Registration Form

The information will be used for service delivery, program evaluation and reporting purposes, and may only be disclosed in accordance to the Alberta Protection to Privacy act (POPA) and Access to Information Act (ATIA).

Contact Information	
Legal first name	Legal middle name
Legal last name	
Preferred first name:	Date of birth (mm/dd/yyyy):

Privacy Statement:

Barons-Eureka-Warner Family and Community Support Services (FCSS) is a public body. The personal information collected using this form and any attachments related to program and service delivery is authorized under the authority of section 4(c) of the Protection of Privacy Act (the Act) and is protected by the privacy provisions of the Act The information is collected and used for the purposes of service delivery, program evaluation and reporting purposes, or for the purpose of providing programs and services, and may only be disclosed in accordance with the Act. For further information, please contact the Privacy and Access Coordinator at 403-715-2260 or info@fcss.ca.

Privacy Statement was read and understood: ☐ Yes ☐ No

Duty to Report:

Under the Child, Youth and Family Enhancement Act, anyone who has reasonable and probable grounds to believe a child is being sexually, physically, emotionally abused or neglected has a legal obligation to file a report to Child and Family Services. Disclosure of harm toward self or others over the age of 18 will be communicated to management and may result in reporting to appropriate authorities.

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Chose not to identify

Community (self-reported)

☐ Agriculture
☐ First Responder
☐ Francophone
☐ Hutterite
☐ Indigenous
☐ Low German Mennonite
☐ Newcomer
☐ Person with Disability
☐ Visible Minority (Racialized person)
☐ 2SLGBTQQIA+
☐ No Specific Community Group

Were you born in Canada? ☐ Yes ☐ No

If no, when did you arrive in Canada? _____

☐ English/French is not your first language

If English/French are not first language, what is your first language:

☐ Low German
☐ Spanish
☐ Filipino
☐ Other: _____

Physical Address	Town/Village	Prov.
Mailing Address (if different from physical address):		Postal Code

Municipality

☐ Barnwell	☐ County of Forty Mile	☐ M.D. of Taber	☐ Taber
☐ Barons	☐ County of Warner	☐ Nobleford	☐ Vauxhall
☐ Cardston County	☐ Coutts	☐ Picture Butte	☐ Warner
☐ Coaldale	☐ Lethbridge County	☐ Raymond	☐ Other:
☐ Coalhurst	☐ Milk River	☐ Stirling	

Cell #:	**Landline (Other Phone #):**	**Email:**
_____	_____	_____
Msg: ☐ Y ☐ N **Txt**: ☐ Y ☐ N	Msg: ☐ Y ☐ N	Msg: ☐ Y ☐ N

Emergency Contact:

Name:	Phone # :
Relationship to you:	

Authorized Representative

Do you have an Authorized Representative? ☐ Y ☐ N

If yes, is the Authorized Representative the same as Emergency Contact? ☐ Y ☐ N

If no, Authorized representative name:	Phone # :

Method of Contact:

☐ Walk-in ☐ Phone/Text ☐ Email ☐ Website/Social Media
☐ Event/Program ☐ Fax

Referred By

- ☐ Adult Learning (TDCALA, CLCLC)
- ☐ AHS (non-mental health)
- ☐ AHS Addictions and Mental Health
- ☐ Children's Services
- ☐ Community Links
- ☐ CRA
- ☐ Education
- ☐ Emergency Responder (ie Fire, EMS, Search and Rescue, Police)
- ☐ Employer
- ☐ Employe Supports (ie Job Links, Skills Training)
- ☐ Family Centre
- ☐ Family Supports for Children with Disabilities (FSCD)
- ☐ Family/Friends
- ☐ FCSS - Counselling Services
- ☐ FCSS - Family Services
- ☐ FCSS - Outreach Services
- ☐ FCSS (external)
- ☐ FRN Hub (external)
- ☐ Housing
- ☐ Immigration Support
- ☐ Income Support – Provincial (ie Alberta Supports)
- ☐ Justice (Corrections/Probation/Police)
- ☐ Legal Assistance
- ☐ Lethbridge Family Services
- ☐ Lethbridge Senior Citizens Association Seniors Systems Navigator
- ☐ Library
- ☐ McMann
- ☐ Opokaa'sin
- ☐ Parents as Teachers
- ☐ Pastor/Minister
- ☐ Physician
- ☐ Safe Shelter
- ☐ Self
- ☐ Service Canada – Federal Benefits
- ☐ Service Canada - Indigenous
- ☐ Victim Services
- ☐ 211
- ☐ Other (specify) _____