



Tłıchǫ Government
 Whatı Presence Office

Whatı Harvesting Subsidy Application 2023

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|--|--------------------------------|---------------------------|-----------------------------------|
| Full Name: | | D.O.B: | |
| | | | |
| Phone Number: | | Email: | |
| | | | |
| Current Address: | | | |
| House # _____, PO Box _____, Whatı, NT | | | |
| Are you a Tłıchǫ Citizen? | Community of Residence: | Firearm License #: | General Hunting License #: |
| <input type="radio"/> Yes <input type="radio"/> No | | | |

| | |
|---|-----|
| Names of Occupants in Household: | |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

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|--|
| Explain why you require Harvest Subsidy. Please fill in travel dates for our records. |
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****Notice: The Tłıchǫ Government has a strict no drug and alcohol use policy that is in place for the duration of all on the land programs. By signing this form, you are acknowledging that you will be abiding by this policy****

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.

Waiver

I will not make any claim or commence any legal proceedings against Tłı̨ch̄o 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

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|-------------------------------|--------------|
| Applicant's Signature: | Date: |
| | |
| WPO Staff's Signature: | Date: |
| | |

If you have any questions or need further assistance with this application, please contact:

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Internal Office Use:

Application Approved: Yes No Reason for No: _____

- PO # _____