

TRADITIONAL HEALERS

Community
is Medicine



MICS
Manitoba Indigenous
Cultural Society

Traditional Healer Program and Manitoba Indigenous Cultural Society Guidelines

- All requests must be submitted four (4) days prior to the Traditional Healing Ceremony for approval, this ensures adequate time for Finance to process payments.
- All requests will be determined to meet the criteria of Healing on review of the Committee Board of Healers & Knowledge Keepers.
- Healing requests must be approved by the Healer with date and type of Healing provided.
- Healer(s) must be a reputable healer and recognized as a healer from their subsequent Nation and a review of the Committee Board of Healers & Knowledge Keepers.
- All request forms must have a Health Director from within the Nation as a referral if a physician/doctor's signature cannot be obtained.
- The Sundance, Pow wow and naming ceremonies are considered a personal journey and are not applicable under the traditional healer program.
- All Parking and taxi receipts are to be included at the end of your travel to the THP Staff.

TRADITIONAL HEALER PROGRAM

NON-INSURED HEALTH BENEFITS TRAVEL POLICY

Traditional Healer Services Travel Policy

- Medical transportation benefits, within the client's region/territory of residence, may be provided for clients to travel to see a traditional healer, or where economical, for a traditional healer to travel to the community.
- Medical transportation benefits to access traditional healer services must be preauthorized by First Nations and Inuit Health Branch (FNIHB) or a First Nations or Inuit Health Authority or organization. On an exception basis, authorization may be granted after the fact by FNIHB or First Nations and Inuit Health Authority or organization when appropriate medical justification is provided and approved.
- When the traditional healers selected by the client are outside of the client's region/territory of residence, travel costs will be reimbursed for travel to the region/territorial border only.
- The following criteria must be considered prior to approving medical transportation benefits for traditional healer services.
 - The traditional healer is recognized by such the local band, Tribal Council, or health professional.
 - A licensed physician, or if a licensed physician is not routinely available in the community, a community health professional or FNIHB representative has confirmed that the client has a medical condition.
 - The NIHB Program does not pay for any associated honoraria, ceremonial expenses, or medicines. These costs remain the sole responsibility of the client.



CLIENT

Date: ____ / ____ / ____ mm/dd/yr.

Name of Client(s): First _____ Last _____

First _____ Last _____

First _____ Last _____

If more room for clients is needed please write on back or attach additional sheet.

Current Address: _____

Telephone: _____

First Nation/Band: _____

Treaty Number: _____ 10 digits

Date of birth: ____ / ____ / ____ mm/dd/yr.

Escort Required: Y N

First Name: _____ Last Name: _____

Current Address: _____

Reason for Escort: _____

First Nation/Band: _____

Treaty Number: _____ 10 digits

Date of birth: ____ / ____ / ____ mm/dd/yr.

Telephone/Cell: _____

Approved by Healer: _____

(signature required)

Date Approved by Healer: ____ / ____ / ____ mm/dd/yr.



Reputable and Recognized Healer:

First Name: _____ Last Name: _____

Current Address: _____

Telephone/Cell: _____

Healer Confirms Type of Healing

Please check off the type of healing/ceremony you are attending:

Doctoring – From A Recognized, Reputable Healer

Please enter the type of Healing Ceremony.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Other (please explain) _____

Ancillary Needs:

- Wood Rocks Fuel



CLIENT TRAVEL

Travel From: _____

Travel To: _____

HEALER TRAVEL

Travel From: _____

Travel To: _____

Date of Departure: ____ / ____ / _____ mm/dd/yr. Date of Return: ____ / ____ / _____ mm/dd/yr.

MODE OF TRAVEL

Airline Bus Vehicle Train

Remote Isolated Community Travel: Y N

Community Name: _____

Hotel: Y N Private: Y N Meals: Y N

Client Signature _____ Date: ____ / ____ / _____ mm/dd/yr.

Health Director or Physician Referral Signature _____ Date: ____ / ____ / _____ mm/dd/yr.

Approval Signature (MKO-THP) _____ Date: ____ / ____ / _____ mm/dd/yr.

Confirmation of Attendance by Healer _____ Date: ____ / ____ / _____ mm/dd/yr.

Kinanaskimitnaw. Meegwetch. Masi Cho. Philamayaye. Merci. Thank you.



Manitoba Keewatinowi
Okimakanak Inc.
**TRADITIONAL HEALER
PROGRAM**

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