

PCHS

HEALTH MAGAZINE



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PCHS In The Community

LETTER FROM THE CEO

Amandeep Kaur CEO, PCHS



Growing Through Challenge, Leading With Purpose

At Punjabi Community Health Services (PCHS), we continue to lead with unwavering purpose, deeply rooted in our community and evolving in response to both opportunity and adversity. We remain committed to our mission of fostering inclusive, culturally responsive, and compassionate care systems.

The work of our Program Impact Analyst and Health Equity Coordinator, as well as their coordination with all departments, exemplifies this commitment. Their leadership in advancing diversity, equity, and inclusion (DEI) has been both courageous and strategic. In a time when equity efforts are increasingly challenged, their work serves as a powerful reminder: equity is not a passing trend—it is a vital, ongoing responsibility.

Our Sahara Health Promotion and Prevention Program also continues to uplift and inspire. This month, the team delivered the “Plant a Little Joy” Workshop, a creative wellness initiative that encouraged participants to set personal intentions while decorating plant pots and planting seeds. This hands-on experience served as a powerful metaphor, reminding us that even small, mindful actions can lead to meaningful growth and renewal. It was an act of healing, hope, and community care.

We are also proud of our ongoing investment in staff development and trauma-informed practices. This month, we launched Trauma-Informed Approach Training for all staff serving priority populations. This training strengthens our staff’s ability to respond to the complexities of trauma with empathy and resilience, especially in newcomer, racialized, and underserved communities.

Our Newcomer Settlement Team continues to center youth voices and wellness. Their recent event, “Paws & Peace,” was a unique opportunity for newcomer youth to explore mindfulness, mental health, and self-care through guided activities and meaningful interaction with trained therapy dogs. Delivered in partnership with Sunshine Therapy Dogs, the event created a safe and supportive environment for youth to connect, de-stress, and build emotional resilience, moment by moment, one moment of peace at a time.

These programs reflect the best of who we are: a community organization that listens, responds, and adapts to the needs of the South Asian Punjabi-speaking and equity-seeking populations. Whether through data-driven advocacy, mental health workshops, or wellness events grounded in cultural relevance, we continue to meet our communities where they are—with compassion, courage, and care.

As we head into the summer months, I invite all of us to carry this spirit forward—to plant joy, deepen our roots, and grow together in equity, healing, and hope.



National Indigenous History Month: Advancing Health Equity for Indigenous Peoples



By: Brahmjot Dhillon, Diversity Equity & Inclusion Coordinator



June is **National Indigenous History Month** in Canada, a time to celebrate the rich cultural heritage of Indigenous peoples and reflect on the health inequities they continue to face. These disparities are rooted in historical trauma, systemic discrimination, and colonial practices, which continue to impact the physical, mental, and social well-being of Indigenous communities. Understanding these challenges and promoting health equity is crucial to advancing reconciliation.

Health Disparities and Colonial Legacy

Indigenous peoples experience significant health disparities compared to non-Indigenous Canadians. Social determinants of health, such as access to education, housing, and healthcare, are often markedly worse for Indigenous communities.¹ This inequity stems from the colonial history of land dispossession, forced assimilation, and the disruption of cultural practices. The legacy of residential schools and the ongoing marginalization of Indigenous voices in healthcare systems continue to shape these disparities.²

Indigenous communities suffer from higher rates of chronic conditions such as diabetes, cardiovascular diseases, and mental health disorders. However, these disparities are not just the result of individual behaviours, they are deeply tied to historical injustices that limit access to quality care and social support systems.³



Cultural Reclamation and Holistic Health Approaches

Health in Indigenous communities is not solely defined by the absence of disease but by a holistic view that encompasses physical, mental, emotional, and spiritual well-being. Indigenous health practices emphasize a strong connection to community, culture, and the land, which are central to healing.⁴ Incorporating traditional knowledge and practices—such as the use of medicinal plants and communal healing circles can enhance the effectiveness of healthcare systems for Indigenous peoples.

