



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

Self

Family

Agency

Other

Full Name:

DOB (YYYY/MM/DD) & Current Age:

Preferred Name:

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

Address:

Telephone:

E-mail Address for the referred person:

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? Yes No
Same Address as person being referred?
 Yes No

If guardian's address differs from referred, please print below:

Referred person identifies with the following (check all that apply):

First Nations Inuit Métis Other (please specify) _____

Status non-Status Status # and/or First Nations Band Affiliation (if applicable)

If referring someone else, is this person aware of the referral? Yes No

****Please ensure that the referred individual is informed of this referral. This is important for informed consent, and relationship building****



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FRIS Program List (select multiple as needed)	
Programs	Circles / Support Groups
<input type="checkbox"/> Housing Support Program	<input type="checkbox"/> Community Kitchen
<input type="checkbox"/> Early Years STORY BLANKET (<i>Drop-in</i>) Program	<input type="checkbox"/> Parenting
<input type="checkbox"/> IIDP: Indigenous Infant Development Program	<input type="checkbox"/> Men's
<input type="checkbox"/> ISCD: Indigenous Supported Child Development	<input type="checkbox"/> Women's
<input type="checkbox"/> ICYSN: Indigenous Child and Youth with Support Needs	<input type="checkbox"/> Youth
<input type="checkbox"/> FSW: Family Strengthening Program	
<input type="checkbox"/> Homeless Outreach Program	

How can we help you?

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