

CONNECT 2 APPLICATION FORM

Name: _____

Address: _____

Postal Code: _____ Date: _____

Referring Organization: _____

Representative Name: _____

Expiry Date of Mailbox: _____

Mailbox #: _____ Passcode: _____

Why do you need voicemail?

- Employment Medical Safety Crisis No Fixed Address
 Child Issues Legal Housing Other

How do you get messages now?

- Relative Friend House Phone Local Store Mail
 No Way to get them Community Group _____
 Other _____

Do any of the following apply to you?

- between the ages of 15 and 24
 have dependent children
 in a training / employment program

Confirmation of Identification:

- Manitoba Health Card Driver License Bank Card
 Social Insurance # Utility Bill Other _____

Voice mailboxes are distributed at the discretion of the agency. This ensures that those most in need will receive this service. The system administrator will not share your personal information without your permission. The system administrator will occasionally contact participants to ask how the service works for them.

The **CONNECT 2** Program has been explained to me and I agree to participate:

Signature: _____

Allow 3 working days to activate your mailbox