



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 House #: _____		Address: _____ _____ _____ Postal Code: _____	
Source of Income:			
<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: Type of Emergency Support Services Requested

Emergency Assistance Requested - please 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

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

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