



## Off Reserve Covid Relief Questionnaire

Please complete the information below and return to email: [socialdir@dpcn.ca](mailto:socialdir@dpcn.ca) or fax to: (780)355-2734

Name (Last, Middle First): \_\_\_\_\_

Current Address:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Treaty #: \_\_\_\_\_

Do you have children residing with you that are under the age of 18? \_\_\_\_\_

If so,

1. Child's full Name:

\_\_\_\_\_

Child's D.O.B \_\_\_\_\_ Treaty # \_\_\_\_\_

2. Child's Full Name: \_\_\_\_\_

Child's D.O.B \_\_\_\_\_ Treaty # \_\_\_\_\_

3. Child's full Name :

\_\_\_\_\_

Child's D.O.B \_\_\_\_\_ Treaty # \_\_\_\_\_

4. Child's Full Name: \_\_\_\_\_

Child's D.O.B \_\_\_\_\_ Treaty # \_\_\_\_\_

Please circle the stores that you have in your area.

Walmart      No Frills                      IGA                      Sobeys's                      Super A

If your area does not have any listed above, what is the nearest grocery store? \_\_\_\_\_

**Disclaimer\*** This in no way is saying this is what you will be getting, it is helping us determine the best way to assist members. We have yet to determine the way the funds will be distributed.

If you have more children please add on a separate sheet and attach.