



# Kizhaay Anishinaabe Niin

ENAAHTIG HEALING LODGE AND LEARNING CENTRE

*I am a Kind Man*

4184 Vasey Road

Victoria Harbour, ON L0K 2A0

705-534-3724, ext 32, Fax 705-534-4991

Name: \_\_\_\_\_ M/F/TG \_\_\_\_\_

Address: \_\_\_\_\_

Contact info: (Home#) \_\_\_\_\_ (Work#) \_\_\_\_\_ (Cell#) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Card # \_\_\_\_\_  
Month Date Year

Marital Status: single\_\_\_ common law\_\_\_ married\_\_\_ separated\_\_\_ divorced\_\_\_

widowed\_\_\_

What is your Native Ancestry? **Please check which is applicable:**

Status \_\_\_ Non Status/Aboriginal \_\_\_ Métis \_\_\_ Inuit \_\_\_

On Reserve \_\_\_ off Reserve \_\_\_ Not Applicable \_\_\_

Band Affiliation  
\_\_\_\_\_

How did you hear about the Kizhaay Anishinaabe Niin Programs at Enaahtig?  
\_\_\_\_\_

Are you involved with any of the following Services? **Please check which apply:**

Probation/Parole: \_\_\_\_\_ Enaahtig Mental Health Services: \_\_\_\_\_

Enaahtig Justice Program \_\_\_\_\_

Other services or programs, please specify: \_\_\_\_\_

Worker's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Release of Information completed: Yes \_\_\_ No \_\_\_ faxed to Agency: Yes \_\_\_ No \_\_\_

*Are there any health/social/mental health concerns, including medications that we should be aware of? Do you have any allergies at this time? \_\_\_\_\_*

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*Any comments are appreciated. Please explain in full detail what you would like to accomplish while attending the "I am a Kind Man Program".*

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