



Fraser River Indigenous Society

We recognize the traditional territories of the Katzie and Kwantlen First Nations.

We respectfully acknowledge the many nations who are represented by the urban First Nations, Métis, and Inuit populations in the Fraser Valley and Metro Vancouver Areas whom we serve.

REFERRAL FORM

Referral Type:	Date: YYYY/MM/DD	
<input type="checkbox"/> Self	<input type="checkbox"/> Agency	<input type="checkbox"/> Other
Full Name: _____		
Address: _____		
Telephone: _____		
E-mail Address: _____		
Parent/Caregiver/Referrer's Name if not self-referral: _____	If agency; name of agency: _____	
Telephone if different from above: _____	Referrer's Email if different from above: _____	
Relation to the referred if not self-referral: _____	Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Same Address as person being referred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If guardian's address differs from the referred, please print below: _____		

Referred person(s) identifies with the following (check all that apply):
<input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Status <input type="checkbox"/> non-Status
<input type="checkbox"/> Indigenous heritage Unknown _____
<i>**Please ensure that the referred individual is informed of this referral. This is important for informed consent, and relationship building**</i>



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FRIS Program List (select multiple as needed)	
Programs	Circles / Support Groups
<input type="checkbox"/> Housing Support Program	<input type="checkbox"/> "Oot'sn Wineeya" - Traditional Kitchen
<input type="checkbox"/> Story Blanket Family Drop-in Program (0-6 yrs)	<input type="checkbox"/> Men's Circle
<input type="checkbox"/> Indigenous Infant Development (0-6 yrs)	<input type="checkbox"/> Women's Circle
<input type="checkbox"/> Indigenous Supported Child Development (0-19 yrs)	<input type="checkbox"/> Youth Circle
<input type="checkbox"/> Indigenous Child & Youth with Support Needs (0-19 yrs)	<input type="checkbox"/> BTH Parenting Program (runs 2 x a Yr)
<input type="checkbox"/> FSW: Family Strengthening Program	

PARTICIPATING FAMILY MEMBERS:

1) NAME: Relationship & Age of Child: _____

2) NAME: Relationship & Age of Child: _____

3) NAME: Relationship & Age of Child: _____

4) NAME: Relationship & Age of Child: _____

How can we support you?

FRIS USE ONLY	
Received by FRIS Staff:	Date: _____ YYYY / MM / DD
Given to FRIS Staff:	Date: _____ YYYY / MM / DD