Wulaawsuwiikaan
HEALING LODGE

Intake Information P-1

Please complete all sections

OFFICE USE ONLY
Client ID #

Family Name:		**Name (First, Middle Initial):**	
Workplace/School and Occupation:		**Age:**	
		Date of Birth:	
Street Address:		Province:	
City:		Postal Code:	
How long at this address?		Preferred Language in Home:	
Home Phone:	( ) -	Cell Phone:	( ) -
Work Phone:		Living On-Reserve?	☐ Yes ☐ No
Email Address:		Relationship to Family:	
Health Card No. *(mandatory)*		Status Card No. *(mandatory)*	

Marital Status __ Single __ Common-Law Partner ___Married ___Separated __ Divorced ___Widowed

Do you identify as a member of the LGBT2Q+ community? ___ Yes ___ No Other:_____

I would Identify myself as:
___ First Nation Status ___First Nation (Non-Status) ___ Other (please identify):_____

Which community do you belong to? _____

☐ Lenape	☐ Lakota	☐ Ojibway	☐ Inuit	☐ Cree	☐ Tuscarora	☐ Oneida	☐ Onondaga
☐ Mohawk	☐ Seneca	☐ Cayuga	☐ Metis	☐ Odawa	☐ Salteaux	☐ Pottawatomi	☐ Other: _____

Education Status:		**Employment Status**		
☐ Elementary (K-Gr. 8)	☐ High School (Gr. 9-12)	☐ Full Time	☐ Retired	☐ Unemployed - Looking
☐ College	☐ University	☐ Part Time	☐ Disabled	☐ Unemployed – Not Looking

Referral Information

___ Self ___ Family ___ Friend ___ Justice System ___Mental Health Services ___Hospital / Medical Services
___Other Community Service Agency: _____

Referral Agency /Organization:		Contact Person/Worker:	
Address:		City:	
Province:		Postal Code:	
Telephone:		Fax:	

PROGRAM INTERESTED IN ATTENDING: _____Adult Day _____Adult Residential _____Family Residential
____1on1 with a Family Counsellor ____Traditional Healing _____ Various Ceremonies

Additional Information:

Wulaawsuwiikaan Healing Lodge
Munsee-Delaware Nation
275 Jubilee Road, RR #1 Muncey, ON N0L 1Y0

Ph: (519) 289-0148
Fax: (519) 289-0149
www.whl-munsee.ca

Wulaawsuwiikaan
HEALING LODGE

Intake Information P-2

Please complete all sections

OFFICE USE ONLY
Client ID #.:

Service or Resource:	Used in Past? Who?	Currently Using? Who?	Needs Now? Who?
☐ 1. Mental health services such as individual or family counselling			
☐ 2. Religious membership or pastoral counselling			
☐ 3. Alcohol/Drug treatment, inpatient or outpatient			
☐ 4. Self-help or mutual support groups, such as Alcoholics Anonymous or Tough Love			
☐ 5. Care for a family member with serious or chronic illness or disability			
☐ 6. Prosecution, sentencing, or detention under the Criminal Code of Canada or Other			
☐ 7. Use of Methadone or Suboxone or Medical Marijuana			
☐ 8. Investigation or action by the Children's Aid Society			
☐ 9. Adult continuing education			
☐ 10. Attend various First Nation Ceremonies/ consult with Traditional Healers			
☐ 11. Other support or social services			

Are any of these issues affecting you right now:

Residential School Issues	Addiction	Identity
☐ Suicidal Behaviours/Thoughts	☐ Anger/Temper Management	☐ Want for Better Life Skills
☐ Relationship Issues	☐ Drug Abuse	☐ Want for Better Communication Skills
☐ Family Violence	☐ Alcohol Abuse	☐ Want for Traditional Parenting Skills
☐ Child Abuse	☐ Solvent Abuse	☐ Want for Cultural Knowledge
☐ Unresolved Childhood Issues	☐ Gambling Addiction	☐ Workplace Stress
☐ Grief/Loss	☐ Sex Addiction	☐ Want for Better Understanding of Self

OFFICE USE ONLY

Is a telephone interview recommended?	Date of Telephone Interview:	Staff who conducted the interview	Estimated number of contacts with this family prior to intake?

Additional Comments and Outcomes:

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