

KIMAMOW ATOSKANOW FOUNDATION

R.R.1 SITE 1 COMP. 111,
ONOWAY, AB. T0E 1V0
Toll Free 1-866-971-7233
FAX: 780-967-2970

CONTACT INFORMATION

Name _____ Phone _____
Address _____
Fax _____ E-mail _____

REASON FOR REQUEST

INFORMATION NEEDS

Format required Print Video In-person

PRESENTATION TOPICS

HIV/AIDS Hepatitis C Virus Sexually Transmitted Infections

Other: _____

Basic Facts

Personal Story of individual affected or living with HIV/HCV

Male Female Family member

Specific needs: _____

Tree of Creation presentation Community Issues and Action

Provincial Activities National Activities

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SKILL DEVELOPMENT & TRAINING

- Program / Policy Development Risk or Harm Reduction
 Proposal Development Evaluation
 Presentation Skill Training Resource Development

(Use additional paper to provide more information – map, etc.)

CARE & SUPPORT NEEDS

- Testing Process New Diagnosis
 Talking to Family members Community Support Networks
 Family Support Gathering Agency Visit

Other _____

COMMUNITY INFORMATION

Audience expected:

- Children Youth Adults Elders

Estimate number of participants _____ Other Info _____

Location:

- Urban _____ Rural _____

- First Nation Métis Community Organization Institution

Description: _____

Previous Workshops or Information Session Yes No

Tentative Dates _____ Length of Session _____

What resources are available to support request? Facility, supplies, etc.

What do you hope will change as a result of this request?

FAX COMPLETED FORM TO 780-967-2970