705-269-6662

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moma@mushkegowuk.ca

11 Elm Street N. Timmins, ON P4N 6A3

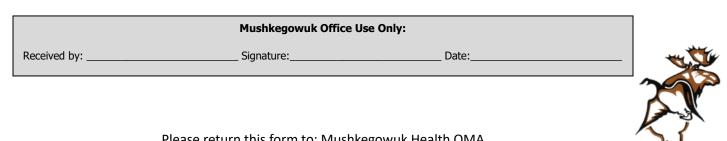
REQUEST FOR MENTAL HEALTH SUPPORT/CRISIS RESPONSE:		
SERVICE REQUESTED:	Mental Health Worker	Traditional Healer Counsellor
Community:		
Event:		
Dates Requested:		
Requestor name:		
Requestor contact:	Phone:	

We, the above mentioned community, are formally requesting support during out time of need, and invite Mushkegowuk Health OMA's Mental Health and 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:_______(Print)

Date:_____

Signature:_____



Please return this form to: Mushkegowuk Health OMA Email: <u>moma@mushkegowuk.ca</u> | Fax: 705-268-0435