



Rainy River First Nations COVID-19 RELIEF SUPPORT

FUNDING SUPPORT FROM THE



Applicant Information

Full Name: _____ **Status #:** _____
Last First **Date of Birth:** _____

Address: _____ **Apartment/Unit #** _____
Street Address

City/Town State/Province ZIP/ Postal Code

Phone: _____ **Email** _____

Reason for Application:

The RRFN is collecting data on the impacts of COVID-19 on Members 18+ years of age, to assist in identifying program needs and planning services.

Please choose one box below which best describes your need for relief support. If the noted areas do not apply to your needs, please check "Other" and provide details.

I am requesting COVID-19 Relief Support due to:

Mental Health related costs/needs YES NO **Clothing/Food** YES NO
Details: _____ Details: _____

Bills: rent/ utilities/ credit cards/ etc. YES NO **Online/Home Education:** YES NO
Details: _____ Details: _____

Other: _____ YES NO
Details: _____

FUNDING REQUESTED: Check One
___ \$400 Other: _____ (limit \$400)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that my answers will be used for data collection and planning, and my address will be used for RRFN communications.

Signature: _____ Date: _____

**** Please note that the deadline for applications will be every Friday at 12NOON. Payments will be processed and mailed the following week.****

Send Applications to: Ruthann McGinnis

Email: r.mcginis@rrfns.com Mail: PO Box 450 * Emo, Ontario * P0W 1E0