



# Resource Request Form

Email form to [mentalhealth@klinik.mb.ca](mailto:mentalhealth@klinik.mb.ca)

## Requestor Information

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Pamphlets:

### How Many?

- Klinik Service – General
- Normal Reactions to Suicide Loss
- Seniors Abuse Support Line
- Sexual Assault Crisis Program
- When Someone You Know Has Been Sexually Assaulted


### Posters :

### How Many?

- Klinik Walk-in Service

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**Wallet Cards:**

**How Many?**

- Klinik Community Health
- Manitoba Farm, Rural & Norther Support Services
- Manitoba Suicide Prevention & Support Line
- Trauma Informed
- Trauma Recovery


Click 'submit' to send to [mentalhealth@klinik.mb.ca](mailto:mentalhealth@klinik.mb.ca)