



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

FAMILY | INDIVIDUAL

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
<input type="checkbox"/> Housing Support Program	<input type="checkbox"/> Women's
<input type="checkbox"/> Early Years "STORY BLANKET Drop-in" Program	<input type="checkbox"/> Men's
<input type="checkbox"/> AIDP: Aboriginal Infant Development Program	<input type="checkbox"/> Community Kitchen
<input type="checkbox"/> ASCD: Aboriginal Supported Child Development	<input type="checkbox"/> Youth (ages 12-18)
<input type="checkbox"/> ICYSN guide: Indigenous Child and Youth with Support Needs	<input type="checkbox"/> Parenting workshop (BTH runs 2 x annual)
<input type="checkbox"/> FSW: Family Strengthening Program	



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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: _____
5) NAME: _____	Relationship & Age of Child: _____

How can we help you? (reason for referral)

Today's Date: _____ **Signature** _____

FRIS USE ONLY

Given to FRIS Staff (name): _____ Date: _____

Recommendations for Service	
Yes <input type="checkbox"/> (please explain)	No <input type="checkbox"/> (please explain)