



Mushkegowuk Health  
 11 Elm St. North  
 Timmins, ON P4N 6A3  
 705.269.6662  
[moma@mushkegowuk.ca](mailto:moma@mushkegowuk.ca)

REQUEST FOR MENTAL HEALTH SUPPORT/CRISIS RESPONSE AND/OR TRADITIONAL WELLNESS SERVICE	
<b>Service Requested:</b>	<input type="checkbox"/> Mental Health Worker <input type="checkbox"/> Traditional Counsellor <input type="checkbox"/> Workshop: _____ <input type="checkbox"/> Traditional Healer Counsellor <input type="checkbox"/> Traditional Cultural Practitioner <input type="checkbox"/> Assistance with Traditional Wellness Ceremonies <input type="checkbox"/> Other: _____
<b>Community:</b>	<input type="checkbox"/> Attawapiskat <input type="checkbox"/> Kashechewan <input type="checkbox"/> Fort Albany <input type="checkbox"/> Peawanuck <input type="checkbox"/> Other: _____ <input type="checkbox"/> Taykwa Tagamou <input type="checkbox"/> Missanabie Cree <input type="checkbox"/> Moose Cree <input type="checkbox"/> Chapleau Cree
<b>Event:</b> <i>(ex. Gathering)</i>	
<b>Dates requested:</b>	
<b>Requestor name:</b>	
<b>Requestor contact:</b>	Phone number:
	Email:
<p><b>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.</b></p>	
<b>Submitted by:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Mushkegowuk Office Use Only:		
Received by: _____	Signature: _____	Date: _____

Please return this form to: Mushkegowuk Health  
 Email: [moma@mushkegowuk.ca](mailto:moma@mushkegowuk.ca) | Fax: 705-268-0435