

EMERGENCY INCOME ASSISTANCE

REQUEST FORM

Use this form to ask for emergency income assistance. Describe your situation in your own words and attach anything that supports it. Designated staff and leadership review every form that comes in. Please print clearly.

1 YOUR INFORMATION

FULL NAME	TREATY NUMBER 3460	AGE
MAILING ADDRESS	CITY OR TOWN	PROVINCE / POSTAL CODE
PHONE NUMBER	EMAIL ADDRESS	

2 YOUR REQUEST

Reason for Emergency Income Assistance request

3 SUPPORTING DOCUMENTS

Anything you send with this form helps staff and leadership review your request. A letter of support from a medical professional or another professional is useful where it applies. Attach your documents to this form, or email them to receptionist@redpheasantcn.ca with your name on them.

What are you attaching?

☐ Letter of support ☐ Bills, receipts or quotes ☐ Nothing at this time

4 YOUR SIGNATURE

☐ The information I have given on this form is true and complete as far as I know. I understand it is used by Red Pheasant Cree Nation to review my request for emergency income assistance.

SIGNATURE	DATE
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INTERNAL USE ONLY · DO NOT FILL IN THIS SECTION

DATE RECEIVED	SIGNATURE TO AUTHENTICATE RECEIVING THE REQUEST	DECISION ☐ Approved ☐ Denied
APPROVED BY	AMOUNT APPROVED	CHEQUE NUMBER
		MADE OUT TO

RETURNING YOUR COMPLETED FORM

BY EMAIL receptionist@redpheasantcn.ca	IN PERSON OR BY MAIL Band Office, P.O. Box 70 Cando, Saskatchewan S0K 0V0	NEED HELP? Call the band office 306-937-7717	WHAT HAPPENS NEXT Designated staff and leadership will review your request. If it is approved, we will be in touch.
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