



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 Maple Ridge and Pitt Meadows areas whom we serve.

REFERRAL FORM

Referral Type: Self Family Agency Other DATE: _____

FAMILY | INDIVIDUAL

First Name: _____ Last Name: _____

Email: _____ Ph Number: _____

Address: _____
(Street) (City) (Postal Code)

Referrer's Name if not Self-Referral: _____

Name of agency: _____

Referrer's Email & Ph: _____

First Nation Inuit Métis Other _____

Gender: Female Male Trans/Non-Binary Prefer not to disclose

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"/> Community Kitchen
<input type="checkbox"/> AIDP: Indigenous/Aboriginal Infant Development Program	<input type="checkbox"/> Youth
<input type="checkbox"/> ASCD: Indigenous/Aboriginal Supported Child Development Program	<input type="checkbox"/> Parenting
<input type="checkbox"/> ICYSN: Indigenous Child and Youth with Support Needs	<input type="checkbox"/> Men's
<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: _____

How can we help you? (Reason for referral)

FRIS USE ONLY

Received by FRIS Manager: _____ Date: _____

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

PLEASE EMAIL FORM TO: info@frisociety.ca or FAX: (604) 458-0155