Recent efforts to integrate culturally safe and appropriate healthcare services, driven by Indigenous leadership, have shown promise. These approaches respect traditional practices and improve health outcomes by providing care that aligns with Indigenous values and worldviews.⁵

Path to Health Equity: Indigenous-Led Solutions

Addressing the health disparities faced by Indigenous peoples requires recognizing and supporting Indigenous self-determination in healthcare. Indigenous-led health initiatives, such as the First Nations Health Authority (FNHA), allow communities to control their healthcare services, ensuring they are culturally relevant and accessible.⁶ Moreover, addressing the broader social determinants of health, such as economic opportunity, housing, and education is crucial to creating the conditions for better health in Indigenous communities.⁷

Conclusion: Advancing Reconciliation through Health Equity

National Indigenous History Month offers an important opportunity to reflect on the health of Indigenous peoples and the systemic inequities they face. It is not enough to acknowledge historical wrongs; reconciliation requires actionable steps toward health equity. By supporting Indigenous-led healthcare and addressing the root causes of health disparities, Canada can take meaningful steps toward a healthier, more equitable future for Indigenous communities.



PCHS's Participation at the Annual 2025 RDR AGM

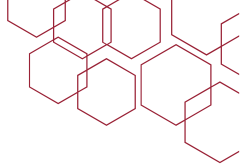
By Brahmjot Dhillon, Diversity Equity & Inclusion Coordinator

On June 11, 2025, Punjabi Community Health Services (PCHS) participated in the Regional Diversity Roundtable (RDR) Annual General Meeting (AGM), joining a diverse network of organizations committed to advancing equity, anti-racism, and systemic change across Peel Region. The AGM, themed “Backlash to Breakthrough: Mobilizing Accountability & Youth for Lasting Equity,” provided a timely and powerful platform to reflect on the state of DEI (Diversity, Equity, and Inclusion) work amid growing challenges and resistance.

PCHS's participation aligned with its organizational values of IDEA, and it was both encouraging and reaffirming to witness the shared commitment among RDR member agencies to create safer, more inclusive systems. The AGM emphasized how current global and local pressures, such as underfunding, political shifts, and the rise in hate-motivated violence continues to impact service providers and communities. To tackle hate-motivated violence, RDR released the Hate-Free Peel Vision Statement for service sectors in Peel and overall Peel Community. These statements are as follows:

The vision statement, for the systems/institutions/organizations/service sectors: “A Peel Region where every individual lives free from hate, discrimination, and fear. A community rooted in equity, inclusion, and justice, where proactive education, allyship and restorative practices dismantle systemic barriers and elevates collective belonging. Through collaborative leadership, policy-driven changes, unwavering action and accountability, we strive to create safe and inclusive spaces where every person is empowered to thrive.”





Simpler statement for the whole Peel community: “Peel region where everyone belongs, feels safe, can thrive in a community that is free from hate and discrimination. We build the region together through inclusion, justice, and shared responsibility.”



One key highlight from the AGM was the emphasis on inclusive leadership, particularly around youth engagement. The discussions underscored that young people are not just future leaders, they are current changemakers whose voices and lived experiences are essential in shaping equitable strategies today. This directly mirrors PCHS’s own ARAO-focused initiatives, which centre youth leadership development and culturally responsive programming. RDR’s DEI Innovation Lab also stood out as a promising model for member organizations to deepen their internal capacity and organizational culture, something PCHS recognizes as a continued area for growth.

In attending the RDR AGM, PCHS strengthened its connection to a broader movement working to address systemic inequities. The learnings and relationships built at the AGM will continue to inform and enhance PCHS’s commitment to building just, inclusive, and empowered communities across Peel.



Shining a Light on Sickle Cell Disease: World Sickle Cell Awareness Day

By: Fariha Abdul Muqueet, Preventative Care Specialist, SHPP



On June 19, World Sickle Cell Awareness Day unites communities globally to raise understanding of sickle cell disease (SCD) and its profound impact on patients and families. First designated by the UN in 2008, and officially proclaimed in Canada in 2017, this day amplifies efforts to combat stigma, expand access to care, and spotlight groundbreaking advances.

