

## Reply card



## Contact persons

### Contact persons for the Borken district:

#### **Sonja Machalitza**

Coordination of the KIM in Borken district

02861-681-4381

s.machalitza@kreis-borken.de



### Contact persons for the town of Bocholt:

#### **Francis Heitkötter**

Coordination of the KIM in the town of Bocholt

02871-953-2700

francis.heitkoetter@bocholt.de



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### editor

Borken district, the district administrator

Education and integration

Burloer Str. 93

46325 Borken

www.bildungskreis-borken.de/KI



## Case Management (KIM)

Integration support

## Your case managers nearby

### Municipal integration management (KIM, „Kommunales Integrationsmanagement“) Case management

The case managers support and advise individually and confidentially on questions of integration.

These case managers will be your personal contact and can refer you to a network of helpers.

Participating in this offer for case management is voluntary. It requires your approval and is free of charge.

### Your benefits

- Individual support and advice
- One contact person for different problems
- Personal contact person nearby
- Training your own skills
- Mediation between the various authorities
- Tailor-made offers (e.g. language course)
- Breaking down problems
- Improving your opportunities for integration

#### ▶ Region Ahaus

Legden, Vreden, Stadtlohn, Südlohn

Herr Quinn Robert  
Tel.: 0151 46332325  
q.robert@ki-bor.de

Frau Gabriele van Goer  
Tel.: 0151 54713194  
g.vangoer@ki-bor.de



#### ▶ Region Borken

Raesfeld, Heiden, Reken, Velen, Gescher

Frau Klaudia Nowak  
0160 93212789  
k.nowak@ki-bor.de

Frau Alicja Szkrabinski  
Tel.: 0151 54432255  
a.szkrabinski@ki-bor.de



#### ▶ Region Bocholt

Rhede, Isselburg

Frau Dilek Ceyhan  
Tel.: 0176 16162088  
d.ceyhan@ki-bor.de

Frau Melanie Scholten  
Tel.: 01520 9123262  
m.scholten@ki-bor.de



#### ▶ Region Gronau

Heek, Schöppingen

Frau Katharina Thesing  
Tel.: 0176 18029187  
k.thesing@ki-bor.de



I am interested in participating in the case management offer and allow my contact details to be passed on to the responsible persons.

Surname: \_\_\_\_\_

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

address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

phone: \_\_\_\_\_

\_\_\_\_\_

Date and signature

This case was notified by: \_\_\_\_\_

\_\_\_\_\_

Contact/ Institution: \_\_\_\_\_

\_\_\_\_\_

Contact details: E-mail or phone: \_\_\_\_\_

I agree, that I from the competent Case management person will be contacted.