



COVID-19 Families On the Land (FOTL) Phase 4 Application Form
Department of Culture and Lands Protection

This program is for Tłı̨chǫ 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 Process:

Application intake: Monday to Wednesday (each week)

Application Review: Thursday mornings

PO's issued: Thursday - Afternoon and Fridays

Once the completed form has been received, reviewed and you are given a call back saying your application is complete, a PO will be issued to your local gas station and grocery store for a total of \$400.00

(\$ gas + \$ groceries = \$400). Grocery Store (Name):

Gas Station (Name):

If you have been approved to receive assistance from this program, it is MANDATORY to provide receipts (Behchoko only with names on the receipts) and photos (all communities) while out on your trip BEFORE RE-APPLYING for your next application intake in 10 business days.

RANDOM CHECKS WILL BE CONDUCTED

1. Applicant Information

Full Name: [] Date of Application []

2. Contact information:

Address: [] House # [] PO Box [] Community [] Province [] Postal Code []

Phone #: [] Email: []

3. Cabin/Camp Location & Information

GPS Coordinates or General Location: []
Is your Cabin registered with Tłı̨chǫ Government? [] Yes [] No
Whose name is the Cabin registered under? []
Do you live at your cabin full-time (remotely)? [] Are you isolating at the cabin? [] Yes [] No
How will you get to your cabin? (truck, skidoo, boat, quad, walking): []
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 home community:		Date you are returning to home community:	
Why do you want to be out on the land? What activities will you be doing out there? If you apply again, we will need pictures as proof of these activities that you are being supported for. <i>(ex: fishing, checking fish-nets, setting snares, boating, berry-picking)</i>			
How many Individuals will be going on the trip?			
Provide names of the individuals attending the trip:			
1		5	
2		6	
3		7	
4		8	

5. Emergency Contact

RCMP #		Health Centre	
Family Member Name		Family Member Contact #	
Other:		"Other" Contact #	

6. On The Land Contact

Satellite Phone #		Cell Phone		InReach #	
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7. List your Safety Plan details in case you have an Emergency:

(EX: List all your Safety Equipment, how you would handle a bear encounter, your camp fire description and plan for a fire that gets out of control, boat safety, etc.)

8. Community Contact Person – Who will you check in daily with while out on the land?

Name of Community Contact		Phone Number of Community Contact:	
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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 FireSmarting Documents?

Yes

No

10. Waiver

I will not make any claim or commence any legal proceedings against Tłı̨çq̓ 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: _____

Applicant Print Name: _____

Date: _____

If you need further assistance with applications, please contact your Local Presence Office.

Behchokò Residents: **Janita Etsema**

Tel: (867) 392 6385

Email: BPOreception@tliche.ca

Edie Smith

Tel: (867) 392 6385

Email: BPOreception@tliche.ca

Ete Lafferty-Zoe

Tel: (867) 392 6381

Email: ete.zoe@tliche.ca

Gamètì Residents:

Belinda Blackduck

Tel: (867) 997 3074 Ext: 1503

Email: Belinda.Blackduck@tliche.ca

Whatì Residents:

Shirley Dokum

Tel: (867) 573 3012 Ext: 1403

Email: ShirleyAnn.Dokum@tliche.ca

Wekweètì Residents: **Cecilia Judas**

Tel: (867) 713 2511 Ext: 1603

Email: Cecilia.Judas@tliche.ca

Yellowknife Residents: **Cecilia Chocolate**

Tel: (867) 766 4003 (Front Desk)

Email: YK.Admin@tliche.ca

Any Questions related to Families On-the-lands, please call or email your Community Director.

Internal Office Use:

Application Approved: Yes No Reason for No: _____

• PO # _____ sent to _____ (Store) on _____ (date)

• PO # _____ sent to _____ (Gas Bar) on _____ (date)