

COVID-19 Families On the Land Phase 3 Application Form

Department of Culture and Lands Protection

This program is for Thcho Government Citizens/ family units (those living in your household) that are able to get out on the land (have your own resources: cabin or tent, transportation, sleeping gear, camping gear, etc.).

INSTRUCTIONS: Please fill out the form on your computer, save it, and send it as an attachment in an email to your community director. For people that you know who don't have internet, or are not able to access this form, please reach out and help them to complete this form and send it in on their behalf. Please call numbers below to get support on completing application forms.

Application Application	ation Process: ation intake: ation Reviews sued: Thursda	: Thursday m o	ornings						
	•			•		given a call bac total of \$400.0	ck saying your applica 0	ation is complete, a	
(\$	gas + \$ groceries = \$400). Grocery Store (Name):								
				Gas Statio	on (Na	nme):			
(names							NDATORY to <u>prov</u> PLYING for your no		
1. Ap	plicant Inform	ation							
Full Name:						Date of Application			_
2. Co	ntact informa	tion:							
Addres	s:	House #	PO Box		Cor	mmunity	Province	Postal Code	
Phone #	# :	Tiouse #	1000		Emai		Trovince	r ostur code	_
3. Cal	oin/Camp Loc	ation & Inforn	nation						
GPS Co	ordinates or 0	General Locati	on:						_
ls your	Cabin registe	red with Tłıçh	o Governm	ent? 🗌 Ye	s [□ No			_
Whose	name is the C	Cabin register	ed under?						
Do you	live at your ca	abin full-time	(remotely)	?					
How w	ill you get to y	our cabin? (tr	uck, skidoc	o, boat, quad,	walkii	ng):			
How long does it take to get to your camp from the community?									

4. Start Date and Return Date

If you wish to stay longer than 10 days out on the land, that is up to you and at your own expense. This program is to only assist and not intended to cover all costs of being out on the land with your family.

Date your leaving		Date you are			
-		returning to			
home community:		home			
		community:			
Why do you want to	he out on the land? What activities				
	be out on the land? What activities				
-	t there? If you apply again, we will				
	of of these activities that you are				
being supported for.					
(ex: fishing, checking f picking)	ish-nets, setting snares, boating, berry-				
How many Individua	lls will be going on the trip?				
Provide names of the	e individuals attending the trip:				
1		5			
2		6			
3		7			
4		8			
5. Emergency Contac	•				
5. Emergency contac					
RCMP #		Health Centre			
Family Member		Family Member			
Name		Contact #			
Other:		"Other" Contact #			
6. On The Land Contact					
		1			
Satellite	Cell Phone	InR	each #		
Phone #					
7 List your S	afety Plan details in case you have an I	Fmergency:			

(EX: List all your Safety Equipment, how you would that gets out of control, boat safety, etc.)	handle a bear encounter, your	camp fire description and plan for a fire				
8. Community Contact Person – Who will you cho	eck in daily with while out on	the land?				
Name of Community Contact	Phone Number of Community Contact:					
Whether you are in town or in the bush, remember to follow the general COVID-19 safety guidelines: • regular handwashing or use hand sanitizer • avoid touching face (eyes, nose, ears and mouth) • coughing into your sleeve (or into a tissue and discarding) • practice social distancing • do not share water bottles, dishes, utensils, and clothing that covers the face. • stay with your home family unit, do not mingle with other households that have not received the vaccine • If you are sick, stay home in your community and contact your health center to tell them your symptoms and follow their recommendations. If you are experiencing any of the COVID-19 symptoms, while out on the land, we highly recommend that you return to town and get tested for COVID. COVID-19 symptoms include: Shortness of breath or difficulty breathing, fever, new or worsening cough, generally feeling unwell, abdominal pain, chills, muscle aches, fatigue or weakness, sore throat, congestion or runny nose, headache, diarrhea, nausea or vomiting, loss of sense of smell/taste, skin changes or rashes, loss of appetite.						
9. Bear Awareness and FireSmarting						
Have you reviewed the Bear Awareness and FireSr	marting Documents?					
	□ Yes					
	□ No					
10. Waiver						
I will not make any claim or commence any legal proceedings against Thcho Government and/or its officers, directors, employees, agents and officials for damage resulting from personal injury, illness, death and/or property loss, however arising and sustained by me or my family members as I voluntarily, on my own free will, go out on the land during the COVID-19 epidemic with my family. This includes any damage arising during transportation to and from my camp and any excursions we take in the area around our camp.						
I have read the Waiver, understand it and agree.	☐ Yes ☐ No					

		Applicant Signature	2:		
		Applicant Print Nar	ne:		
		Date:			
If you need further	assistance with applica	ations, please contact	t your Local Presence	Office.	
Behchokò Residents:	Janita Etsemba				
	Tel: (867) 392 6385				
	Email: <u>BPOreception</u>	<u>@tlicho.ca</u>			
Gamètì Residents:	Belinda Blackduck				
Gamen Residents.	Tel: (867) 997 3074 I	Ext: 1503			
	Email: BelindaBlacko				
Whatì Residents:	Chiploy Dolzum				
whati Residents:	Shirley Dokum Tel: (867) 573 3012 I	Ext. 1/03			
	Email: shirleyanndok				
Wekweètì Residents:					
	Tel: (867) 713 2511 I				
	Email: Cecilia.Judas (<u>@tlicho.ca</u>			
Yellowknife Resident	ts: Cecilia Choc	olate			
		6 4003 (Front Desk)			
		in@tlicho.com			
A. O. adia a alabah	ra Faratta o Osalla da da		C		
Any Questions related	to Families On-the-lands	s, please call or email	your Community Direc	tor.	
Internal Office Use:					
Application Approved:	☐ Yes ☐ No	Reason for No:			
• PO#	sent to		_ (Store) on		_ (date)
• PO#	sent to		_ (Gas Bar) on		_ (date