



## HEALTH SERVICES

Bldg. 7 – 7201 Vedder Road, Chilliwack, B.C. V2R 4G5

Tel: No. (604) 824-3200/FAX No. (604) 824-0276

Toll Free: 1-877-411-3200

### Family Empowerment Referral

Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Has she given you permission to make this referral? YES / NO

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#### Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ CALL / TEXT / FACEBOOK MESSENGER

Alternate contact: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client DOB: \_\_\_\_\_ Age: \_\_\_\_\_ # of children \_\_\_\_\_

Status? YES / NO Band/Community: \_\_\_\_\_

Is the client in contact with 'the Ministry' or a Delegated Agency? YES / NO

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#### Eligibility

Is she pregnant or has she given birth within the last year? YES / NO **OR**

Is she in her childbearing years and currently in use alcohol or drugs? YES / NO **OR**

Is she personally affected with Fetal Alcohol Spectrum Disorder(FASD) or have a child with FASD? YES/ NO

**&**

Does she hold a status card? YES / NO

IF YOU ANSWERED YES TO THE ELIGIBILITY QUESTIONS, THE CLIENT MEETS THE CRITERIA FOR INTAKE FOR THE FAMILY EMPOWERMENT TEAM.



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COMMENTS / NOTES

Lined area for notes and comments, consisting of multiple horizontal lines.

For more information contact the Family Empowerment Coordinator at  
Stó:lō Service Agency | Bldg #7 – 7201 Vedder Road |  
Phone: (604)824-3200 | Email: [catherine.finney@stolonation.bc.ca](mailto:catherine.finney@stolonation.bc.ca)

