

Christmas Food Hamper Supplement Application

THIS APPLICATION IS FOR MEMEBERS WHO RESIDE ON RESERVE ONLY.

If you reside **OFF RESERVE** or in an urban area please fill out the off reserve members form.

Deadline for submission is **FRIDAY, DECEMBER 11 BY NOON.**

Please email completed applications to hamper@clfns.com.

FOR MORE INFORMATION PLEASE CONTACT THE HEALTH CENTER @ 780-594-2473.

HEAD OF HOUSEHOLD		HOUSE # _____	
NAME: _____	PHONE # _____		
RESIDENTS:		PLEASE CHECK ONE	
NAME	AGE	TREATY NON-TREATY	
1 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
2 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
3 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
4 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
5 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
6 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
7 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
8 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
9 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
10 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
PICK UP AT THE COLD LAKE FIRST NATION HEALTH CENTER			
(PLEASE CHECK MARK WHICH DAY)			
MON	TUES	WED	THURS
14-Dec	15-Dec	16-Dec	17-Dec
OFFICE USE ONLY			
RECEIVED BY: _____	DATE: _____		

Sponsored By: Community Well-Being & Jurisdiction Initiatives



COLD LAKE FIRST NATIONS

P.O. Box 1769 | Cold Lake, AB | T9M 1P4 Phone: 780-594-7183 | www.clfns.com