



Southern Chiefs' Organization Inc.  
Celebrating 25 Years of Service

# TRADITIONAL HEALER SUPPORT REQUEST

## TRADITIONAL HEALERS PROGRAM

Winnipeg Sub-Office  
1572 Dublin Avenue, Winnipeg, Manitoba R3E 0L4  
Phone: 431-277-8608 / Fax: 204-946-1871  
Email: traditionalhealers@scoinc.mb.ca

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Residential School Survivor     Day School Survivor     Sixties Scoop Survivor     MMIWG2S+ (Family or Survivor)  
 Child Welfare System Survivor (CFS)     Inter-generational Survivor (Family Member)     Other

First Nation: \_\_\_\_\_  
 Status No. (10 Digit): \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City/Town/Community: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Appointment Date(s): \_\_\_\_\_

Area:     Physical     Emotional     Mental     Spiritual  
 Type:     Doctoring     Sweat Lodge     Naming     Sun Dance     Other: \_\_\_\_\_

Escort Required?     No     Yes    For:     Support     Driver  
 Escort Name: \_\_\_\_\_

Travel From: \_\_\_\_\_ Travel To: \_\_\_\_\_  
 Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

This Request is for Applicant Travel     This Request is for Traditional Healer Travel

***\* As funds are limited, requests are approved based on resources.  
 \* All requests must be submitted 10 days prior to appointment date(s), to ensure adequate time for approval process.***

Request For:     Mileage \_\_\_\_\_ Kms     Meals     Private Accommodations     Hotel Accommodations  
***\* Mileage for within Manitoba borders only. Mileage outside these borders are your own responsibility.***

Traditional Healer Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/Town/Community: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Traditional Healer Signature: \_\_\_\_\_  
 (Attendance confirmation)  
 Date: \_\_\_\_\_

For Office Use:	
_____	Approved Payment By:
Approved by Traditional Healer Coordinator	<input type="radio"/> Direct Deposit
_____	<input type="radio"/> Mail
_____	<input type="radio"/> For Pick-Up
_____	Amount: _____
Date	