RED PHEASANT
CREE NATION
PREVENTION SERVICES

Lhea Chase, First Nation Representative
lchase@redpheasantcfs.ca · 306-480-7515 · Fax 306-937-2223

MEMBERSHIP SURVEY

Tansi. As a Nation, our greatest responsibility is the safety, well-being and future of our children. Red Pheasant Cree Nation is taking important steps to assert our inherent rights over child and family services. This survey helps us support and protect our youth wherever they may reside. Your responses are confidential. Please print clearly.

1 YOUR INFORMATION

FULL NAME

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

MAILING ADDRESS

CITY OR TOWN

PROVINCE / POSTAL CODE

2 YOUR REGISTRATION

Are you a registered member of Red Pheasant Cree Nation?

☐ Yes ☐ No ☐ I am not sure

If you are not registered, are you eligible for registration?

☐ Yes ☐ No ☐ I am not sure

3 CHILDREN IN YOUR CARE

Do you have children in your care? *If no, go to Section 4.*

☐ Yes ☐ No

Are the children in your care registered?

☐ Yes, all of them ☐ No, none of them ☐ Some are and some are not ☐ I am not sure

If any are registered, where are they registered?

For the children who are not registered, are they eligible for status?

☐ Yes ☐ No ☐ I am not sure

Children in your care, names and dates of birth. *Optional. Share only what you are comfortable sharing.*

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MEMBERSHIP SURVEY

4 CHILDREN LIVING OFF RESERVE

About children you may know of who live away from Red Pheasant and have a connection to our Nation. Share only what you are comfortable sharing. This is used to connect children with their membership rights, never to involve an outside agency.

Are you aware of any children who reside off reserve who are affiliated with Red Pheasant? *If no, go to Section 5.*

☐ Yes ☐ No

Where are the children currently residing?

CITY OR TOWN _____ PROVINCE OR STATE _____

Contact information, if available. *A parent, guardian or family contact.*

_____

_____

Any other information that may help in locating off reserve children who are eligible to be registered.

_____

_____

_____

5 CONSENT AND CONTACT

How your information is handled. Your responses are held by Red Pheasant Cree Nation Prevention Services and read only by Prevention Services staff. They are never shared with outside agencies. You can ask to see, correct or withdraw your response at any time.

☐ I understand that the information I provide will be kept confidential and used only by Red Pheasant Cree Nation Prevention Services for membership, registration, and prevention and protection purposes.

May we contact you about your responses?

☐ Yes ☐ No If yes, preferred way to reach you: ☐ Phone call ☐ Text message ☐ Email

SIGNATURE _____ DATE _____

RETURNING YOUR COMPLETED SURVEY

Lhea Chase
First Nation Representative
RPCN Prevention Services

BY EMAIL
lchase@redpheasantcfs.ca

BY FAX
306-937-2223

NEED HELP FILLING THIS IN?
Call 306-480-7515