

FAMILY | INDIVIDUAL

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, Metis, and Inuit populations in the Fraser Valley and Metro Vancouver Areas whom we serve.

SELF-REFERRAL / REGISTRATION FORM

First Name: Last Name: Email: _____ Phone Number: ____ Address: _____(Street) (City) (Postal Code) Emergency contact name: _____ Phone: ____ ☐ First Nation ☐ Inuit ☐ Métis □ other FRIS Programs - Please Check Program(s) interested in **Programs Circles / Support Groups** ☐ Housing Support Program ☐ Women's ☐ Early Years "STORY BLANKET Drop-in" Program ☐ Community Kitchen ☐ AIDP: Aboriginal Infant Development Program ☐ Youth ☐ ASCD: Aboriginal Supported Child Development □ Parenting ☐ ICYSN: Indigenous Child and Youth with Support Needs ☐ Men's ☐ FSW: Family Strengthening Program ☐ Cultural Workshops ☐ Homeless Outreach Program



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PAR	TICIPA	TING FAMILY MEMBEI	_	
			Relationship	
1)	NAME:		& Age of Child:	
',	147 (IVIL.		Relationship	
			& Age of	
2)	NAME:			
			Relationship	
۵)	NIANAT.		& Age of	
3)	NAME:		Child: Relationship	
			& Age of	
4)	NAME:			
,			Relationship	
			& Age of	
5)	NAME:		Child:	
How can we help you? (reason for referral)				
loday	y's Date:		Signature	
		-	FRIS USE ONLY	
		Г	-KIS USE UNLT	
Given to FRIS Staff (name):			Date:	
Recommendations for Service				
Yes□	(please	explain)	No□ (please explain)	