

Indigenous Services Canada FNIHB-Alberta Region

Community Request for COVID-19 Public Health Response Support

Please submit request to sac.cdemergenciesab-urgencesmtab.isc@canada.ca

Date of Submission (yyyy/mth/dd):	
Community Name:	
Contact Name:	
Phone Number:	
Email Address:	
Number of Health Service Providers Currently Available in Community:	
• Licensed practical nurses:	
• Registered nurses:	
• Nurse practitioner:	
• Physician(s):	
• Pharmacist(s):	
• Other, please specify:	

Support Requested *(Please mark with an X):*

<input type="checkbox"/> Vaccine Support <input type="checkbox"/> Immunizers <input type="checkbox"/> CHIP Data Entry	Date(s) support required: From: _____ To: _____ Total # of Days: _____
<input type="checkbox"/> Contact Tracing/Case Follow-up <input type="checkbox"/> In-person <input type="checkbox"/> Remote	Date(s) support required: From: _____ To: _____ Total # of Days: _____
<input type="checkbox"/> COVID-19 Testing	Date(s) support required: From: _____ To: _____ Total # of Days: _____

Extra Details: (Provide additional details of the supports requested)

Thank you for submitting your request.

All submissions will be reviewed and an ISC-FNIHB staff member will contact you to discuss the requested support.

Please Note: The amount of support provided will be based on the number and type of requests received and the number of resources available.