

# INTAKE FORM

CHILD & FAMILY SUPPORT  
SERVICES



## REGISTRATION FORM

Support Worker:

Date :

## PERSONAL INFORMATION

Client(S) Name

Address

Phone Number

E-Mail

Status FN

☐ Yes

☐ No

☐ Inuit

☐ Metis

☐ Non-Status

First Nation

Child(ren) Names

Date of Birth

Gender

What parenting supports are you interested in seeing?

BY COMPLETING THIS FORM, YOU ARE GIVING CONSENT TO RECEIVE SERVICES THROUGH SELKIRK FIRST NATION'S CHILD & FAMILY SUPPORT SERVICES. I UNDERSTAND THIS IS A VOLUNTARY SERVICE AND I CAN WITHDRAW FROM SERVICES AT ANY TIME, UNLESS THERE IS AN ACTIVE CHILD & FAMILY SERVICES FILE. UPON COMPLETION OF THIS FORM, YOU WILL BE ASSIGNED A CASE WORKER.