A Complex Genetic Journey

Sickle Cell disorders are inherited from parents to children through the haemoglobin of the red blood cells by inheriting two defective hemoglobin- β genes, creating a misshapen “sickle” red blood cell. It changes normal, round red blood cells into cells shaped like crescent moons. Sickled cells can get stuck in blood vessels and block them, which stops oxygen from getting through. That can cause a lot of pain and can harm organs, muscles, and bones. Despite its association with people of African descent, SCD affects individuals worldwide—from Latin America to South Asia, the Mediterranean, and beyond. Today, an estimated 7.7 million people live with SCD, and over 300,000 babies are born with it annually.

Screening and Diagnosis

A blood test can check for haemoglobin S — the defective form of haemoglobin that underlies sickle cell anaemia. In the Ontario, this blood test is part of routine newborn screening done at the hospital. But older children and adults can be tested, too.

If the screening test is negative, there is no sickle cell gene present. If the screening test is positive, further tests will be done to determine whether one or two sickle cell genes are present.



Living with Sickle Cell

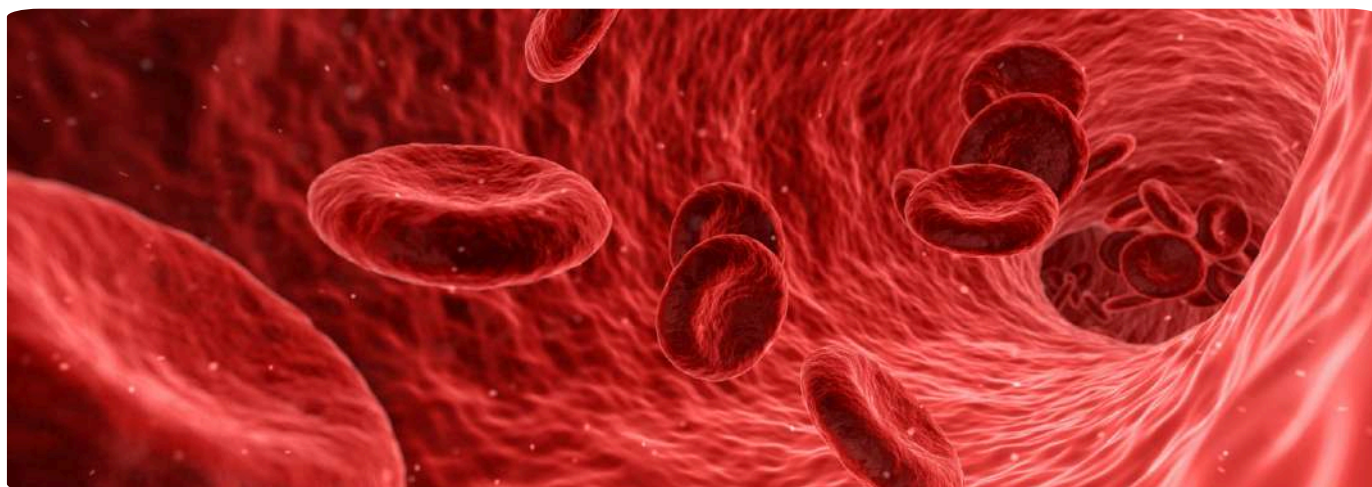
Although Sickle Cell Disease is not curable at the moment, it can be managed by patients, their families and healthcare professionals with proper education and training. People with Sickle Cell Disease (SCD) can lead full and active lives by making smart daily choices and managing their health proactively. Here's how:

- **Manage Pain Early:** Create a pain management plan with your healthcare provider, including when to seek emergency care.
- **Prevent Infections:** Stay up to date on all vaccines.
- **Stay Hydrated:** Drink plenty of fluids, especially during illness, exercise, or in hot weather. Children should carry water at all times.
- **Eat Healthy:** Maintain a balanced diet rich in folate (leafy greens like spinach). Supplements may be recommended.
- **Protect Vision:** Get routine eye check-ups.
- **Avoid Smoke:** Don't smoke and stay away from second-hand smoke.
- **Exercise Smart:** Stay active, but rest when tired, hydrate well, and stay warm—especially in cold weather.
- **Air Travel & High Altitudes:** Drink fluids and take precautions when flying or at elevations above 1500 m.
- **Know the Signs:** Work with your doctor to recognize warning signs and know when to get help.

