

Application Form - Ontario Action Plan: Responding to COVID-19

Name		
Phone Number or Method of Contact		
Community and Band Number		
# of Dependants in household		
Current residence (city, town) Mailing Address		
Are you currently employed	Yes	No

Please describe the type of assistance you are seeking

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Name	Signature

Please email Application to danielle.bruyere@weechi.ca or fax to 807-274-8435

APPLICATIONS WILL BE REVIEWED EVERY MONDAY AND WEDNESDAY