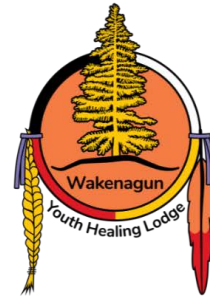




Ka-Na-Chi-Hih
Healing Lodge



Centralized Intake Form

Fields marked with * are required. Section headings marked with * indicate the whole section is required. If at any point you need to reset your form progress and clear all options, please press the button below.

RESET

Section 1 – Introduction *

What healing lodge location are you applying to?*

Select an option

Reason for Referral*

Section 2 – Personal Information

First Name*

Last Name*

Date of Birth (mm/dd/yyyy)*

Age

Gender*

Sex

Pronoun

Street Address

What is your current living situation?*(check all that apply)

- ☐ On-Reserve ☐ Off-Reserve ☐ Urban
☐ Rural ☐ Immediate Family ☐ Extended Family
☐ Lives Alone ☐ Homeless ☐ Group Home
☐ Shelter ☐ Alternative Care ☐ Common Law
☐ With Friend ☐ Hospital ☐ Incarcerated

City*

Province

Postal Code

Centralized Intake Form

Marital Status	Select an option	Phone Number*		Email*	
Health Card #		Version Code		Expiry	
Status Card Number				Expiry	
Nation Status*	Select an option	First Nation Community			
Languages Spoken*					
Languages Understood*					

Section 3 – Referral Source (if Applicable)					
First Name		Last Name			
Agency		Relationship			
Phone Number		Is this a self referral (Yes/No)			
Do we have consent to speak to your referral source to facilitate the intake process? (Yes/No)					

Please submit your completed referral form to the Intake General email address using one of the following methods (if submitting a printed copy):

Email: intake@kanachihih.ca

Fax: +1 807-789-9803

SUBMIT