



Musk-kosim�iibing

Formerly Big Grassy River First Nation

403 - B Anishinabe Way
P.O. Box 414, Morson, Ontario POW 1J0
Phone: (807) 488-5614, (807) 488-5615
Toll Free: 1-800-361-7228
Fax: (807) 488-5533
www.biggrassy.ca

Emergency Assistance Fund Request Form

Applicant Information

Full Name: _____

Date of Birth: _____

Band Number: _____

Address: _____

Phone Number: _____

Email Address: _____

Reason for Request:

Please describe the reason for your request for assistance (attach additional pages if necessary):

Nature of Emergency:

Medical Emergency

Travel for Medical/Family Emergency

Housing Crisis

Food Security

Funeral Expenses

Other: _____

Contact:

Health Director – healthdirector@biggrassy.ca

Health Director – healthdirector@biggrassy.ca

Director of Operations – dop@biggrassy.ca

Family Wellness Support/Family Wellbeing –

fwsupport@biggrassy.ca

familywellbeing@biggrassy.ca

OW Administrator – owadministrator@biggrassy.ca

Director of Operations – dop@biggrassy.ca



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Details of Assistance Requested

Amount Requested: \$ _____

Please provide a breakdown of how the funds will be used:

Additional Information

Have you previously applied for emergency assistance?

Yes No

If yes, when? _____

Amount Received (if applicable): _____

Are you receiving assistance from any other programs or agencies?

Yes No

If yes, please provide details:

Household Information

Number of Adults in the Home: _____

Number of Children in the Household: _____

Please list the names and ages of all children in the home:

Banking Information

Bank Name: _____

Institution Number: _____

Account Number: _____

Transit Number: _____



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Declaration and Consent

I, _____, declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of my request. I consent to the verification of the information provided in this form.

Signature: _____

Date: _____

Privacy Statement

All information provided in this form will be kept confidential and used solely for the purpose of assessing your request for assistance.

Office Use Only

Application Received By: _____

Date: _____

Approved By: _____

Position: _____

Amount Received: _____

Notes:
