



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

Email: [ANFRC@gov.mb.ca](mailto:ANFRC@gov.mb.ca)

PARTICIPANT INFORMATION			
<b>Date</b>			
<b>Participant</b>		<b>Live-in Partner/Spouse</b>	
<b>Gender</b>	M <input type="checkbox"/> F <input type="checkbox"/> None of the above. I identify as:  Pronouns:	<b>Gender</b>	M <input type="checkbox"/> F <input type="checkbox"/> None of the above. I identify as:  Pronouns:
<b>DOB (d/m/y)</b>		<b>DOB (d/m/y)</b>	
<b>Address &amp; Postal Code</b>		<b>Address &amp; Postal Code</b>	
<b>Phone (H)</b> <b>Phone (W)</b> <b>Phone (C)</b> <b>Email address</b>		<b>Phone (H)</b> <b>Phone (W)</b> <b>Phone (C)</b> <b>Email address</b>	

CEREMONY/CELEBRATIONS		
Ceremony/Celebration	Date	Participant(s)
Pipe Ceremony		
Full Moon		
Crescent Moon		
Winter Solstice		
Spring Equinox		
Summer Solstice		
Fall Equinox		
Other:		

**CHILD(REN) INFORMATION**  
(Only required if in Attendance)

Name of Child(ren)	DOB (d/m/y)	M	F	Neither I identify as:	Status of Child(ren)	Allergies?

**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: <input type="checkbox"/>
			Protection Order <input type="checkbox"/> NCO <input type="checkbox"/> Other: <input type="checkbox"/>

**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"/>

**Additional information Resource Centre staff need to know.**

Staff Name:	Date:
Resource Centre ADMIN:	Date: