

# **COVID-19 Relief Support Application**

These programs are for registered Métis Nation–Saskatchewan (MN–S) citizens and those with applications in process. If you don't have an MN–S citizenship number or any documents that show you have submitted your citizenship application, you can start your <u>citizenship application here</u>.

Please Note: any funding received from MN–S may be considered taxable income by Canada Revenue Agency and could affect any future benefits payments and/or your 2020 income taxes.

The following information is being collected for the purposes of determining your eligibility for and administering your access to COVID-19 programming.

#### Are you a registered Métis citizen/have submitted your registry application?

l am a registered Métis citizen			Citizensh	Citizenship number		
l have s	ubmitted r	ny Citizensh	ip applicatio	n Date of a	pplication	
						/ /
First Name		Initia	Su	urname		Birthday Month Year
Gender:	○ Male	$\bigcirc$ Female	O Non-binary	○ Other ○	Prefer not to say	
Marital Status:	○ Single	O Married	O Common	Law O Separate	ed O Divorced	○ Widowed ○ Other
Primary Phone				Mobile P	hone	
Email Address				Number	of people in your h	ousehold
Number of people you support outside of your household			Number	of children under tl	he age of 18	
				Saskate	chewan	
Street Address			City	Province		Postal Code

Mailing address if different than above (R.R. #, Box#, etc.)



# Please complete the following sections for the programs you are applying for.

A. Housing Assistance and Self-Isolation Supports Page 3

**B. Emergency Childcare Support** 

Page 4



# A. Housing Assistance and Self-Isolation Supports

MN–S recognizes that many people are being stretched financially and emotionally impacted by COVID-19. MN–S housing assistance may be available to those faced with rental, mortgage and/ or utilities arrears due to a decrease in household income. Self-isolation assistance may also be available. This program has been put in place to help those struggling to make ends meet and the funds are intended for those most in need. Payment will be made to the landlord or mortgage provider, not directly to the Métis citizen.

Housing situation:	$\bigcirc$ Renter	$\bigcirc$ Homeowner	$\bigcirc$ Supported I	iving O Li	ving with family/friends	G Other	
Household income prior to CC	OVID-19			Current hous	sehold income		
Have you experienced any em	iployment adj	ustments due to CC	)VID-19? O Yi	es O No			
or utilities in arrears? be provided			nclude an arrears statement with this application form. Proof of arrears must ded with either a current mortgage/rental statement or an eviction notice. Utilities hts are also required if in arrears.				
Are you a Post-secondary stuc	lent? (	) Yes () No					
Landlord Name		Primary Pho	one	En	nail		
Are you or is any one in your household considered high ris	sk?: O Eld	erly O Immune	e compromised	○ Pre-existi	ng health conditions	O Other	

Do you feel additional housing/wellness support is needed to help achieve quarantine success? If so, please specify

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#### **B. Emergency Childcare Supports**

Application criteria for emergency childcare assistance includes the following:

- Funding of \$500 per child to a maximum of \$2500 per family.
- Only one custodial parent/guardian need apply. If a child is living in a joint custody arrangement each parent will receive \$250 per child.
- Children must be 10 years old or younger. (Born January 1, 2010 or after).
- Children must be registered Métis citizens with Métis Nation–Saskatchewan or have a registration in progress. The parent/guardian and children applying must have been residents of Saskatchewan for the past six consecutive months.
- An application must be completed, with all supporting document information provided.

#### • Information for the Métis child or children:

			/ /
Child's Legal Name		SK Métis Citizenship Number	Birthday Month Year
			/ /
Child's Legal Name		SK Métis Citizenship Number	Birthday Month Year
			/ /
Child's Legal Name		SK Métis Citizenship Number	Birthday Month Year
			/ /
Child's Legal Name		SK Métis Citizenship Number	Birthday Month Year
			/ /
Child's Legal Name		SK Métis Citizenship Number	Birthday Month Year
Applicant relationship to child:	$\bigcirc$ Custodial Parent / Guardian	$\bigcirc$ Unique Relationship (temporary caregiver)	O Non-Custodial Relationship

Would you like to include any other information?



# **Declaration of Accuracy of Information Provided**

I do hereby confirm that all the above information provided is correct to my knowledge. This declaration is made voluntarily and in good faith and is intended solely for the purpose of confirming my eligibility for access to MN–S COVID 19 support programming and for the purpose of administering my access to the programming.

### **Consent to Collection and Disclosure of Personal Information**

By submitting this application or by participating in the Métis Nation–Saskatchewan (MN–S) COVID-19 emergency services and programs, I understand and agree that the MN–S, in the fulfillment of its reporting requirements, may disclose the information provided in support of my access to the program, including inter alia information provided to establish Métis status and/or eligibility to participate in the MN–S COVID-19 emergency services and programs. I accept this as a condition of applying for and/or receiving support and I consent to such disclosure.

I further understand and acknowledge that the information I provide may be used to assess programming needs. I make this solemn affirmation conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I Agree

Sign here / type your name

#### For more information call 1-833-343-8285

Email this completed form and all of the required supporting documentation to COVID19@mns.work