



Native Addictions Council of Manitoba

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

Virtual Program Registration

Everything with an asterisk is required to be answered

* **Date of application:** _____ / _____ / _____
month day year

Personal Information

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

* Full Legal Name: _____

Nickname or another name known by: _____

* Gender: *(check which applies)*

Female _____ Male _____ LGBTQ + _____ Other _____

Marital Status:

Single Married
 Common-Law Other _____

* Address: _____ * City: _____

* Province: _____ Postal Code: _____ * Phone: _____

* Email _____

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

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

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



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

- Metis
- Inuit
- First Nation

* First Nation Community: _____

* Treaty/Status Card Number (10 digits) _____

Language preferred: _____

Languages spoken: _____

Level of Education: _____

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

- Parole/Probation
- Court Ongoing
- Unknown
- Currently on Bail
- No Involvement

* **Mental Health:** *(Circle yes or no)*

Do you take medication for any mental health?Yes / No

Do you currently have a mental health professional you talk to regularly?Yes / No

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

Substances used: *(check all that apply)*

- Alcohol
- Meth Amphetamines
- Crack/Cocaine
- Prescription Pills
- Gambling
- Shopping
- Internet
- Sex
- Eating
- Hallucinogens (Acid, PCP)
- Other _____

When was your last use? _____

What did you use? _____

Submit this application to tina.quesnel@nacm.ca

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