With the right care and lifestyle habits, individuals with SCD can thrive and stay healthy.

Get Involved—Locally & Globally

This year's theme, "Global Action, Local Impact: Empowering Communities for Effective Self-Advocacy," encourages everyone to learn, advocate, and uplift those affected.



Substance Use and Withdrawal Management

**By: Hansraj Tank, Case Manager – Addictions
Withdrawal Management (CWMS)**



What is Withdrawal Management?

Withdrawal Management (WM) is a structured and supervised process aimed at helping individuals manage the physical and psychological symptoms that occur when they stop or significantly reduce substance use. This approach is often the first step in recovery and plays a crucial role in stabilizing individuals who are dependent on substances.

Understanding Detoxification

Detoxification is the natural process through which the body eliminates toxins and by-products resulting from substance use. While detoxification occurs physiologically, professional support ensures safety and comfort during this process, particularly when withdrawal symptoms are severe or potentially life-threatening.

Substances Commonly Managed Through Withdrawal Services

Withdrawal management services are available for a wide range of substances, including but not limited to:

- Alcohol
- Cocaine
- Prescription drugs
- Marijuana
- Heroin
- Crack cocaine
- Opioids
- Methadone
- Crystal methamphetamine



Types of Withdrawal Management Programs

1. Inpatient Withdrawal Management

Inpatient facilities offer comprehensive and intensive care for individuals experiencing severe withdrawal symptoms. These programs are ideal for those whose substance use has become unmanageable and may pose significant health risks. Treatment is delivered in settings such as hospitals, specialized detox units, drug de-addiction centers, and rehabilitation facilities. Patients receive 24/7 medical supervision and support.

2. Outpatient Withdrawal Management

Outpatient programs allow individuals to live at home while receiving structured support and therapy. These programs are most suitable for individuals with mild to moderate substance use issues who are motivated to recover but require flexibility to continue daily responsibilities such as work or family care. Services are often provided through RAAM (Rapid Access Addiction Medicine) clinics and other private outpatient treatment centers.

Integrated Treatment Approaches

Withdrawal Management often combines medication (as needed) with various forms of behavioural and therapeutic support to address both the physical and psychological aspects of addiction:

- **Cognitive Behavioural Therapy (CBT):** Helps individuals identify and change harmful thought patterns and develop healthier behaviours.
- **Dialectical Behavioural Therapy (DBT):** Supports the development of emotional regulation, mindfulness, interpersonal effectiveness, and distress tolerance.
- **Art Therapy:** Encourages self-expression and emotional exploration through creative activities.
- **Individual Psychotherapy:** Provides a confidential space for exploring personal challenges, setting goals, and working through trauma or mental health issues.
- **Group Therapy:** Facilitates peer support and shared learning experiences under professional guidance.
- **Psychoeducational Sessions:** Educate individuals about addiction, withdrawal symptoms, coping strategies, and relapse prevention.
- **Mindfulness and Physical Exercise:** Promote holistic well-being and the development of sustainable healthy habits.
- **Relapse Prevention Programs:** Help participants recognize triggers, manage cravings, and develop long-term recovery plans.
- **Rehabilitation Programs:** Available in both short-term and long-term formats to provide extended care and support post-detox.

Conclusion

Withdrawal Management is a critical foundation in the journey toward recovery from substance use. By combining medical care with therapeutic interventions and community-based supports, individuals can begin to rebuild their lives in a safe, structured, and compassionate environment.



To receive services for withdrawal management, connect with our PCHS Sahara Addictions Program today!
Contact us at info@pchs4u.com or (905)-677-0889

Mental Health and Kamini in South Asian Families

By: Sidak Nagi, Mental Health Case Manager

Growing up in a South Asian household, I often heard phrases like: “Just pray, and you’ll be fine,” “It’s just stress—don’t think about it,” and the most common one, “What will people say?”



