



OCHAPOWACE



P.O. BOX 550, Whitewood, Saskatchewan, S05 5C0
Phone: (306) 696-2426 Fax: (306) 696-2426

OCHAPOWACE NATION - COVID-19 FINANCIAL AID FORM.

Full Legal Name: _____

Date of Birth (M/D/Year): _____

Treaty Number: _____

**Mailing Address
(include postal code):** _____

I certify that my personal information
are accurate.

Claimants Signature

DATE

Please fax the completed form to: (306) 696-2426 or email at COVID19@ochapowace.ca

THIS PORTION FOR INTERNAL USE ONLY: FORM MUST BE APPROVED/SIGNED BY SUPERVISOR BEFORE PROCESSING PAYMENT

1. Provide authorization to process payment: INITIAL _____ DATE: _____

2. Payment Processed: _____

3. Payment mailed: _____

Account No.: _____

Allocation: _____

Cheque #: _____

COMMENTS/NOTES: