

# Waterloo-Wellington Community Reintegration

Community Partners Video Project

*Fill in Your Organization Name*

# Waterloo-Wellington Community Reintegration

*Include...*

- *Speaker name/introduction*
- *Name/logo of organization*

# Waterloo-Wellington Community Reintegration

*Include...*

- *The programs and services your organization offers*

# Waterloo-Wellington Community Reintegration

*Include...*

- *Who can access these programs and services*
- *The criteria to apply for these programs and services*
- *Any fees associated and/or subsidized options available*

# Waterloo-Wellington Community Reintegration

*Include...*

- *How to make a referral (e.g., forms, self-referral, consent etc.)*
- *Transition processes (What happens once the referral source has sent the referral? i.e., Post-referral process and confirmation)*

# Waterloo-Wellington Community Reintegration

*Include...*

- *Who is the contact person for your organization (list contact person's name, email and/or phone number)*
- *Link to Organization's website*