



**Early Intervention Program
All Nations Family Resource Centre & Snowbird Lodge Cultural Centre
Intake/Referral Form**

Email: ANFRC@gov.mb.ca

PARTICIPANT INFORMATION			
Date			
Participant		Live-in Partner/Spouse	
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
DOB (d/m/y)		DOB (d/m/y)	
Address & Postal Code		Address & Postal Code	
Phone (H) Phone (W) Phone (C) Email address		Phone (H) Phone (W) Phone (C) Email address	

PROGRAM SELECTION			
EIP ONLY - Please indicate 1-1 Programming			
Participant(s) Name	Name of Program(s)	Program Information	
		Start date:	Facilitator/Worker:
		End date:	
		Times:	
		Start date:	Facilitator/Worker:
		End date:	
		Times:	

CHILD(REN) INFORMATION						
Name of Child(ren)	DOB (d/m/y)	M	F	Status of Child(ren)	Onsite childminding required?	Allergies?
					Currently unavailable	

LEGAL INFORMATION (If Applicable)			
(Pertaining to Safety of Children/Partner/Spouse)			
Name(s)	Nature of Involvement	Contact Information	Type of Order:
			Protection Order <input type="checkbox"/> NCO <input type="checkbox"/> Other:
			Protection Order <input type="checkbox"/> NCO <input type="checkbox"/> Other:

REFERRAL SOURCE AND INFORMATION			
ANCR Program: Unit:	EXTERNAL AGENCY NAME:	NAME OF AUTHORITY:	SELF REFERRAL Y <input type="checkbox"/> N <input type="checkbox"/>
Worker Name:	Agency Address:	Phone Number(s): Email Address:	Will bus tickets be provided? Y <input type="checkbox"/> N <input type="checkbox"/>

Does participant have access to their child(ren)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	(If no, please explain)
What is participant's reason for attending the Centre? (Please explain)			
Additional information Resource Centre staff need to know.			
Resource Centre Intake Staff Signature:		Date:	