

# Holiday Disbursement Program Application

Please forward this form along with **ALL NECESSARY DOCUMENTS** including a copy of **YOUR PHOTO ID** to: [CHRISTMAS@CLFNS.COM](mailto:CHRISTMAS@CLFNS.COM) or **FAX (780) 594-3577 PRIOR TO JANUARY 31, 2022.**

**PLEASE NOTE THAT DUE TO A HIGH NUMBER OF FAXES, YOUR FAX MAY NOT GO THROUGH.**

Please confirm with the receptionist. Email applications will receive a reply confirmation.

Applications **MUST BE RECEIVED BY DECEMBER 4, 2021** in order to get your cheque prior to Christmas. Anything received after December 4th will be processed in the new year.

## PART 1: REQUEST FOR HOLIDAY DISBURSEMENT PROGRAM

I make this application for the Cold Lake First Nations Holiday Disbursement Program on behalf of:  
**(initial the applicable box)**

Myself

Myself and My Child(ren)

My Child(ren)

## PART 2: INFORMATION PLEASE PRINT CLEARLY IF COMPLETING BY HAND

Last Name:		First Name:		Maiden Name:	
Status Number: <b>464</b>		Date of Birth:		Email:	
Mailing Address:					
ADDRESS		CITY		PROVINCE	
POSTAL CODE		Work Phone:		Home Phone:	
Cell Phone:		MAIL OUT to the address above ( ) DIRECT DEPOSIT ( ) please select one below			

**IF THIS IS YOUR FIRST YEAR USING DIRECT DEPOSIT, YOU MUST PROVIDE A DIRECT DEPOSIT SLIP or VOID CHEQUE**

Same Bank Account Information As Previous Year **(NO NEED TO SUBMIT DIRECT DEPOSIT) or**

New Bank Account Information **(MUST PROVIDE A DIRECT DEPOSIT SLIP OR VOID CHEQUE)**

OFFICE USE ONLY

## PART 3: APPLICANT STATEMENT

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

[ ] status Indian registered with the Cold Lake First Nations, or

[ ] not status Indian registered with the Cold Lake First Nations 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 \_\_\_\_\_



**COLD LAKE FIRST NATIONS**

P.O. Box 1769 | Cold Lake, AB | T9M 1P4 Phone: 780-594-7183 | [www.clns.com](http://www.clns.com)

**PART 4: CHILDREN**

I have **NO** children [ ]

**TOTAL** number of children registered with CLFN (**under the age of 18 yrs**) \_\_\_\_\_

Please list all children who are status Indians registered with **CLFN WHO ARE IN YOUR CUSTODY AND CARE** and for whom you are requesting payment of the Holiday Disbursement 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**

Full Name:
Date of Birth: _____ Gender: Male ( ) Female ( )
<small>DD/MM/YYYY</small>
Status Number: <b>464</b>

Full Name:
Date of Birth: _____ Gender: Male ( ) Female ( )
<small>DD/MM/YYYY</small>
Status Number: <b>464</b>

Full Name:
Date of Birth: _____ Gender: Male ( ) Female ( )
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Full Name:
Date of Birth: _____ Gender: Male ( ) Female ( )
<small>DD/MM/YYYY</small>
Status Number: <b>464</b>

Please fill out a **SEPARATE FORM FOR EACH PARENT** and **ONE** parent will fill out a form for their child(ren).

**ANY PERSON WHO IS ENTITLED TO THE CLFN 2021 HOLIDAY DISBURSEMENT PROGRAM WHO DOES NOT SUBMIT AN APPLICATION BY JANUARY 31, 2022 SHALL BE FORFEITED WITH NO EXCEPTIONS**

