



<b>REQUEST FOR TRADITIONAL HEALING PROGRAM</b>	
<b>SERVICE REQUESTED:</b>	Traditional Healer Traditional Healer Counsellor Traditional Healer Cultural Practitioner Assist with Traditional Healing Ceremony
<b>Community:</b>	
<b>Type of assistance requested:</b>	
<b>Date service is required:</b>	
<b>Requestor name:</b>	
<b>Requestor contact:</b>	Phone: _____ Email: _____

We, the above-mentioned community, are formally requesting programming through the Traditional Healing Program with Mushkegowuk Health OMA. We send this request on behalf of our community to assist with our Traditional Healing Programs.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

<b>Mushkegowuk Office Use Only:</b>		
Received by: _____	Signature: _____	Date: _____

