



TEMAGAMI FIRST NATION

BEAR ISLAND,
LAKE TEMAGAMI, ONTARIO P0H 1C0
TEL 1.888.737.9884 | 705-237-8943
FAX 705.237.8959

EMERGENCY NEEDS CLAIM FORM

Personal Information:

| | | | |
|------------------|------------------|--------------|----------------|
| Name: | | Band Number | |
| Mailing Address: | City/Town, Prov. | Postal Code. | Date of Birth: |
| Email: | | Telephone: | |

Description of Request:

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Members in the Household:

| | | |
|----------------------|------------|--------------------|
| Partner/Spouse Name: | DOB | Band Number: |
| Mailing Address: | City/Town | Prov. Postal Code: |
| Email Address: | Telephone: | |
| Child's Name: | DOB: | Band Number: |
| Child's Name: | DOB: | Band Number: |
| Child's Name: | DOB: | Band Number: |
| Child's Name: | DOB: | Band Number: |

I certify that all the information provided in this application is true and correct.

(Please print name)

Signature of Applicant

Date

Mail this form and original receipts to:
Doreen Potts Health Centre
Temagami First Nation
BEAR ISLAND, ON
P0H 1C0
Attention: Office Manager Enrichment Funds