

Form: Request to Speak to Committee of Council
Submitted on Tuesday, April 4, 2017 - 12:04pm

==Committee Requested==

Committee: Emergency & Community Services

==Requestor Information==

Name of Individual: Elske de Visch Eybergen

Name of Organization: Shalem Mental Health Network-
WrapAround

Contact Number: 905-528-0353

Email Address: elske@shalemnetwork.org

Mailing Address:

875 Main St. E.
Hamilton, ON

Reason(s) for delegation request: To make Hamilton aware of the effectiveness of our work with single mothers living in poverty, through the wraparound process which is not a program but a process.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No