



# 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.

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 HousingNB).

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](mailto:peacefulplacetolive@ksalsuti.org)

### Service Provider Information

<b>Organization Name:</b> _____	
<b>Referral Agent Name:</b> _____	
<b>Job Title &amp; Role:</b> _____	
<b>City &amp; Province:</b> _____	
<b>Phone #:</b> _____	<b>Email Address:</b> _____
<b>Relationship to Applicant:</b> _____	
<b>How long have you been working with the applicant?</b> _____	
<b>Did you recommend this program, or did the applicant request the referral?</b> _____	

## 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> _____ OR <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>Safe Phone #:</b> _____  <b>Safe to call?</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>Email Address:</b> _____  <b>Safe to email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Accessibility or mobility considerations:</b> _____ <b>Is the applicant currently pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Due date (if applicable): _____	
<b>Dietary Restrictions:</b> _____ <b>Allergies:</b> _____	

## Children's Information

<b>How many children will live with the applicant (full or part-time)?</b> _____			
Child's Name	Gender	Date of Birth	Status # (if applicable)

<p><b>Accessibility or mobility considerations:</b></p> <hr/> <hr/>			
<p><b>Dietary Restrictions:</b></p> <hr/> <hr/>			
<p><b>Allergies:</b></p> <hr/> <hr/>			

## Pets

<p><b>Does the applicant currently have pets?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe type/number (e.g. number, type, breed, size).</p> <hr/> <hr/>
<p><b>If a cat or dog, are they spayed or neutered?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Are they currently in the applicant's care?</b>    <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Are there alternate care options available for the pets if necessary?</b></p> <hr/> <hr/>

## 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.

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

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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](mailto:peacefulplacetolive@ksalsuti.org)**