



Native Addictions Council of Manitoba

160 Salter St Winnipeg, MB R2W4K1
Phone (204) 586-8395 | Fax (204) 589-3921

Virtual Program Registration

Everything with a red * asterisks is required

* **Today's Date:** ____/____/____ Client ID # _____
Month Day Year (will be added once registered)

Personal Information

* Full Legal Name: _____

Nickname or another name known by (Optional): _____

* **Date of Birth:** ____/____/____
month day year

* **Gender:** (check which applies)

Female _____ Male _____ Two Spirit _____ Other _____

Marital Status:

Single Married
 Common-Law Other _____

* Address: _____

* City: _____ * Province: _____ Postal Code: _____

* Phone: _____ * Email _____

* Manitoba Medical Card # _____ * PHIN: _____
(6 digits) (9digits)

Level of Education

Completed high school. Not completed high school
 Some Post-Secondary Last grade completed _____

* **Next of Kin in Case of Emergency:**

- Name: _____
- Relationship to you: _____
- Phone: _____



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* **Nation Status:** *(check one)*

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Metis | <input type="checkbox"/> First Nation |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Non-Status |

* First Nation Community: _____

* Treaty/Status Card Number *(10 digits)* _____

What language do you speak other than English? _____

* **Legal Involvement:** *(check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Parole | <input type="checkbox"/> Family Court | <input type="checkbox"/> No Involvement |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Court Ongoing | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Currently on Bail | | |

Substances used: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Meth Amphetamines | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Crack/Cocaine | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Prescription Pills | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Hallucinogens (Acid, PCP) |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Other _____ |

When was your last use? _____

What did you use? _____

If you are in crisis and need to talk to someone, call the Klinik 24-hour Crisis Line 204-786-8686

Submit this application to tina.quesnel@nacm.ca

Or Fax attention Records and Registration to (204) 589-3921

Once your application has been received and reviewed, you will be contacted by N.A.C.M.