

RIVER EAST TRANSCONA IMMIGRANT SERVICES (RETIS)—SETTLEMENT REFERRAL FORM



Date:	Name(s) of client(s):	
Phone number:	Email:	
Address:		
Reason for referral:		
Referred by:	Name:	
	Email:	
	Phone:	
Referrals can be sent to: Vera Schroeder Community Program Co-ordinator—Settlement River East Transcona School Division vschroeder@retsd.mb.ca 204.669.9412, ext. 2968 Fax: 204.669.9428		For office use: Settlement worker assigned to file:

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