



The Metis Nation of Alberta - Region 5
 353 Main Street North, Box 1787
 Slave Lake, AB T0G 2A0
COVID-19 Support Form NOVEMBER 2021

Metis Nation of Alberta Member Number: _____

APPLICANT NAME: _____

Physical & Mailing Address: _____

Phone/Message Number(s): _____

e-mail: _____

Please list all dependents living with you: (Must be 18 years of age or younger)

| List ALL Family Members | FIRST AND LAST NAME | F/M | AGE | MNA # |
|--------------------------------|---------------------|-----|-----|-------|
| SPOUSE: | | | | |
| DEPENDENT: | | | | |
| DEPENDENT: | | | | |
| DEPENDENT: | | | | |
| DEPENDENT: | | | | |
| DEPENDENT: | | | | |

Nature of your Emergency Need:

- Grocery Card
- COVID Mental Health Supports/Referrals
- COVID Bereavement Fund – *Must supply documentation that the deceased had COVID to be eligible for this benefit*
- One time Utility Relief (*Must attach current utility bill with current address ie: town bill/power bill/gas bill*)

Please Describe Details of Need Here: _____

Emergency Supports are available for exceptional circumstances only, may discontinue at any time and are NOT intended to be accessed on an ongoing basis. Funds will be distributed up to a maximum amount per household. You will be required to sign a waiver of release indicating you have received this financial aid.

I have read the above information, or have had it read to me, and by signing this, I agree to these guidelines.

Signature: _____

Date: _____

Received by: _____

Date: _____

Approved by: _____

Date: _____

**** For Program Use Only**** Request Approved: _____ Date: _____
 Gift Card Cheque issued: Cheque # _____
 Issued to: _____