

# KEHEWIN

## CREE NATION

Maskikiw Mâmtonehicikan

P.O. Box 220  
Kehewin, Alberta T0A 1C0  
Phone: 780-826-3333  
Fax: 780-826-2355  
Email: reception@kehewin.ca

### MIYIKOSIWIN ASSISTANCE FORM

PLEASE FORWARD THIS FORM ALONG WITH ALL NECESSARY DOCUMENTS TO:  
Email - [shannon@kehewin.ca](mailto:shannon@kehewin.ca) or Fax : (780) 826-2355 Prior to December 31, 2018.

\*PLEASE NOTE THAT DUE TO HIGH NUMBER OF FAXES, YOUR FAX MAY NOT HAVE COME THROUGH\*

PLEASE CONFIRM WITH THE RECEPTIONIST. EMAIL APPLICATIONS WILL RECEIVE A REPLY CONFIRMATION THAT WE HAVE RECEIVED THE PAPERWORK AND IT IS CLEAR AND LEGIBLE

Office Use Only:

[ ] \_\_\_\_\_

VERIFIED

[ ] \_\_\_\_\_

PROCESSING

[ ] \_\_\_\_\_

ISSUED

APPLICATIONS MUST BE RECEIVED BY **DECEMBER 19<sup>TH</sup>** IN ORDER TO GET YOUR CHEQUE PRIOR TO CHRISTMAS. **ANYTHING RECEIVED AFTER THE 19<sup>TH</sup> WILL BE PROCESSED IN THE NEW YEAR.** TO AVOID ANY DELAY PLEASE PRINT CLEARLY.

**\*\*There will be no direct deposit this year. Do not forward banking information. You must pick up your cheque in person, or receive in the mail. There is no third-party pick up.**

#### 1: REQUEST FOR MIYIKOSIWIN ASSISTANCE PROGRAM

I make this application for the Kehewin Cree Nation MIYIKOSIWIN Assistance Program on behalf of (Initial the applicable box):

[ ] Myself

[ ] Myself and My children

[ ] My Children

#### PART 2: INFORMATION – PLEASE PRINT CLEARLY TO AVOID DELAYS – MANDATORY

Name of applicant – AS IT APPEARS ON THE REGISTRY LIST:		
STATUS NUMBER #466 0	DATE OF BIRTH (MM/DD/YYYY) \ \	
Mailing Address: (Please print clearly and include correct postal code) .		
PHONE ( )	EMAIL ADDRESS: .	
Mail out to address above [ ]	Will pick up in EDMONTON [ ]	Will pick up in KEHEWIN [ ]

You may be asked to provide government identification to confirm identity, please have one of the following available:

Photo Identification: \_\_\_\_\_ ( ) Copy Attached  
Drivers Licence, Status Card, Birth Certificate

#### PART 3: APPLICANT STATEMENT – MUST BE SIGNED AND DATED

I, \_\_\_\_\_, am a  
[ ] band member registered with Kehewin Cree Nation, or  
[ ] not a band member registered with Kehewin Cree Nation and make this application on behalf of my children 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 X \_\_\_\_\_ Date \_\_\_\_\_



**PART 4: CHILDREN/MINORS**

I have no children – NOT APPLICABLE TO MYSELF

I have children in my care: Number of Children # \_\_\_\_\_ (list all children in your care)

- Please provide proof that children are in your care  
(School record, Verification of child Tax, PARENTING ORDER, OR DELEGATION)
- Please list all children who are Band members registered with the Kehewin Cree Nation who are in your CUSTODY AND CARE and for whom you are requesting payment of the MIYIKOSIWIN Assistance Program.
- Kehewin Cree Nation Child Welfare provides a list of children in care to Kehewin Membership. Children in Care will be issued to the appropriate department on behalf of the child.\*  
Child(ren) Personal Information

I am the Trustee for an adult in care (please provide trustee papers )

Date of Birth: (mm/dd/yyyy) \            \ 	Status Number: 466 0 _____	Gender: [ ] MALE / [ ] FEMALE
FULL NAME:		

Date of Birth: (mm/dd/yyyy) \            \ 	Status Number: 466 0 _____	Gender: [ ] MALE / [ ] FEMALE
FULL NAME:		

Date of Birth: (mm/dd/yyyy) \            \ 	Status Number: 466 0 _____	Gender: [ ] MALE / [ ] FEMALE
FULL NAME:		

Date of Birth: (mm/dd/yyyy) \            \ 	Status Number: 466 0 _____	Gender: [ ] MALE / [ ] FEMALE
FULL NAME:		

Date of Birth: (mm/dd/yyyy) \            \ 	Status Number: 466 0 _____	Gender: [ ] MALE / [ ] FEMALE
FULL NAME:		

PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON OVER 18 YRS OLD and **ONE** PARENT WILL FILL OUT A FORM FOR THEIR CHILD(REN). PLEASE INDICATE IF YOU ARE A COUPLE AND IF YOU WANT TO RECEIVE YOUR CHEQUE TOGETHER. Please provide copies of all necessary documents.

ANY CHILD NOT REGISTERED AS A BAND MEMBER WITH THE KEHEWIN CREE NATION PRIOR TO DECEMBER 19, 2018 WILL NOT BE ELIGIBLE FOR THE 2018 MIYIKOSIWIN ASSISTANCE PROGRAM.

**ALL MEMBERS WHO FAIL TO FILL OUT A FORM OR PROVIDE THE NECESSARY DOCUMENTS TO THE MEMBERSHIP DEPARTMENT BY DECEMBER 31, 2018 AND WHO DO NOT PICK UP THEIR CHEQUE BY JANUARY 31, 2019 SHALL BE FORFEITED \*WITH NO EXCEPTIONS\***