These statements reflect a deeply rooted stigma that makes it incredibly difficult to talk about mental health in our community. For many South Asian families, mental health is not treated as a legitimate health concern, it is often seen as a source of shame, something to be hidden rather than addressed. There is a persistent fear of judgment, damage to the family’s reputation, particularly when it comes to marriage and the belief that seeking treatment is only for those who are “crazy.”

So, why do so many suffer in silence? Because stigma silences them.

As a result, instead of reaching out for help, some turn to herbal or traditional remedies in hopes of finding relief. One such example is Kamini Vidrawan Ras, commonly known as Kamini, a small brown tablet marketed as a natural stress reliever. Trusted by many for its Ayurvedic roots and Indian origin, Kamini is widely accessible, often sold openly or from hidden stocks in local shops (Guardian, 2023). But what most people don’t realize is that Kamini contains addictive opioids.

A study published in the Medical Journal of Australia revealed that Kamini tablets are laced with opioid alkaloids and dangerous heavy metals like lead, mercury, and arsenic (Naren & Cook, 2023). Exposure to even small amounts of mercury can seriously damage the nervous, digestive, and immune systems, as well as vital organs like the lungs, kidneys, and skin (Administration, 2023).

Sociological studies within the Punjabi male population further reveal that cultural norms often condone using substances as a way to cope with stress and boost productivity (Naren & Cook, 2023). This normalization is another product of stigma, a silent force that pushes people toward unsafe alternatives rather than professional help. We must challenge this. It’s time we recognize mental health as just as important as physical health. We need to create safe, non-judgmental spaces where people feel supported and heard. We must stop labeling individuals as “crazy” when they open up about their struggles. And we need to educate our communities on the difference between regulated herbal medicine and illegal or harmful substances masked as “natural.” Mental health is not a taboo subject. It’s real. It matters. And it deserves to be taken seriously.

Father's Day Celebration with our Seniors



By: Asha Ashwal, CSW Geriatrics



This year, Punjabi Community Health Services proudly celebrated Father's Day with heartfelt enthusiasm, honoring the wisdom, love, and sacrifices of fathers in our community. The day was filled with warmth, laughter, and meaningful moments that brought everyone closer together.

The celebration began with a light group workout, encouraging our seniors to move gently and prioritize their well-being. This was followed by a peaceful meditation session, offering participants a chance to reflect on the vital role fathers play and the core values they pass on to their children.

In the spirit of creativity and connection, participants engaged in a group art session—expressing their thoughts, emotions, and reflections through color and artwork. Many also shared fond memories and stories, cherishing the bonds they've built with their children and grandchildren over the years.



One of the most touching moments of the event was a heartfelt sharing circle, where seniors reflected on their journeys through parenthood. Some spoke about their own fathers, recalling powerful lessons in resilience, unwavering dedication, and deep love.

The conversations throughout the day were rich with cherished memories and heartfelt gratitude. To make the occasion even more meaningful, a modest cultural presentation was organized, featuring storytelling, music, and poetry.

Several elders recited Punjabi poems and shared meaningful sayings about fatherhood, beautifully illustrating the role of fathers as the unwavering pillars of the family. The atmosphere was filled with admiration and respect as participants shared their sincere reflections. As part of the celebration, we also took time to acknowledge and honor the contributions of fathers within our community. Each father in attendance received a small token of appreciation, symbolizing our recognition of their love, dedication, and lifelong support.

The event concluded with a shared meal of traditional dishes, where everyone came together to enjoy delicious food and warm conversation. The celebration served as a powerful reminder of the importance of gratitude, family, and community—core values deeply rooted in our culture.

Overall, our Father's Day celebration was a heartfelt tribute to the fathers who continue to shape our lives through their wisdom and care. It was a celebration not only of their presence, but of their lasting legacy within our families and communities.



Diabetes Prevention and Wellness Fair



By: Navdeep Kaur, SHPP Case Manager

On Sunday, June 15, 2025, the SHPP team participated in the Diabetes Prevention and Wellness Fair at Century Gardens, hosted by the University of Toronto. The event brought together a wide range of partners, including PCHS, Indus, WellFort, Roots Community Services, CMHA Peel-Dufferin, Peel Public Health, and others, all working to promote diabetes awareness and community wellness.

