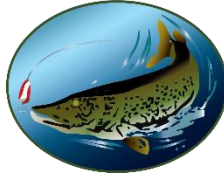


Fishing Lake



First Nation

Community Development Program Health – Emergency

GENERAL OVERVIEW

- The Emergency Benefit is only for members that exhausted all other sources of income and assistance.
- If you are requesting help with essential bills (power or heat), you will need to send a copy of the bills and they must be in your name.
- Receipts must be submitted before a new application can be made, if you did not submit receipts, please explain why you were unable to.

APPLICATION INFORMATION

Name: _____ Date of Birth _____
(MM/DD/YY)

Address: _____

Phone _____

Business _____

Cell _____

Treaty Number _____
(10 digits)

Amount \$ _____

Reason for Application: (Please include why you need to access the emergency fund, give as much detail as possible).

If you require more space, please attach a separate page.

Signature of Applicant

Date