



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:
 Direct Deposit
 Approved by Mail
 Traditional Healer Coordinator For Pick-Up
 _____ Amount: _____
 Date