The fair featured free diabetes screening booths, educational resources, and culturally inclusive support for individuals and families. A children's booth with face painting added a fun and welcoming element for families attending the event.

One of the key highlights was a live cooking demonstration, where a guest chef prepared healthy recipes and introduced alternatives to help participants make more mindful food choices.



The event served as a strong reminder of the importance of prevention, early detection, and community collaboration in supporting the overall well-being of local residents.





Plant a Little Joy Workshop

**By: Mehar Roop Kaur, SHPP
Community Health Ambassador**

On Tuesday, June 24th, the SHPP team had the pleasure of hosting the Plant a Little Joy Workshop in honour of World Environment Day. This year, the theme of World Environment Day was 'Beat Plastic Pollution', which inspired the event's focus on low-waste living and creative reuse (United Nations, n.d.).

CREATIVE WORKSHOP

Participants had the opportunity to explore connections between personal wellness, sustainability, and everyday choices through activities like the Plastic Swap Inspiration Table and discussions on what could be done on an individual level to reduce plastic pollution. The planting activity allowed participants to plant various seeds in biodegradable or repurposed containers. Each attendee also had the chance to decorate their pot and create a plant care card as a creative and relaxing outlet.

The workshop offered a calm, welcoming space to connect with nature and build practical habits for greener living. Everyone left not only with a plant, but with a renewed sense of responsibility and possibility.

Paws and Peace:

A Moment of Calm at the Malton Youth Hub

By: Michelle Yousofi, Youth Worker

In a heartwarming blend of comfort and care, the newcomer youth team hosted its very first Paws and Peace event — a self care session featuring certified therapy dogs aimed at supporting youth mental health and emotional well-being.

Held in a quiet, cozy space at the hub, youth were invited to take a break from their busy lives to spend time with friendly therapy dogs. The soft wagging tails, gentle eyes, and calm presence of the dogs created a safe environment for youth to decompress, reflect, and simply breathe.

Therapy dog handlers were on site to share information about the benefits of animal-assisted wellness, such as reducing stress, easing anxiety, and promoting emotional connection.



Youth of all ages stopped by — some for a quick cuddle, others for longer moments of peace and quiet companionship. For many, it was more than just a fun break — it was a powerful reminder of how small moments of care can have a big impact.

“Sometimes we just need something soft and kind,” one youth shared. “The dogs made me feel happy today”.

The success of Paws and Peace highlights the newcomer youth team’s commitment to creating safe and healing spaces for youth — and there’s already excitement about future events just like this one.





Breaking Barriers:

PCHS Hosts Pardon Workshop to Support Recovery and Reintegration



**By: Albin Mathew, Supervisor
Addictions Program**

On June 26, 2025, the Sahara Addiction Program at Punjabi Community Health Services (PCHS) held a successful Pardon Workshop at its Mississauga location. The session aimed to support individuals in recovery by providing clear guidance on applying for a legal pardon—an essential step toward reintegration and healing.

Led by Andrew Tanenbaum from Pardon Canada, the workshop covered the application process, required documentation, eligibility, and legal timelines. Participants learned how a pardon can remove barriers to employment, travel, and community participation.

Attendees engaged in the interactive session, asking questions and sharing experiences. The workshop emphasized that recovery extends beyond sobriety—it includes restoring dignity, opportunity, and social inclusion.

“Our goal is to provide holistic support,” said Daljit Basra, event organizer and Addiction Case Manager at PCHS. “A pardon can offer people a real chance to rebuild their lives.”

The event reflects PCHS’s continued commitment to addressing systemic challenges in the addiction and mental health landscape through education, empowerment, and culturally safe care.

PCHS In The Community



*Diabetes Prevention and
Wellness Fair hosted by
University of Toronto*



*Dixie Blood Neighborhood
Centre (DBNC) Health Fair*



*Summit on Aging by Peel
Council on Aging (PCoA)*



*PCHS 2nd Staff Meeting of
Fiscal Year 25/26*

WELCOME

NEW STAFF



Kamalpreet Kaur
Wellbeing Navigator,
Newcomer Settlement
program



Rupnit Kaur
Community Development
Facilitator, Newcomer
Settlement Program

Power Walkers Club

Join us for a refreshing lunchtime walk that combines **networking with physical activity**. It's a great way to connect, recharge, and return to work feeling energized and refocused.



