

SUPPORT SERVICES

Tribal Services Division - Ermineskin Cree Nation
 PO Box 219, Maskwacis, AB, T0C-1N0
 Toll Free: 1-866-585-3941 Phone: 780-585-3941 ext. 271
 www.erminekin.ca Email: christina@erminekin.ca



PROGRAM APPLICATION

Date: _____

Section A: Client Information

Name:		Band #: 4430-	
Cell #:		Phone #:	
Email:			
Date of Birth: <input type="checkbox"/>	Age:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-Reserve		Address: _____ _____ _____	
		Postal Code: _____	
Source of Income:			
<input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Income Support <input type="checkbox"/> Other:			

Section B: Family Information

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Common-Law/Married <input type="checkbox"/> Divorced/Separated		
Spouse Name (If Applicable):		Band:
Dependants (If Applicable - Children only)	Children's Date of Birth:	Band:
1		
2		
3		
4		
5+		

Section C: Support Services Program

Emergency Assistance Requested - select ONE:	
<input type="checkbox"/> Food	<input type="checkbox"/> Damage Deposit/Rent
<input type="checkbox"/> Travel	<input type="checkbox"/> Disable
<input type="checkbox"/> Utility Payments	<input type="checkbox"/> Medical Travel
Please explain your reason for requesting Emergency Assistance:	

Section D: Banking Information

Bank:	Note: Cheque deposit is available for Off-Reserve applicants, if you require this service please include your banking information.
Transit:	
Account:	

IMPORTANT:

If a Tribal citizen is found abusing or depending on the Support Services Program for financial means, the individual will be reported and documented. Any further assistance may be denied.

Application may take 1-2 business days for processing once all supporting documents are received.

I declare that the enclosed information is true and I give consent to Support Services to investigate and verify any relevant information for my application.

Client Signature

Date

OFFICE USE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> AGENCY REFERRAL
Comments:		