

<b>REQUEST FOR MENTAL HEALTH SUPPORT/CRISIS RESPONSE AND/OR TRADITIONAL WELLNESS SERVICE</b>	
<b>SERVICE REQUESTED:</b>	<input type="checkbox"/> Mental Health Worker <input type="checkbox"/> Traditional Healer/Counsellor <input type="checkbox"/> Workshop: _____ <input type="checkbox"/> Traditional Cultural Practitioner <input type="checkbox"/> Assist with Traditional Wellness Ceremony <input type="checkbox"/> Other: _____
<b>Name of requested healer</b> (if applicable) this may be a Mushkegowuk staff member or a healer known to the community – healer must have completed CPIC, and have references):	
<b>Community:</b>	
<b>Event:</b>	
<b>Dates Requested:</b>	
<b>Requestor name:</b>	
<b>Requestor contact:</b>	Phone: _____ Email: _____

We, the above-mentioned community, are formally requesting support and/or programming and invite Mushkegowuk Health’s Mental Health and/or Traditional Wellness Program to our community. We send this request on behalf of the immediate and extended family impacted by tragedy, as well for our frontline staff, and individuals directly impacted by the recent incident.

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

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

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