



**COLD LAKE FIRST NATIONS**

**P.O. Box 1769  
COLD LAKE, ALBERTA  
T9M 1P4**

**PHONE: (780) 594-7183  
FAX: (780) 594-3577**

**PLEASE FORWARD THIS FORM ALONG WITH ALL NECESSARY DOCUMENTS TO:  
EMAIL- [christmas@clfn.com](mailto:christmas@clfn.com) or FAX: (780) 594-3577 PRIOR TO JANUARY 31, 2018.  
\*PLEASE NOTE THAT DUE TO A HIGH NUMBER OF FAXES, YOUR FAX MAY HAVE NOT COME THROUGH.\* PLEASE CONFIRM WITH THE RECEPTIONIST. EMAIL APPLICATIONS WILL RECEIVE A REPLY CONFIRMATION.**

**APPLICATIONS MUST BE RECEIVED BY DECEMBER 8, 2017 IN ORDER TO GET YOUR CHEQUE PRIOR TO CHRISTMAS. ANYTHING RECEIVED AFTER THE 8<sup>TH</sup> WILL BE PROCESSED IN THE NEW YEAR. TO AVOID ANY DELAY PLEASE PRINT CLEARLY.**

**PART 1: REQUEST FOR CHRISTMAS ASSISTANCE PROGRAM**

Office Use Only  _____
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I make this application for the Cold Lake First Nation (“CLFN”) Christmas Assistance Program on behalf of (initial the applicable box):

Myself       Myself and My child(ren)       My Child(ren)

**PART 2: INFORMATION – PLEASE PRINT CLEARLY TO AVOID DELAYS**

Name of Applicant – <b>AS IT APPEARS ON THE REGISTRY LIST</b>		
Status Number	Date of Birth	
Mailing Address (PLEASE PRINT CLEARLY AND INCLUDE THE POSTAL CODE)		
Work Telephone	Home Telephone	Cellular Telephone
<b>Mail out to the address above</b>	<b>Pick up</b> Edmonton	<b>Pick up</b> Cold Lake First Nations

You may be asked to provide government identification to confirm identity, please have one of the following available:

Photo Identification: \_\_\_\_\_ [ ] Copy attached  
(Drivers, Status Card, Birth Certificate)

**PART 3: APPLICANT STATEMENT**

I, \_\_\_\_\_, am a

[ ] status Indian registered with the Cold Lake First Nation, or  
[ ] not status Indian registered with the Cold Lake First Nation and make this application on behalf of my child(ren) or persons that I have legal guardianship over.

**I hereby confirm that the information I have provided in and with this document is true and correct to the best of my knowledge and belief. I consent to the collection, retention and disclosure of the personal information herein.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 4: CHILDREN**

I have NO Children [ ]

TOTAL Number of Children Registered with CLFN (under the age of 18 yrs) \_\_\_\_\_

Please provide proof that children are in your care. (school record, Verification of Child Tax)

Please list all children who are status Indians registered with the CLFN **WHO ARE IN YOUR CUSTODY AND CARE** and for whom you are requesting payment of the Christmas Assistance Program. \*CLFN Child Welfare Designate provides a List of children in care to CLFN Finance. Payments for Children in Care will be issued to the appropriate department on behalf of the Child\*

**Child(ren) Personal Information**

Date of birth:	Status Number:	Gender:
Family name:		
Given names:		

Date of birth:	Status Number:	Gender:
Family name:		
Given names:		

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Given names:		

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Date of birth:	Status Number:	Gender:
Family name:		
Given names:		

**PLEASE FILL OUT A SEPARATE FORM FOR EACH PARENT and ONE PARENT WILL FILL OUT A FORM FOR THEIR CHILD(REN). Please provide copies of all necessary documents.**

**ANY CHILD NOT REGISTERED AS A STATUS INDIAN WITH THE CLFN AFTER DECEMBER 31, 2017 WILL NOT BE ELIGIBLE FOR THE 2017 CHRISTMAS ASSISTANCE PROGRAM.**

**ALSO NOTE THAT ANY PERSON WHO IS ENTITLED TO THE CLFN 2017 CHRISTMAS ASSISTANCE PROGRAM WHO DOES NOT SUBMIT AN APPLICATION BY JANUARY 31, 2018 SHALL BE FORFEITED. \*WITH NO EXCEPTIONS\***