

**GRASSY NARROWS AND ISLINGTON BANDS MERCURY DISABILITY BOARD
RE-APPLICATION FORM**

Name: _____

Date of Birth: ____/____/____
YY / MM / DD

Address: _____

Telephone No.: _____
(or number where messages can be left)

Band Name: _____ Status No.: _____

How have your symptoms changed since your previous application?

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: _____

Please note all reasons why you are re-applying: _____

I hereby declare that the above information is true and complete. I authorize the release of any information requested from the Mercury Disability Board in regards to my claim.

Date ____/____/____
YY / MM / DD

Signature of Claimant: _____

For Office Use Only:

Date Received: _____

Date of Previous Application: _____

Outcome: _____