



# Second-Stage Family Violence Prevention Program Application

(self-referral)

## Introduction

*Sankewi-pomawsuwikiwam: 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.

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

## Admission Criteria

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

To be considered for the program, applicants must:

- Be committed to living in a sober environment. Sankewi-pomawsuwikiwam is a dry facility — alcohol and non-prescription drugs are not permitted.
  - Prescription medication, including prescribed medicinal cannabis, may be used 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 participate in program activities focused on 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 total household income, as determined by HousingNB).

Because Sankewi-pomawsuwikiwam 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. .

However, 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) connection with the Indigenous community.

## Instructions

You may be referred to our program through self-referral (this form) **or** provider referral.

Please answer the questions below as best you can. There are no right or wrong answers.

Once submitted, our team will review your application and contact you if a space becomes available.

*NOTE: Completing this form does not guarantee a placement, but ensures you are considered when a unit opens.*

## Application Checklist

- ☐ Review our Information Booklet, and make sure you understand all of the terms and conditions explained therein.
- ☐ Complete this Application Form to the best of your ability. It must be completed **by you**, though a service provider may assist as needed.
- ☐ 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](mailto:peacefulplacetolive@ksalsuti.org)

## Applicant Information

<b>Full Legal Name:</b> _____	
<b>Preferred Name / Pronouns:</b> _____	
<b>Date of Birth (MM/DD/YYYY):</b> _____	
<b>Status Registration No. :</b> _____ <b>OR</b> <input type="checkbox"/> <b>Letter of Support Attached</b>	
<b>Preferred Language:</b> _____	
<b>Other Language(s) Spoken:</b> _____	
<b>Preferred method of contact:</b> _____	
<b>Phone #:</b> _____	<b>Email Address:</b> _____
<b>Safe to call?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Safe to email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Safe to leave a message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Accessibility or mobility considerations:</b> _____ _____	
<b>Are you currently pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Due date (if applicable):</b> _____	
<b>Dietary Restrictions:</b> _____	
<b>Allergies:</b> _____	

## Children Information

<b>How many children will live with you (full or part-time)?</b> _____		
Child's Name	Gender	Date of birth

**Accessibility or mobility considerations:**

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**Dietary Restrictions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

## Pets

**Do you currently have pets?** ☐ Yes ☐ No

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

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

**Are they currently in your care?** ☐ Yes ☐ No

**What are your alternate care options if necessary?**

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## Current Needs & Supports

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

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

**Are there any supports you might need while staying here? If so, please explain what the nature of support is needed** (i.e.. Do you 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 your 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 you, or your family, that we should be aware of?** (i.e., fear of partner taking children/ family of perpetrator presence/etc.)

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### Accommodation Requirements

Our program operates in partnership with Housing NB and provides subsidized housing as part of participation. **Program participants contribute a monthly accommodation fee equal to 30% of total household income.** Utilities (heat, lights, water, and Wi-Fi) are included.

Program participants will also be required to pay a \$100 damage deposit.

☐ I understand.

### Commitment and Participation

Living at *Sankewi-pomawsuwikiwam: A Peaceful Place to Live* means being part of a community focused on healing, safety, and mutual respect. Program participants are expected to participate actively in programming and uphold the shared values of confidentiality and community care.

Each woman is encouraged to set and work toward personal goals, with the support of staff and community resources. Program expectations include caring for one's children, maintaining confidentiality, paying accommodation fees, and following community agreements to keep the space healthy and respectful.

☐ I understand.

### Acknowledgment

By signing below, I acknowledge that I understand this is a healing program that includes housing, and that participation includes engaging in programming, following community agreements, and maintaining confidentiality to ensure the safety and wellbeing of all program participants.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To submit this application, please email: [peacefulplacetolive@ksalsuti.org](mailto:peacefulplacetolive@ksalsuti.org)