

GRASSY NARROWS AND ISLINGTON BANDS MERCURY DISABILITY BOARD
INITIAL APPLICATION FORM

Claimant Statement – please print clearly

Name: _____	Date of Birth: ____/____/____ YY / MM / DD
Address: _____	
Telephone No.: _____ (or number where messages can be left)	Circle one: male female
Band Name: _____	Status No.: _____
Please describe your present symptoms: _____ _____	
When did your present symptoms begin? _____	
Employment (including non-wage). Note type of work and length, current and previous: _____ _____ _____	
Please describe your daily activities: _____ _____	
How have your symptoms affected your ability to perform your occupation and daily activities? _____	
Environmental – Length of time living on reserve (state dates): _____	
- Amount of fish usually consumed: _____ (daily / weekly / monthly)	
- Amount of wild rice usually consumed: _____ (daily / weekly / monthly)	
Traditional Practices (indicate often, sometimes or never):	
Hunting _____	Fishing: _____
Wild Rice Harvesting: _____	Other: _____
Name and addresses of all physicians consulted concerning your present symptoms: _____ _____	

I hereby declare that the above information is true and complete. I authorize the release of any information requested from the Fund Administrator (Great West Life) & the Mercury Disability Board in regards to my claim.

Date ____/____/____ Signature of Claimant: _____
YY MM DD

Note: If this application is being completed on behalf of a child under the age of sixteen, the parent or legal guardian of the child must sign above and print their name clearly noting their relationship to the child.

Initial Application Form – Page Two

Band Statement – please print clearly

Name of claimant: _____	
Date of Birth: ____/____/____ YY / MM / DD	
Address: _____	
Band Name: _____	Status No.: _____
1. Please indicate if claimant is:	
a) a member of the Band _____	
b) a past member of the Band _____	
c) not a member of the Band, but a registered Indian customarily resident on the reserve before October 1, 1985 _____	
2. Additional remarks, if applicable: _____	

Date ____/____/____
YY MM DD

Signature of Chief: _____
(Chief of Wabaseemoong or Grassy Narrows)

Initial Application Form – Page Three

Affidavit – please print clearly

C A N A D A) IN THE MATTER OF: The Grassy Narrows and Islington
PROVINCE OF ONTARIO) Bands Mercury Disability Board AND OF the Grassy
and) Narrows and Islington Bands Mercury Disability Fund
PROVINCE OF MANITOBA)
TO WIT:

I, _____, of the _____
(name of claimant in full) (city/town/reserve)

of _____, in the Province of _____
(place of residence)

DO HEREBY MAKE OATH AND SAY THAT:

1. I am a claimant in respect of the Fund mentioned above.
2. This affidavit accompanies my claim.
3. I am informed that in the interests of speed and simplicity no special form of claim is required, so long as the application makes clear that it is a claim under the Act for assistance, I submit the attached claim for assistance accordingly.
4. Attached to this, my affidavit, is a Band Statement (page two of application) of which I am a member namely, (circle one) Wabaseemoong or Grassy Narrows certifying that I am such a member and that I have filed a claim under this Act for assistance.
5. The foregoing is submitted in all good faith.

READ AND SIGNED before me at the _____)
of _____ in the)
Province of _____,) _____
this _____ day of _____, _____) Signature of Claimant
) _____)
) _____)
Witness to Claimant Signature (sign and print name clearly)

Mercury Disability Board (stamp/signature)