



Otipemisiwak Métis Government
Children and Family Services Department

FASD Bridging Connections Program Intake Form

Please email the completed form to FASD@metis.org

FASD Bridging Connections Program

FASD Bridging Futures Program: Youth to Adult Transition Support

CLIENT INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Gender: _____ Cell phone: _____ Home phone: _____

Email: _____ Date of birth (yyyy/mm/dd): _____

Highest grade completed: _____ AB Health Care #: _____

Government photo ID: _____ Métis Citizenship #: _____

Métis status: Self-identify Métis Citizen Registration in progress N/A

Income source(s): AISH Pension Alberta Works Part-time employment Full-time employment

AISH ID #: _____ Alberta Works ID #: _____

FASD diagnosis: Yes No Unknown Date of diagnosis: _____

I would like to have an FASD assessment: Yes No

Prenatal alcohol exposure: Confirmed Unconfirmed Unknown

Where did you hear about the FASD Bridging Connections Programs? (check all that apply)

- | | | | |
|-----------------------------------|---------------|-----------|-----------------------|
| MNA Facebook page | Newsletter | Instagram | AGA |
| MNA Systems Navigator | Social Worker | Family | Rupertsland Institute |
| Métis Family Resource Worker | Métis Fest | Friends | Other: _____ |
| Métis Cultural Awareness Training | FASD Network | Email | |
| MNA Family Reunification Program | | | |



PARENT/GUARDIAN INFORMATION (IF APPLICABLE)

To be filled out if the client is under 18 years old. Please include all parent/guardian names.

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Cell phone: _____ Home phone: _____

Métis Citizenship #: _____

Relationship to client: Biological parent Legal guardian Foster parent Adoptive parent Kinship

Additional information:

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Cell phone: _____ Home phone: _____

Métis Citizenship #: _____

Relationship to client: Biological parent Legal guardian Foster parent Adoptive parent Kinship

Additional information:



PLEASE LIST THE COMMUNITY SUPPORTS YOU HAVE AT THIS TIME

Organization name (if applicable): _____

Support person first name: _____ Last name: _____

Role/Job title: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Cell phone: _____ Office phone: _____

Relationship to client: Family member Professional Spouse Service provider Other

Organization name (if applicable): _____

Support person first name: _____ Last name: _____

Role/Job title: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Cell phone: _____ Office phone: _____

Relationship to client: Family member Professional Spouse Service provider Other

Completed by: _____ Date: _____



ADDITIONAL INFORMATION:

[Empty rectangular box for additional information]