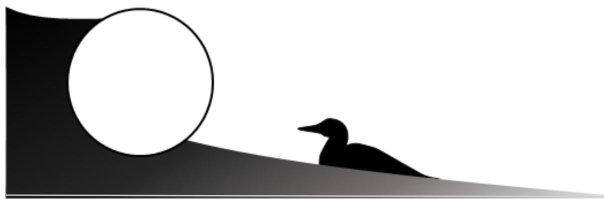


Oshki-Giizhig Inc.
715 Main St. Winnipeg MB R3B 3N7
Ph. (204) 782-2462
email: info@oshki-giizhig.org
www.oshki-giizhig.org

Oshki-Giizhig Support Programs

Referral Form

Program of Interest

- ☐ Walking Stick Community Supports Program
- ☐ Wiigiwaam Housing Supports Program
- ☐ Oshki-Giizhig Beaver Lodge Day Services

Participant Information

Name: ____ Gender:___________D.O.B:_____________

Address: ____

____

Phone Numbers:____

Source of Income:____

Marital Status:____

M.H.S.C #: _____________________________________

SIN: ____

PHIN#: ____

Treaty/ Band #: _________________________________

Emergency Contact:______________________________

Circle of Support (family, friends,

community):____

____

Spoken Languages:____

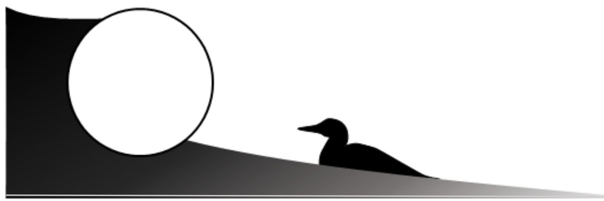
Referring Agency Information:____

Contact Information:____ Phone:_________________

Family Services Worker (CLDS, PSNP, CFS):_________________________________ Phone:____________

Care provider: ____ Phone:_________________

Mental health worker:____ Phone:________________



Oshki-Giizhig Inc.
715 Main St. Winnipeg MB R3B 3N7
Ph. (204) 782-2462
email: info@oshki-giizhig.org
www.oshki-giizhig.org

EIA worker:____ Phone:________________

Substitute Decision Maker:____ Phone________________

Other:____

Diagnoses (physical/cognitive/mental

health):____

____

____

Physician(s):____ Phone:_________________

Psychiatrist:____ Phone:_________________

Psychologist:____ Phone:_________________

Medical information (please indicate any past and current medical

issues):____

____

____

Medications/Dosages:

____

____

Does the participant require any assistance with his/her

medications?____

Physical/mobility

Issues:____

____

Level of substance use/if

any:____

____

Education:____

Employment/day

program:____

____

Justice involvement (please indicate past convictions and

sentences):____

____

____

Any other

agencies:____

____

Reason for

referral:____

____

____

____

Please indicate attached documentation (Psych assessments, reports, justice orders…)

____

____

____