



Pandemic Planning Application

For all GNTS Registered Nisga'a Households from Kitimat –Williams Lake

Full Legal Name		Citizenship #	D.O.B	Nisga'a Village
Applicant:				
Spouse:				
Address:	City:		Postal Code:	
Phone:	Cell:	Email:		

Citizenship Number	Name	Date of Birth	Adult or Minor
1			
2			
3			
4			
5			

1. How are you doing? _____

2. What supplies are you most in need of right now?

3. Are there any other ways we can support you during this time?

4. What address is best to deliver the supply box to?



5. Do you or any member of your family have allergies?

6. How has this pandemic disturbed your every day life? Have you become unemployed, laid off due to shortage of work?

We are taking into consideration that this pandemic will be lasting longer then anticipated, we are offering all GNTS Registered Households Financial aid, those outside of Terrace postal codes will get an additional amount in lieu of a food box. Providing us with your direct deposit information will be valuable. All information collected will be kept secure and confidential and will be used for future programming: Winter coat and boot, Education gifts, Christmas hamper etc.

Bank	Institution	Transit	Account Number	Type of Account

Do you have any questions for us? _____

Signature: _____ Date: _____

By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability. Also by signing; I give consent for the Gitlaxdax Nisga'a Terrace Society Staff to send and receive my information to confirm information pertaining to this application ie. Correct citizenship numbers, address confirmations and to ensure funds aren't being collected in another Nisga'a Catchment area.

Office Use Only to Ensure Applicant has the following:

<input type="checkbox"/> Current Contact Information	<input type="checkbox"/> Current Proof of Address	<input type="checkbox"/> Citizenship Number
Approved By:		Date:

Information gathered here will remain secure and confidential, to be used to plan program budget for financial aid and determine shopping lists for the food boxes each household will receive.

Date of call: _____ Time of call: _____

Number called: _____