



Applicant Information

Clear Form

** If a field does not apply to you, please put "N/A" in that section, do not leave a field blank **

Primary Caregiver Information

Parent Guardian Child (16 and up)

Given Name (First Name):		Family Name (Last Name):	
Mailing Address (P.O.Box/number/street/apartment):		City/Community:	
Province/Territory/State:		Postal Code/ZIP Code:	Country:
Telephone Number:		Email Address:	
Disbursement: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail <input type="checkbox"/> Wire-transfer <input type="checkbox"/> WHC Pick-up (on-reserve only)			

Child #1

The child is registered with a status number: <input type="checkbox"/> Yes <input type="checkbox"/> Entitled (can be registered)		Child Status Card Number (10 digits):	DOB (yyyymmdd):
Given Name (First Name):		Family Name (Last Name):	
Name of School Attending/Homeschool:		Grade/Level:	
Parent 1 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>			
Given Name (first name):		Family name (last name):	
DOB (yyyymmdd):		Status Card Number (10 digit):	
Parent 2 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>			
Given Name (first name):		Family name (last name):	
DOB (yyyymmdd):		Status Card Number (10 digit):	
Joint Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , is payment split between both custodial caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>If yes to payment being split between both custodial parents (for joint custody only) please complete the below for the second caregiver, otherwise fill in fields with "N/A"</i>			
Given Name (First Name):		Family Name (Last Name):	
Mailing Address (P.O.Box/number/street/apartment):		City/Community:	
Province/Territory/State:		Postal Code/ZIP Code:	Country:
Telephone Number:		Email Address:	
Disbursement: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail <input type="checkbox"/> Wire-transfer <input type="checkbox"/> WHC Pick-up (on-reserve only)			

Child #2 Not Applicable (*Intake to cross-out section below*)

The child is registered with a status number: <input type="checkbox"/> Yes <input type="checkbox"/> Entitled (can be registered)	Child Status Card Number (10 digits):	DOB (yyyymmdd):
Given Name (First Name):	Family Name (Last Name):	
Name of School Attending/Homeschool:	Grade/Level:	
Parent 1 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>		
Given Name (first name):	Family name (last name):	
DOB (yyyymmdd):	Status Card Number (10 digit):	
Parent 2 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>		
Given Name (first name):	Family name (last name):	
DOB (yyyymmdd):	Status Card Number (10 digit):	
Joint Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , is payment split between both custodial caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>If yes to payment being split between both custodial parents (for joint custody only) please complete the below for the second caregiver, otherwise fill in fields with "N/A"</i>		
Given Name (First Name):	Family Name (Last Name):	
Mailing Address (P.O.Box/number/street/apartment):	City/Community:	
Province/Territory/State:	Postal Code/ZIP Code:	Country:
Telephone Number:	Email Address:	
Disbursement: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail <input type="checkbox"/> Wire-transfer <input type="checkbox"/> WHC Pick-up (on-reserve only)		

Child #3 Not Applicable (*Intake to cross-out section below*)

The child is registered with a status number: <input type="checkbox"/> Yes <input type="checkbox"/> Entitled (can be registered)	Child Status Card Number (10 digits):	DOB (yyyymmdd):
Given Name (First Name):	Family Name (Last Name):	
Name of School Attending/Homeschool:	Grade/Level:	
Parent 1 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>		

