ **No**

Are there alternate care options available for the pets if necessary?

_____

_____

Current Needs & Supports (service-provider perspective)

We will use the information below if the participant is a successful applicant, to ensure we have the proper support available.

Housing	Pertinent Details: _____ _____
Basic needs	Pertinent Details (i.e., clothing, food, health challenges): _____ _____
Income/ Employment	Pertinent Details: _____ _____
Legal Matters	Pertinent Details (e.g. finalisation of custody/ restraining order): _____ _____ _____

Are there any supports the applicant might need while staying here? If so, please explain what the nature of support is needed (i.e.. Do they struggle with physical / mental / emotional health including official diagnoses, social skills/ aggression / self-harm / substance use/ etc.?)

_____

_____

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Are there any supports the applicant's children might need while staying here? If so, please explain what the nature of support is needed. (e.g. Do they struggle with physical / mental / emotional health including official diagnoses, social skills – difficulty communicating or making friends / struggles with peer pressure or bullying / etc., challenging behaviors – acting out / withdrawing / over or under active emotional responses / aggression / self-harm / etc.)

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Are there any specific safety concerns that you have for the applicant, or their family, that we should be aware of? (i.e., fear of partner taking children/ family of perpetrator presence/etc.)

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Additional Notes or Context

Please include any information that may assist us in understanding the applicant's current situation, strengths, and supports. This may include safety considerations, cultural needs, or preferred communication approaches.

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Acknowledgement

By completing this form and signing below, you confirm that you have obtained the applicant's consent to share this information with Sankewi-pomawsuwikuwam for the purpose of program intake and assessment, the applicant consents to being contacted by the methods provided in this application, and they have reviewed the Information Booklet.

Service Provider Signature: _____ Date: _____

To submit this application, please email: peacefulplacetolive@ksalsuti.org