

Community Service Delivery  
Rural & Northern Services  
Interlake Regional Office  
446 Main Street, Selkirk MB R1A 1V7

**RE: SPECIAL NEEDS**

NAME OF APPLICANT (Please Print) \_\_\_\_\_

I am requesting Special Needs in order to purchase beds and/or bedding. (Please Circle)

For all other requests, please indicate item requested \_\_\_\_\_ and amount requested \$\_\_\_\_\_. On the back of this paper please explain why this item is now necessary.

Please consider this request for the following people that are on my file:

_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE: \_\_\_\_\_

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

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**OFFICE USE ONLY:**

\_\_\_\_\_  
FILE #

\_\_\_\_\_  
ROLE(S) # ELIGIBLE

\_\_\_\_\_  
GENE SHELTER CODE

\_\_\_\_\_  
COUNSELLOR SIGNATURE

\_\_\_\_\_  
DATA ENTRY/ISSUED BY: