



Prince George Native Friendship Centre

The Gathering Place
1600 Third Avenue
Prince George, BC V2L 3G6

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www.pgnfc.com Email info@pgnfc.com

Covid-19 Emergency Supports Need Assessment Form

APPLICANT (S)

Name: _____

Address: _____

Phone/Message Number(s): _____

Do You Identify As (please circle): * First Nations * Metis * Inuit * urban Indigenous

PRIORITRY WILL BE GIVEN TO ELDERS, FAMILIES WITH CHILDREN, YOUTH

DEPENDENT(S): please list all dependents living with you.

First Name	Last Name	Age	Relationship to You

Nature of Your Emergency Need (number in order of priority):

- Cell phone Gift Cards (specify)
 Tablet Winter clothing/boots Other (specify)

Please Describe Details of Need Here: _____

Income Source(s): _____ Total Household Monthly Income: _____

These Emergency Supports are available for exceptional circumstances only and are not intended to be accessed on an ongoing basis. Proof of address is required to access these resources, in form of recent piece of mail, utility bill, bank statement, or equivalent, with a date showing mail was received no more than 30 days ago. These resources are available on a one time only basis and may discontinue at any time dependent upon the ongoing availability of these emergency supports. You will be required to sign a waiver of release indicating you have received these emergency supports.

I have read the above information, or have had it read to me, and by signing this, I agree to these guidelines.

Signature: _____ Date: _____

Approved By: _____ Date: _____

Initials of applicant and date received: _____