



DOULAS FOR ABORIGINAL FAMILIES GRANT PROGRAM

Administered by the BC Association of Aboriginal Friendship Centres

COMPENSATION PRE-APPROVAL FORM FOR BIRTH AND POSTPARTUM DOULA SERVICE PROVIDERS

Please submit complete application and the BCAAFC will notify doulas of their eligibility

To apply and be compensated, birth doulas and postpartum doulas must have a valid Doula Services Association (DSA) web referral level membership OR a valid DONA certification membership. Please see our website, www.bcaafc.com/doulaprogram for further details

(Last updated May 18, 2016)

The BCAAFC will support birth and postpartum package rates from certified Doulas to a max of \$1000.00 per pregnancy.

Surname:	First Name:
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Organization Name (If applicable):

Phone:	Alternate Phone:
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Address:	Fax #:
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City:	Province: BC	Postal Code:
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Identity:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Non-aboriginal	<input type="checkbox"/> other _____
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Email:

Training and Certification Information

Name of birth or postpartum training program and Institute:	Date of training:
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As a birth or postpartum doula I have (please check one of the following):
<input type="checkbox"/> Doulas of North America (DONA) Certification OR <input type="checkbox"/> Doula Services Association Web Referral Membership

Approximate number of births attended to date as a doula:	DONA Certification # (If applicable):	DONA Certification Expiry Date (If applicable):
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BIRTH PACKAGE OR POSTPARTUM PACKAGE RATES

(PLEASE PROVIDE A BREAKDOWN OF YOUR TYPICAL BIRTH AND/OR POSTPARTUM DOULA PACKAGE RATES, TO GIVE US A SENSE OF WHAT YOU USUALLY OFFER AND CHARGE.)

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	Total: \$

SIGNATURE

I certify, to the best of my knowledge, all information in this application is correct and in accordance with the criteria of the Doulas for Aboriginal Families Grant Program. I agree to inform the **B.C Association of Aboriginal Friendship Centres** of any changes in the information given.

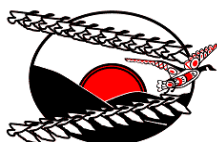
Signature:

Date:

Application Checklist:

- Copy of birth or postpartum doula training certificate (does not have to be Doulas of North America (DONA) certified training, although it is preferred)
- Copy of Doula Services Association (DSA) Web Referral Level Membership
- "OR"**
- Copy of DONA International Certification

Please send via email, fax or mail to:
 Doula Grant 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



BC Association of
Aboriginal Friendship
Centres



First Nations Health Authority
Health through wellness