 **12:30 to 1:00 pm**

 June 18 & 25
July 9 & 23
August 13 & 27

Meeting Point

Honorable William Davis Centre
60 West Drive - Front Parking Lot



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supportline@pchs4u.com



437-243-3735

Disclaimer: By participating in the Power Walkers Club, you acknowledge that you are doing so voluntarily and at your own risk. Punjabi Community Health Services (PCHS) is not liable for any injuries, health issues, or other complications that may arise during or after participation. It is your responsibility to ensure that you are in suitable physical condition to engage in this activity. If you have any existing health concerns or medical conditions, please consult with your healthcare provider before joining.

Please note: The Power Walkers Club is exclusively for staff at 60 West Drive Building.

CANADA DENTAL CARE PLAN FIRST TIME/RENEWAL



JULY
09th, 2025
11:00 AM – 12:00 PM



2980 Drew Rd. unit # 241
Mississauga, L4T0A7

ELIGIBILITY CRITERIA



- Permanent Residents
- Convention Refugees
- Canadian Citizens (within 3 months of receiving status)
- Live-in-Caregivers

TOPIC POINTS

- ✓ The benefits of CDCP coverage
- ✓ How to apply
- ✓ New application or renewal
- ✓ Eligibility requirements
- ✓ Application process

FREE INFORMATION SESSION

REGISTRATION CONTACT

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UNDERSTANDING THE CANADIAN CITIZENSHIP PROCESS AND REQUIREMENTS



**JULY
10th, 2025**

11:00 AM – 12:00 PM



2980 Drew Rd. unit # 241
Mississauga, L4T0A7

ELIGIBILITY CRITERIA



- Permanent Residents
- Convention Refugees
- Canadian Citizens (within 3 months of receiving status)
- Live-in-Caregivers

TOPIC POINTS

- ✓ Benefits of becoming a Canadian Citizen
- ✓ Basic Eligibility requirements
- ✓ Language requirements
- ✓ Citizenship test and interview
- ✓ Application process

FREE INFORMATION SESSION

REGISTRATION CONTACT

HARIS KHAN

(437) 655 - 0945

HARIS.KHAN@PCHS4U.COM

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CANADIAN CITIZENSHIP TEST



JULY
11th, 2025
6:00 PM – 7:30 PM



Via ZOOM

ELIGIBILITY CRITERIA

- Permanent Residents
- Convention Refugees
- Canadian Citizens (within 3 months of receiving status)
- Live-in-Caregivers

TOPIC POINTS

- ✓ Citizenship Test Preparation
- ✓ Study Resources/Discover Canada
- ✓ Citizenship Ceremony

FREE INFORMATION SESSION

REGISTRATION CONTACT

SHARON UY

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SHARON.UY@PCHS4U.COM

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Client Testimonial



CLIENT TESTIMONIALS

“To the dearest PCHS team,

I want to express my heartfelt gratitude to the PCHS team for being there to support people during difficult times. The support and knowledge shared by the team help guide individuals in a positive direction and prevent them from feeling lost.

I had been going through a very challenging period before I connected with PCHS. When I spoke about the issues I was facing in my personal life, things I felt I had really messed up, the team consistently checked in on me to see how I was doing and how my sessions were progressing. That kind of follow-up and care is exactly what many people need during tough times.

The online group sessions have also been very helpful. They create a space where people can share their experiences, regrets, and pain. Through these conversations, we try to connect with one another, and there’s always something to learn even from the smallest exchanges.

As a personal reflection, I believe the PCHS team is doing an excellent job. I have no suggestions for improvement just encouragement to continue the great work you are doing!

Thank you for this opportunity, and Godspeed ahead!

Client: Addiction Program



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2 Dewside Dr, Unit 202, Brampton,
ON L6R 3Y5

Community Door,
7700 Hurontario St, Unit 300,
Brampton ON L6Y 4M3

Different Spokes
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Brampton ON, L6X 1B7

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