



Region 5 MNA  
 Box 1787  
 Slave Lake, AB T0G 2A3

**Region 5 Wellness Support Form – March 2023**

Return completed form to: **region5@metis.org**

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 <b>ALL</b> Family Members	FIRST AND LAST NAME	F/M	AGE	MNA #
SPOUSE:				
DEPENDENT:				
DEPENDENT:				
DEPENDENT:				
DEPENDENT:				
DEPENDENT:				

Gift Card

*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 at **ONE** 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: \_\_\_\_\_

**\*\* DEADLINE FOR MARCH IS March 24 2023 at 400 p.m. LATE APPLICATIONS WILL NOT BE ACCEPTED. \*\***

**CARDS WILL BE MAILED OUT THE LAST WEEK OF MARCH 2023.\**

**\*\* For Program Use Only\*\***                      **\*\* DO NOT WRITE IN THIS AREA\*\***

Request Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Gift Card       Cheque issued:       Cheque # \_\_\_\_\_

Issued to: \_\_\_\_\_