

TEMAGAMI FIRST NATION ENRICHMENT FUNDS

REQUEST FORM FOR HEALTH POLICY SUPPLEMENT

Personal Information:

Name: _____ Status Number: _____
Address: _____ Birth Date: _____
City: _____ Phone No. () _____
Postal Code: _____ Fax No. () _____

Annual Income (Notice of Assessment): _____

Have you accessed all other appropriate funding sources? ____ Yes ____ No

If yes, where have you applied?

Description of Request: (attach applicable quotes)

Verification

By signing below, I certify that the above and attached information is true and accurate. I understand that if any funds are not used for the purposes outlined, the money will be owed back to the Enrichment Funds program.

Signature

Date

Request checklist:

Please ensure the following are attached:

- Verification of income; Notice of Assessment (Revenue Canada)
- Applicable quotes (for essential items)