Given Name (first name):		Family name (last name):	
DOB (yyyymmdd):		Status Card Number (10 digit):	
Parent 2 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>			
Given Name (first name):		Family name (last name):	
DOB (yyyymmdd):		Status Card Number (10 digit):	
Joint Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , is payment being split between both custodial caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes to payment being split between both custodial parents (for joint custody only) please complete the below for the second caregiver, otherwise fill in fields with "N/A"</i>			
Given Name (First Name):		Family Name (Last Name):	
Mailing Address (P.O.Box/number/street/apartment):		City/Community:	
Province/Territory/State:		Postal Code/ZIP Code:	Country:
Telephone Number:		Email Address:	
Disbursement: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail <input type="checkbox"/> Wire-transfer <input type="checkbox"/> WHC Pick-up (on-reserve only)			
Child #4			
<input type="checkbox"/> Not Applicable (<i>Intake to cross-out section below</i>)			
The child is registered with a status number: <input type="checkbox"/> Yes <input type="checkbox"/> Entitled (can be registered)		Child Status Card Number (10 digits):	DOB (yyyymmdd):
Given Name (First Name):		Family Name (Last Name):	
Name of School Attending/Homeschool:		Grade/Level:	
Parent 1 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>			
Given Name (first name):		Family name (last name):	
DOB (yyyymmdd):		Status Card Number (10 digit):	
Parent 2 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>			
Given Name (first name):		Family name (last name):	
Joint Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , is payment being split between both custodial caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes to payment being split between both custodial parents (for joint custody only) please complete the below for the second caregiver, otherwise fill in fields with "N/A"</i>			
Given Name (First Name):		Family Name (Last Name):	
Mailing Address (P.O.Box/number/street/apartment):		City/Community:	

Province/Territory/State:	Postal Code/ZIP Code:	Country:
Telephone Number:	Email Address:	
Disbursement: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail <input type="checkbox"/> Wire-transfer <input type="checkbox"/> WHC Pick-up (on-reserve only)		
Child #5		
<input type="checkbox"/> Not Applicable (<i>Intake to cross-out section below</i>)		
The child is registered with a status number: <input type="checkbox"/> Yes <input type="checkbox"/> Entitled (can be registered)	Child Status Card Number (10 digits):	DOB (yyyymmdd):
Given Name (First Name):	Family Name (Last Name):	
Name of School Attending/Homeschool:	Grade/Level:	
Parent 1 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>		
Given Name (first name):	Family name (last name):	
DOB (yyyymmdd):	Status Card Number (10 digit):	
Parent 2 (if applicable) <i>Please complete the portion if the child has not received a status card number, otherwise, fill in fields with "N/A"</i>		
Given Name (first name):	Family name (last name):	
DOB (yyyymmdd):	Status Card Number (10 digit):	
Joint Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , is payment being split between both custodial caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes to payment being split between both custodial parents (for joint custody only) please complete the below for the second caregiver, otherwise fill in fields with "N/A"</i>		
Given Name (First Name):	Family Name (Last Name):	
Mailing Address (P.O.Box/number/street/apartment):	City/Community:	
Province/Territory/State:	Postal Code/ZIP Code:	Country:
Telephone Number:	Email Address:	
Disbursement: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail <input type="checkbox"/> Wire-transfer <input type="checkbox"/> WHC Pick-up (on-reserve only)		
On-Reserve ONLY – Transportation Request		
Please confirm if you would require transportation to Sudbury to purchase clothing/supplies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
**Information will be used to see if WUT can hire a coach bus for on-reserve/island community members **		

On and Off-Reserve – Heating Source

For future applications, please let us know your dwellings home heating options:

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Hydro | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> oil | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Wood Pellet |

Estimated monthly amount Hydro: _____
Estimated monthly amount Natural Gas: _____
Estimated monthly amount Oil: _____
Estimated monthly amount Propane: _____
Estimated monthly amount Wood: _____
Estimated monthly amount Wood Pell.: _____

Required Documents

Supporting Documents Included:

- Proof of parent/caregiver address (i.e. mail, photo ID)
- Copy of child status card (front and back of each child)
- Void Cheque/direct deposit form/wire transfer information
- Verification of caregiver (if applicable)
- Joint Custody Agreement (if applicable)
- Verification of attendance in school (off-reserve only)

The information provided will only be used for the purpose of disbursing the Back to School funding. Participation is voluntary: however, if you choose not to complete the application in full, you will not be eligible for funding.

You have the right to the protection of and access to your personal information. It will be retained in a separate protected database.

I _____ hereby certify to Wiikwemkoong Unceded Territory that all the information given above is true and correct to the best of my knowledge. All the information shared is correct and I take full responsibility for its correctness.

Signature: _____

Date: _____

Application with attachments to be emailed to:

whcintake@wikyhealth.ca

Or

Hand-delivered/mailed to:

Wikwemikong Health Centre – Intake
16A Complex Drive
Wikwemikong, ON, P0P2J0