



Métis Nation of Alberta
Children and Family Services Department

FASD Bridging Connections Program Intake Form

Please email the completed Intake form to FASD@metis.org

FASD Bridging Connections Program – Support for families impacted by FASD

FASD Bridging Futures - Transition Support for Métis Youth 15 – 25 yrs
with FASD and their caregivers

CLIENT INFORMATION

Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Gender : _____ Cell Phone : _____ Home Phone : _____

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

MNA Region : Region 1 | Lac La Biche Region 4 | Edmonton
 Region 2 | Bonneyville Region 5 | Slave Lake
 Region 3 | Calgary Region 6 | Peace River

Métis Status : Self-identify
 MNA Citizen
 Registration in Progress
 N/A

Does the client have FASD or is the client suspected of having FASD?	Yes No Unknown	If yes, does the client have an FASD diagnosis?	Yes No Unknown
--	----------------------	---	----------------------



PARENT / GUARDIAN INFORMATION

Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Email : _____ Cell Phone : _____ Home Phone : _____

Relationship to Client (parent, legal guardian, foster, kinship, etc.) :

- Biological Parent Legal Guardian Foster Parent Adoptive Parent Kinship

Additional Information :

PARENT / GUARDIAN INFORMATION

Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Email : _____ Cell Phone : _____ Home Phone : _____

Relationship to Client (parent, legal guardian, foster, kinship, etc.) :

- 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 : _____ Home Phone : _____

Relationship to Client (family, professional, spouse, etc.) :

- Family Member
- Professional
- Spouse
- Service Provider
- Other

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 : _____ Home Phone : _____

Relationship to Client (family, professional, spouse, etc.) :

- Family Member
- Professional
- Spouse
- Service Provider
- Other

Where did you hear about the FASD Bridging Connections Program?

- | | | | |
|-----------------------------------|---------------|-----------|------------------------|
| MNA Facebook Page | Newsletter | Instagram | AGA |
| MNA Systems Navigator | Social Worker | Family | Rupertsland Insititute |
| Métis Family Resource Worker | Métis Fest | Friends | Other: |
| Métis Cultural Awareness Training | FASD Network | E-mail | _____ |



ADDITIONAL INFORMATION :



Completed by : _____ Date : _____

