



REQUEST FOR MENTAL HEALTH SUPPORT / CRISIS RESPONSE:	
<b>SERVICE REQUESTED:</b>	Mental Health Worker      Traditional Healer Counsellor
<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 during our 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: \_\_\_\_\_

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

