



Cover Page

NCN Elders Subsidy Program

PLEASE PRINT CLEARLY

FIRST NAME _____

LAST NAME _____

Please indicate how your application is submitted

Fax

Check if faxing your application

Number of Pages (Including cover) _____

Attention: NCN Trust Director
Trust Office Fax: 1-204-484-2588

Phone Number where faxing from _____

IN PERSON OR MAIL

Check if mailing your application

Attention: NCN Trust Director
Box 393
Nelson House, MB R0B 1A0



Ensure application form is completed and include all required documents.

This Elders Subsidy Program application package contains three (3) forms, which must be fully complete and submitted along with the three (3) other documents listed below to the Trust Director before your application will be considered for approval.

PLEASE CHECK (✓) THE APPROPRIATE BOXES BELOW to indicate that the listed information is included in your application submitted.

- Form 1: Application Cover (this page)
- Form 2: Elders Subsidy Application (one page)
- Form 3: A Brief Family History

OTHER REQUIRED DOCUMENTS INCLUDED

- A Photocopy of a your status card with the expiry date
- A photocopy of your Birth Certificate
- A Photocopy of your Social Insurance Number

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT

Tel: 204-484-2604
 Fax: 204-484-2588
 Address: Box 393, Nelson House Manitoba R0B 1A0



NCN

Form

APPLICATION

NCN Elders Subsidy Program

- MUST BE FULLY COMPLETED BY ALL APPLICANTS REQUESTING FOR ELDERS SUBSIDY
- YOUR APPLICATION WILL ONLY BE CONSIDERED FOR APPROVAL IF YOU PROVIDE ALL INFORMATION REQUESTED IN THIS APPLICATION FORM.

(PLEASE PRINT CLEARLY AND CHECK (✓) THE APPROPRIATE BOXES BELOW)

STATUS No. (10 Digits) _____

I live : On Reserve Off Reserve

Last Name Given Name Middle Name

Social Insurance No. DD, MM, YYYY Date of birth City/Town Province Postal Code

Apt No. House No. Street/avenue

Phone No. Cell No. Email

Marital Status : Single Married Separated Divorced Common Law

NEXT OF KIN/EMERGENCY CONTACT

Last Name Given Name Middle Name

Social Insurance No. DD, MM, YYYY Date of birth City/Town Province

Apt No. House No. Street/avenue

Phone No. Cell No. Email

Please fax hard copy of this form to TRUST OFFICE

Nisichawayasihk Cree Nation TRUST OFFICE

Nelson House, MB R0B 1A0
www.trustoffice.ca

Phone: (204)484-2604
Fax: (204)484-2588



FORM 3 BRIEF HISTORY

NCN Elders Subsidy Program

ELIGIBILITY REQUIREMENTS TO RECEIVE THE SUBSIDY

- Must be a band member of Nisichawayasihk Cree Nation
- Must be 65 years of age or older
- Must have lived on Nelson House reserve prior to Northern Food Agreement
- Must have lived on Nelson House reserve prior to residential school years
- Must have direct connection with NCN i.e. (Come to reserve)
- Currently an NCN elder living in a personal care home

DOES NOT QUALIFY

- NEVER LIVED ON THE NELSON HOUSE RESERVE

PLEASE PRINT CLEARLY

FIRST NAME

LAST NAME

This statement is very important part of the application. Please write a brief family history, indicate who your immediate families as far as you know. Name grand parents, parents, siblings, and where you born. You should also note if your are a Bill C-31 or re-instated band member.

MY FAMILY HISTORY

Applicant's Signature

Date

DAY

MONTH

YEAR