



**SUPPORT SERVICES**

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

**SUPPORT SERVICES APPLICATION FORM**

Date: \_\_\_\_\_

**Section A: Applicant's Information**

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

**Section B: Family Information**

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Common-Law/Married <input type="checkbox"/> Divorced/Separated/Widow		
Spouse Name (If Applicable):		Band #:
Children (under 18 years of age)	Children's Date of Birth	Band #:
1		
2		
3		
4		
5+		

**Section C: Support Services Funds The Following Categories**

**Emergency Assistance Requested - please select ONE:**

Food
  Damage Deposit/Rent  
 Travel
  Disable  
 Utility Payments
  Medical Travel

Tell us your reason for requesting Emergency Assistance:


**Section D: Banking Information - ONLY AVAILABLE TO OFF RESERVE CITIZENS**

Bank Name:	Institution #:
Transit:	Cheque will be deposited to the following banks only: TD, CIBC,RBC, BMO, ATB & Scotia
Account:	

**IMPORTANT:**

If it is discovered that an Tribal citizen is abusing the Support Services Program, the citizen may be denied future assistance from the program.

**Application may require 2-3 business days for processing.**

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.

\_\_\_\_\_

Applicant Signature
Date

<b>OFFICE USE</b>		
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	<input type="checkbox"/> <b>AGENCY REFERRAL</b>
AMOUNT APPROVED \$ _____	_____ Agency Name	
APPROVED BY: _____		