Lii Michif Otipemisiwak
Family and Community Services
Michif Infant Development Program

Family Intake for MIDP Perinatal Services

Revised March 3, 2026

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SECTION 1 – FAMILY INFORMATION

Mother's (Maamaa's) Name/Pronoun:	**Father's (Paapaa's) Name/Pronoun:**
Mother's (Maamaa's) DOB: **Expected date of delivery:**	**Father's (Paapaa's) DOB:**
PHN:	**PHN:**
Address:	**Address:**
Phone:	**Phone:**
Other children and ages:	**Other children and ages:**
Email:	**Email:**

Date of Referral:
Referred by (clearly print full name)**:**
Existing Open File: **CS** **FS** **RE** **ECD only** **CYMH only**
Case Manager: (clearly print full name):
ECD Screening attached: Y/N
Assessment attached or completed on this form: Y/N
Safety Planning Worksheet attached: Y/N

Lii PARAANTII:

Which people do you identify as your support circle, for yourself, your family, and your children:

Lii PARAANTII	
Natural Supports	Community Supports
∞ Name Relationship: Contact:	∞ Name Role: Contact:
∞ Name Relationship: Contact:	∞ Name Role: Contact:
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GENOGRAM FURTHER DEVELOPED FROM SCREENING

SECTION 2 – HEALTH INFORMATION

Prenatal information:

Do you have a family doctor/mid wife/nurse practitioner	Name:	Contact:
Would you like a referral to a doula?		
Are you planning a home birth or hospital?		
Is this your first pregnancy? If no, how many pregnancies have you had?		
Are you planning a natural birth or has c-section been booked		
Is this a single pregnancy or multiple? (Twins/triplets etc).		
Do you have a birth plan?		
Are you planning to breast feed?		
Are you involved with other community support services if so, please list) eg – ICS, Family tree	Agency name:	Contact person:
Do you have any health concerns that may affect your pregnancy? (pre-existing	Health condition:	Current medication:

condition including any medications.) eg. Diabetes		
Are you taking prenatal vitamins?		
Is there a family history of hearing or vision impairment?		
Have you or are you interesting in prenatal classes?		
Do you smoke cigarettes, drink alcohol or take any type of non-prescribed drug? Are you looking for support to quit?	If yes: how often: -	
Are you attending regular prenatal appointments? If not, what do you need to help attend appointments?		
Do you have an infant car seat?		
How is your food intake?		
Is there any information or resources you would like to have?		

SECTION 3– INDIVIDUAL SERVICE TEAM MEMBERS:

Other Community Service Providers involved with this Child – Family:

Program Name	**Service Provider Name**	**Phone/Fax/Email**	**Program Participation *(past, current, or waitlist)***

LMO Internal care team:

TEAM ROLE	NAME	CONTACT INFO	NOTES

Family History:

Family History – why has child/family been referred to ECD
Why has the family been referred, and what are the identified goals? Use case manager's scaling, next steps and goals for ECD role.

SECTION 3 – Home Visit Goals and Next Steps:

Home Visit Frequency:

- ❑ Once per week (4 x per month)
- ❑ Once every two weeks (2 x per month)
- ❑ Once every month (1 x per month)

The following day and time would work best for us: _____

During Home Visits, we would like information about:

- ❑ Learning about our Michif language and culture

- ❑ Prenatal/Medical appointments
- ❑ Prenatal vitamins
- ❑ Other services that are available for my child
- ❑ Other_____
  _____

Upcoming LMO groups or community events that may interest our family:

- ❑ Beading circle
- ❑ Children Are Our Medicine
- ❑ Michif Circle of Security Parenting
- ❑ Lii Vii Maykiw Perinatal support
- ❑ Lii Petit Wapososak Breakfast group
- ❑ Infant massage
- ❑ LMO Kitchen Party and Events
- ❑ Michif Elder

For Consultant only
Michif community connection: Métis citizenship: Y/N Connected to Two Rivers Métis society: Y/N Registered for MNBC family connections: Y/N ***Add family to LMO reception distribution list: Y/N*** ***Add family to LMO Cultural list (Fill out referral to cultural worker): Y/N*** ***Next Steps refer to training binder:*** Piihtikway Honoring Michif Child Development Plan

Family Wellness Plan
Ongoing monitoring and plan review
ICM meetings

	Signature:	Date:
MSCD/MIDP Consultant:		
Parent/Guardian		
Michif Early Years Manager:		