



DOULAS FOR ABORIGINAL FAMILIES (GRANT PROGRAM)

Administered by the BC Association of Aboriginal Friendship Centres

FAMILY REFERRAL AND REGISTRATION FORM

*****Please submit complete application and the BCA AFC will help to connect you with a doula if you have not already found one*****

(Last modified: January 18, 2016)

TO BE COMPLETED BY EXPECTANT MOTHERS WHO ARE WANTING DOULA CARE. PLEASE ASK FOR ASSISTANCE BY A CARE PROVIDER TO COMPLETE THIS FORM IF NEEDED.

Last Name:	First Name:	Application Date:
Due Date:	Home Phone:	Alternate Phone:

Email:

Current address:

City/Community:	Province: BC	Postal Code:
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Location: Urban/Off Reserve On Reserve

Expectant Mother's Identity: First Nations Métis Inuit Other: _____

Expectant Mother's Age Range: 19 – under 20 – 24 25 – 29 30 – 34 35 – 39 40- over

Partner's Identity: First Nations Métis Inuit Other: _____

Support Organization/Program:

Name of Contact Person:

Job Title/Organization:

Phone:	Alternate Phone:
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Fax:	E-mail:
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Doula Support Information

Have you found a Doula who you are wanting to work with? Yes No

If no, would you like support to find a certified Doula in your area? Yes No

If yes, Name of Doula:

Name of Doula's Organization/Business (If applicable):

ESTIMATED FINANCIAL INFORMATION FOR DOULA SERVICES

Please provide a breakdown of the total budget for Doula Services. Once services are complete then send a final invoice to BCAAFC.

Service(s):	DESCRIPTION OF PROPOSED SERVICES	HOURS/DURATION	FEES
Prenatal visit(s) at applicants residence			\$
Labour and birth support (at home and/or the hospital)			\$
Post-Partum Visit(s)			\$
Other (please identify)			\$
		TOTAL	\$





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Signature	
I certify, to the best of my knowledge, all information in this application is correct and in accordance with the criteria of the Doula for Aboriginal Families Grant Program. I agree to inform the BCAAFC of any changes in the information provided.	
<i>Print Name of Applicant:</i>	
Signature:	Date:
<i>Print Name of Referral Contact:</i>	
Signature:	Date:
Application Checklist:	
<input type="checkbox"/> Complete Application including 2 signatures <input type="checkbox"/> Ensure all sections are filled out correctly	
Please Send To: Doula Program Administrator BC Association of Aboriginal Friendship Centres doulasupport@bcaafc.com 551 Chatham Street, Victoria, BC V8T 1E1 Phone: 1-800-990-2432 or (250) 388-5522 Fax: (250) 388-5502	

