

TEMAGAMI FIRST NATION ENRICHMENT FUNDS

Emergency Claim Form

This form must be signed and complete in full. **If incomplete, it will be returned to you**, which will delay the processing of the claim. Enclose **ORIGINAL RECEIPTS ONLY** – COPIES will not be accepted.

Nature of Emergency: _____ (Attached inspector's report)

Description of Request:

Please check type of Claim you are applying for:

Single Couple Family (Dependants 18 years & under

Personal/Contact Information

Client Name (Main Contact)	Date of Birth	Band Number
Mailing Address		Postal Code
Email Address		Phone/Cell Number
Partner/Spouse Name	Date of Birth	Band Number
Mailing Address		Postal Code
Email Address		Phone/Cell Number
Child's Name	Date of Birth	Band Number
Child's Name	Date of Birth	Band Number
Child's Name	Date of Birth	Band Number
Child's Name	Date of Birth	Band Number

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Please list below type of expenses/ associated costs:

I.e.: Clothing, Food, Shelter, Toiletries items (shampoo, toothbrushes, etc.)

Verification

By signing below, I certify that the above and attached information is true and accurate.
I understand that within 30 days I am required to submit receipts for all expenses for which I've received funding.
I also understand that if any funds are not used for the purposes outlined, the money will be owed back to the Enrichment Fund program.

Signature

Date

Request checklist:

- Verification of emergency (i.e.: Inspectors report)

Mail completed form and **ORIGINAL RECIEPTS** to:

Doreen Potts Health Centre
Temagami First Nation
Bear Island, ON P0H 1C0
Attention: **Office Manager** Enrichment Funds Claim
Inquiries: (705) 237-8900 or Toll-Free at 1-866-262-2862