



Nuu-Chah-Nulth Tribal Council Health Department
Teechuktl Mental Health/Quu'asa
Request for Cultural Services

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|---|------------------------|
| Client Information | |
| Date of Request: | |
| Client's Name: | |
| Male | Female 2SLGBTQIA+ |
| First Nation Affiliation/Status # | |
| Address | Client's Telephone #: |
| Anticipated # of participants: | |
| Reason for Request: | |
| <p>History & Impacts of Indian Residential Schools</p> <p>Grief & Loss</p> <p>Forgiveness</p> <p>Impact of Trauma</p> <p>Other</p> | |
| Cultural Support: Do you have a preference of type of support your requesting? Example: Smudging, Cedar Brushing, Prayer, Water etc | |
| | |
| General Information: | |
| RHSW Services | Office Use |
| Cultural Support Services | |
| Elder Support Services | |
| Signature | Email Address |