



# Doulas for Aboriginal Families Grant Program

## Family Registration Form

Administered by the BC Association of Aboriginal Friendship Centres

Prior to receiving doula services through the DAFGP families must be approved by submitting this completed form.

Application Date:

Due Date:

### Applicant Information

Surname:

First name:

Preferred name:

Preferred pronoun:

Birth parent (mother) identity:

First Nation  Métis  Inuit  Non-Indigenous  Other:

Birth parent (mother) age range:

19 or under  20-24  25-29  30-34  35-39  40 or over

Co-parent (father) identity:

First Nation  Métis  Inuit  Non-Indigenous  Other:

### Contact Information (Please inform us of any changes to the information given.)

Address:

*(home or support organization)*

City/community:

Province: **BC**

Postal code:

Phone:

Alternate:

Email:

### Support Organization/ Program (i.e. midwife, social worker, other organization, hospital resources)

Name of contact person:

Organization:

Phone:

Email:

### Doula Information

Do you have a doula?  Yes  No

If no, please visit the following webpage to find a doula in your area: [bcaafc.com/DAFGP](http://bcaafc.com/DAFGP)

If yes, full name of doula:

Phone:

Email:

1 of 5



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## Doulas for Aboriginal Families Grant Program

Please work with your doula to complete the table below. This table is an estimation to help you plan your doula care and gain clarity on the services you are interested in.

Estimated Financial Information for Doula Services			
Service(s)	Description of Proposed Services	Hours/Duration	Fees
Prenatal visit(s)			
Labour and birth support			
Post-partum visit(s)			
Other (please identify)			
<b>Estimated Total:</b>			

The DAFGP can cover up to \$1,000 per pregnancy.

2 of 5



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## Doulas for Aboriginal Families Grant Program

Your feedback helps to evaluate the success of the program, support the need for doula services, and identify areas for improvement. Identifying information is kept confidential. Thank you for your support.

### Survey

How did you hear about this program?

Have you received doula services before?

Have you accessed this program for a previous pregnancy?

Why are you seeking the support of a doula?

Did you have trouble finding a doula in your area? If yes, please specify.

What support are you looking for in your doula? (check all that apply)

- Emotional support (i.e. listening, affirming, encouraging)
- Cultural support (i.e. incorporating Indigenous worldviews into the birth experience)
- Physical comforts (i.e. hot water bottle, massage, acupressure)
- Health information (i.e. about physical activity, infant feeding, coping skills)
- Traditional medicine (i.e. foods, herbs, teas, ointments)
- Referrals to other programs, resources, and services for support
- Encouragement of partner/ family during pregnancy/postpartum
- Birth planning and assistance with implementing birth plan

Anticipated location of birth: (check all that apply)

- Home birth
- Hospital birth
- Other, please specify
- Will travel less than one hour to give birth
- Will travel more than one hour to give birth
- Will have to leave community ahead of time to give birth

3 of 5



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## Doulas for Aboriginal Families Grant Program

### Information Release Form

I, \_\_\_\_\_, authorize the Doulas for Aboriginal Families Grant Program the right to use any form of information in relation to the program [birth summaries/highlights, photographs (if provided), etc.] All identifying information will remain confidential.  
*(print name of birth parent)*

Information can be provided and submitted by multiple representatives (doula, family, and/or support organization) provided that such use is for non-commercial purposes and only used for promotion of the program.

I understand that the information may be used in publications, reporting, print advertisement, direct-mail piece, electronic media (i.e. video, internet, social media, etc.), or other forms of communication. Photos will not be used without explicit permission.

I understand that the Doulas for Aboriginal Families Grant Program Coordinator may contact me in relation to my experience with the program.

In giving my consent, I release and hold harmless the Doulas for Aboriginal Families Grant Program and their employees, officials, representatives and contractors from liability of any kind.

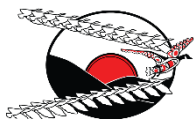
I have read and understand this release form.

I, \_\_\_\_\_, authorize the release of the above information.  
*(print name of birth parent)*

Printed name of birth parent:

Signed name of birth parent:

4 of 5



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## Doulas for Aboriginal Families Grant Program

### Application Checklist

- All sections (pages 1-5) are filled out correctly. Please note all pages are mandatory.
- Breakdown of doula services completed with selected doula (page 2).
- Client has completed survey (page 3).
- Client has signed information release form (page 4).

### Please send to:

Doula Program Coordinator  
BC Association of Aboriginal Friendship Centres  
551 Chatham Street, Victoria, BC V8T 1E1  
Phone: (250) 388-5522 ext. 201  
Fax: (250) 388-5502  
Email: [doulaprogram@bcaafc.com](mailto:doulaprogram@bcaafc.com)

### Signatures

I certify that this form is complete and, 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 BC Association of Aboriginal Friendship Centres of any changes to the information given.

Name of applicant (please print):

Signature:

Date (MM/DD/YYYY):

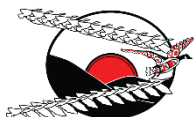
Name of doula (please print):

Signature:

Date (MM/DD/YYYY):

**Please ensure that handwritten copies of document are clear.**

5 of 5



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