



GRASSY NARROWS AND ISLINGTON BANDS
MERCURY DISABILITY BOARD
ASSESSMENT REQUEST FORM

CONTACT INFORMATION

(FILL OUT THIS SECTION)

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

Address (mailing): _____

Telephone No.: _____ Circle one: male female
(or number where messages can be left)

E-mail address: _____

Band Name: _____ Status No.: _____

By ticking the following box, I consent that the information on this form be shared with my mercury disability Community Support Worker

By ticking the following box, I consent to the MDB gathering medical & other information needed related to my application.

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

NOTE: If this claim form 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.

FOR OFFICE USE ONLY:

Band Statement

Member of the Band Not a member

Past member of the Band (but registered, customarily resident before Oct 1/85)

Remarks: _____

Date ____/____/____ Signature of Chief: _____
YY MM DD (Chief of Wabaseemoong or Grassy Narrows)

MDB

Current claim standing: _____ Date Received at MDB: _____