Southwest Ontario Aboriginal Health Access Centre

SOAHAC Application for Services

Incomplete Applications cannot be accepted

Date Received (dd/mm/yyyy): _____Initials: _____

1. Basic Demographic Information

Full Name (First / Middle / Last) (as appears on Health Card):

Preferred First Name (if different):

Date of Birth (dd/mm/yyyy):

Preferred Pronouns:

Health Card Number/Version Code:

☐ Female ☐ Male
☐ Prefer Not to Answer

I would identify myself as:
☐ First Nation (Status) ☐ First Nation (Non-Status) ☐ Métis ☐ Inuit
☐ Other (please identify): _____
My FN Status Number (Registration Number) or Métis Membership # or Inuit ID Number is:
_____

2. Address and Contact Information

Street:

City:

Postal Code:

Primary Phone #: ☐ Mobile ☐ Work ☐ Home

Alternate Phone #: ☐ Mobile ☐ Work ☐ Home

Email Address:

Preferred means of communication: ☐ Mobile ☐ Work ☐ Home ☐ Text ☐ Email

3. I am seeking services at the following location:

☐ **Chippewa** 77 Anishinaabeg Dr Muncey, ON N0L 1Y0 Fax: 519-289-0355	☐ **London** 493 Dundas St London, ON N6B 1W4 Fax: 519-672-6945	☐ **Newbury** 1824 Concession Dr Newbury, ON N0L 1Z0 Fax: 226-799-0289
☐ **Owen Sound** 3 – 733 9th Ave E Owen Sound, ON N4K 3E6 Fax: 519-376-1845	☐ **Waterloo Wellington** 102 – 745 Coronation Blvd Cambridge, ON N1R 7R1 Fax: 519-623-2929	☐ **Windsor** 2 – 1405 Tecumseh Rd W Windsor, ON N9B 1T7 Fax: 519-253-6567

4. I am requesting the following Integrated Wholistic Care Service(s):

☐ Traditional Healing
☐ Mental Health Services for Adults or Children
☐ Primary Care

5. Consent

☐ I acknowledge that my personal health information on this form is to be collected and stored by SOAHAC for intake purposes based on my interest in services.

Client Signature _____ Date: _____