



# Ka Ni Kanichihk Inc.



Funding provided by  
The City of Winnipeg  
Aboriginal Youth Strategy



Ojibwa  
Anishinabe  
Nigunawik  
"Young Original People Leading"

"those who lead"  
Ka Ni Kanichihk Inc.



## Honouring Gifts Aboriginal Mother Centre Application Form

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Winnipeg, Manitoba  
R3A 0B5

Phone: 953-5820 Fax: 953-5824

Email: [dconnolly@kanikanichihk.ca](mailto:dconnolly@kanikanichihk.ca)

## PLEASE READ CAREFULLY BEFORE YOU SIGN

To the best of my knowledge, I certify that the information contained in this application is true and correct. I realize that any false information contained in this application may result in my disqualification from Ka Ni Kanichihk Inc. I hereby authorize the disclosure to Ka Ni Kanichihk Inc. of any information from any source for the purpose of verifying and/or investigating this application. I understand that by signing this form, I am giving permission for Ka Ni Kanichihk Inc. to contact my references.

I understand that Ka Ni Kanichihk Inc. may obtain and provide relevant information about any situation with program partners. Relevant information includes aspects such as my progress in the program, or any related information that could affect my progress.

**Privacy Notice:** Ka Ni Kanichihk Inc. values our relationship with you and respects your privacy. We do not sell or barter your information to 3<sup>rd</sup> parties. Any disclosure of your information will be done with your consent and with appropriate safeguards taken under circumstances outlined in our Privacy Code.

**Privacy Consent:** I understand and acknowledge that Ka Ni Kanichihk Inc. collects, uses and discloses my personal information on the basis outlined in Ka Ni Kanichihk Inc. Privacy Code, a copy of which I may obtain upon request. By requesting Ka Ni Kanichihk Inc. services, I hereby consent to the collection, use and disclosure of my personal information by Ka Ni Kanichihk Inc. on such basis.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been at this address? \_\_\_\_ years? \_\_\_\_ month(s)

Phone No. \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Status (Check the box that best fits your situation)

☐ Single no children

☐ Married/Common Law no children

☐ Single Parent with children

☐ Married/Common Law with children

Number of dependent children \_\_\_\_\_

## **ELIGIBILITY**

This program requires that the participants are Aboriginal women 18 – 30 who have a low income.

Please check the box that applies to you.

☐ First Nations (with status)

☐ First Nations (non-status)

☐ Metis

☐ Inuit

Are you currently receiving income assistance?

YES ☐ NO ☐

If yes, how long?

Less than 6 months

☐

6 months to 2 years

☐

2 years to 5 years

☐

5 years plus

☐

EIA Coordinator Name  
and Phone number: \_\_\_\_\_  
\_\_\_\_\_

CASE # \_\_\_\_\_

**OR:** Are you on Employment Insurance? YES ☐ NO ☐

**To be eligible for programming childcare is necessary. Have you registered with**  
[www.onlinechildcareregistry.gov.mb.ca](http://www.onlinechildcareregistry.gov.mb.ca)? YES ☐ NO ☐

Do you currently have your child/children in daycare? YES ☐ NO ☐  
if so, what is the name and phone # of the daycare?  
\_\_\_\_\_

## **EDUCATION**

Check your level of education (**CHECK ONLY ONE**)

- |   |  |
|---|--|
| <input type="checkbox"/> I have completed grade _____ | <input type="checkbox"/> completed high school |
| <input type="checkbox"/> some college                 | <input type="checkbox"/> completed college     |
| <input type="checkbox"/> some university              | <input type="checkbox"/> completed university  |
| <input type="checkbox"/> other _____                  |  |

## **EMPLOYMENT HISTORY**

(all spaces must be completed, use N/A if not applicable)

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

**What is your education goal?**

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**Please write a short story about your life and some of the challenges you have overcome.**

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**What are the supports offered by Honouring Gifts that will help you the most?**

1. 

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2. 

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3. 

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**How did you hear about Honouring Gifts?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Radio                       |
| <input type="checkbox"/> Poster/Email | <input type="checkbox"/> Ka Ni Kanichihk participant |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Income Assistance           |
| <input type="checkbox"/> Facebook     | <input type="checkbox"/> Other <hr/>                 |

## **REFERENCES**

Please note: suggested choices would be employers, instructors, customers, social workers, landlords or someone who has known you well for the last 2 years. If you have a resume please attach it with your application.

I agree to complete and return a criminal record check and child abuse registry satisfactory to Ka Ni Kanichihk Inc. These checks are required for practicum placements. **Initial:** \_\_\_\_\_

**NOTE: This will not affect your program eligibility.**

### **Please do not use relatives**

Please provide information on 2 references

<b>1.</b>	
Name: _____	Phone No: _____
Current Address: _____	
Email: _____	
How do they know you? _____	
How long? _____	
<b>2.</b>	
Name: _____	Phone No: _____
Current Address: _____	
Email: _____	
How do they know you? _____	
How long? _____	

