



KidsFirst Regina Elder Services Family Referral Form

This referral has been discussed with the family and they have agreed to the outlined services, including consent to share relevant information with the cultural service providers of the KidsFirst Regina program. Yes No – *do not submit this referral until consent is obtained*

Date:	
Client Name: DOB: Address: Phone: Additional contact #:	
Preference of appointment location:	<input type="checkbox"/> home <input type="checkbox"/> office
KidsFirst Home Visitor contact information:	
Other FWT Members involved:	
Referral Source :	

Please describe what type of service you would like this Elder to provide:

Appointment time booked
 Appointment time needed

Submit directly to a First Nations/Métis Cultural Broker - Cheryl Dehmke via fax: 306-766-6325

Signature of consent: _____ Date: _____

Signature of referrer: _____ Date: _____