

Ojibway Nation of Saugeen
General Delivery
Savant Lake, Ontario
POV 2S0 Canada

(807) 928 2824 Bus
(807) 928 2710 Fax



September 30, 2019

Dear Ojibway Nation of Saugeen Members,

Re: Application for Family Funding for Food and Supplies

In order to support the wellbeing and nutritional needs of our children, we are immediately implementing a financial program that allows our local member families with children to access \$150.00/month per child, up to a maximum of \$600.00/month, that can be spend at Johnny's Fresh Market, 79 Queen St, Sioux Lookout, ON. We are setting up a special billing arrangement with this store, to meet the fresh food needs of our local families with children. Families will first fill out the attached Application Form. Once approved, details of qualified amounts per month will be provided to Johnny's Fresh Market.

Additionally, Ojibway Nation of Saugeen will make available the following cleaning supplies, at no cost, to our community members in need:

laundry detergent, toilet paper, paper towels, bleach, baby formula and diapers.

These items can be obtained through our Health Centre, in reasonable quantities, throughout the month. Scott Atkinson will be responsible for the distribution these supplies.

Finally, in order to assist our members with shopping for food and family supplies in Dryden and Sioux Lookout, Ojibway Nation of Saugeen will be purchasing a van to be exclusively used to transport members on reserve and from Savant Lake to and from Dryden and Sioux Lookout for these purposes. Space can be booked on the van directly through the dedicated driver. Some flexibility on dates/times will be possible but the van will have a general schedule. More details to follow. We will canvas community members to determine the most efficient and effective dates and times for the van operations.

We are using financial resources available through government funding and own source revenues to meet the nutritional and wellbeing needs of our community members and in particular our most precious members - our children. Applications for funding and van scheduling requests will be posted shortly.

Miigwetch,


Chief Edward Machimity







Application Form for Family Funding

In order to support the wellbeing and nutritional needs of our children, we are immediately implementing a financial program that allows our local member families with children to access \$150.00/month per child, up to a maximum of \$600.00/month, that can be spend at Johnny's Fresh Market, 79 Queen St, Sioux Lookout, ON. We have set up a special billing arrangement with this store.

Please fill out this Application Form and Deliver it to the ONS Health Centre Director. Once approved, details of qualified amounts per month will be provided to Johnny's Fresh Market.

Applicant Information:

Applicant Name: _____

Address: _____

Phone Number: (____) _____

E-Mail Address: _____

I am a member of the Ojibway Nation of Saugeen:

Yes No

Children in care/custody of Applicant

Child Name:	Birthdate:
Age:	Status Card #:
Relationship of child to Applicant:	I have legal custody of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Name:	Birthdate:
Age:	Status Card #:
Relationship of child to Applicant:	I have legal custody of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Name:	Birthdate:
Age:	Status Card #:
Relationship of child to Applicant:	I have legal custody of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Name:	Birthdate:
Age:	Status Card #:
Relationship of child to Applicant:	I have legal custody of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Name:	Birthdate:
Age:	Status Card #:
Relationship of child to Applicant:	I have legal custody of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Name:	Birthdate:
Age:	Status Card #:
Relationship of child to Applicant:	I have legal custody of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of children: _____

Credit per child: **\$150.00** _____

Total credit: \$ _____

The total credit amount will be provided to Johnny's Fresh Market and this amount may be used monthly - no cash value. Purchases of alcohol and tobacco products will not be covered through this credit.

I consent to my contact information and qualifying credit amount above being provided to Johnny's Fresh Market, for the purpose of managing this program.

Signature of Applicant

Date