

SANDY BAY OJIBWAY FIRST NATION

CHIEF TREVOR PRINCE COUNCIL
TREVOR PRINCE
MICHAEL DUMAS
JASON STARR
RANDAL ROULETTE

Phone: 204-843-2603 Band Fax: 204-843-2706 Finance Fax: 204-843-2872 Admin Fax: 204-843-4282 Toll Free: 1-888-600-4393 www.SandyBayFirstNation.com

REVISED GUIDELINES FOR OFF RESERVE MEMBERSHIP FOR PANDEMIC COVID-19 PANDEMIC EMERGENCY ASSISTANCE

Due to several concerns regarding the guidelines for off-reserve assistance, at a meeting held on Sunday, November 1, 2020, Chief and Council reviewed the off reserve covid assistance application. The application was revised to assist for easier application. We will only require two of the following documents:

- 1. Proof of membership:
 - a. Copy of Indian and Northern Affairs Canada Certificate of Indian Status aka Treaty Card
- 2. Proof of Physical Address, any one (1) listed below
 - a. Driver's License
 - b. Government Issued Identification Health Card (if you do not have this, you should order one and have one on you at all times for medical purposes. Call 1-800-392-1207 General Inquiries to order one)
- 3. If you do not have 2(a) or 2(b)
 - a. Any type of letter/envelope/mail /bill that shows your name and physical address.
 - i. We do not need to see the details of your bill or mail.

Proof of head of household will not be required. Instead, Sandy Bay will be keeping track of the addresses. Only one person, will be assisted at \$300.00 per address. It will be on a first come, first serve basis until funds run out.

The person responsible for the intake of forms has been directed to revisit all rejected applications to ensure they fit into the revised guidelines effective November 1, 2020.

Key Contact: Paulie Richard, Band Membership Clerk

Office Number: 204-843-2603 extension 109

Fax Number: 204-843-2706

Email: paulie@sandybayfirstnation.com

Due to covid-19 please send application via email or fax, no mail-in applications.



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APPLICATION FORM – REVISED NOVEMBER 1, 2020 OFF RESERVE COVID-19 EMERGENCY ASSISTANCE

FULL NAME:	
PHYSICAL ADDRESS:	
DATE OF BIRTH(Y/M/D):	
TREATY NUMBER (10 DIGITS):	
COPIES ATTACHED AS PER GUIDELINE REQUI	REMENTS:
COPY OF TREATY CARD COPY OF PROOF OF PHYSICAL ADDRESS	
Please list Registered Band Members along wit	h Treaty Number who are living in your household.
I have completed this application to the best of been provided.	my knowledge and current accurate information has
Signature	Date
Office Use Only:	
Approved:	Not Approved:
Reviewed By:	Date: