



**NISHNAWBE ASKI LEGAL SERVICES CORPORATION
TALKING TOGETHER PROGRAM
CONFIDENTIAL REFERRAL FORM**

**Forward completed form by fax to Special Projects Manager, Arlene Dodge
(807) 622-3024**

Reason for Referral: _____

Referral Date: _____

Contact Information

Family Last Name _____

Mother's Name _____

Address _____

City/Town/FN _____

Postal Code _____

Telephone # _____

Father's Name _____

Address _____

City/Town/FN _____

Postal Code _____

Telephone # _____

Number of Children _____

CFSW (Worker) _____

Worker Telephone (_____) _____

Fax # (_____) _____

E-mail _____

Agency _____

NAN Affiliated Children Check if Yes

First Nation _____

Referred By _____

Address/ Fax _____

Telephone _____

Email _____

Apprehended Check if Yes Date _____



**NISHNAWBE ASKI LEGAL SERVICES CORPORATION
TALKING TOGETHER PROGRAM
CONFIDENTIAL REFERRAL FORM**

Children In This Family

First Name	Last Name	Birth Date	Sex	Individual Placement
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____
				<input type="checkbox"/> In Foster/Customary Care – In Community <input type="checkbox"/> In Foster/Customary Care – External NF (Native Family) <input type="checkbox"/> In Foster/ Customary Care – External NNF (Non-Native Family) <input type="checkbox"/> In Care Of Extended Family <input type="checkbox"/> Crown Ward Caregivers Name: _____

Court Orders On File (If Applicable)

Agreements

Customary Care Agreement (If Applicable) Yes <input type="checkbox"/> Expiry Date _____ No <input type="checkbox"/>	Voluntary Care Agreement (If Applicable) Yes <input type="checkbox"/> Expiry Date _____ No <input type="checkbox"/>
--	--

