

**LEGISLATIVE ASSEMBLY OF THE
NORTHWEST TERRITORIES
9TH ASSEMBLY, 10TH SESSION**

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GOVERNMENT OF THE NORTHWEST TERRITORIES
CANADA
APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION TYPE

SOCIAL ASSISTANCE

DAY CARE

OTHER

HEALTH CARE PLAN NO _____

APPLICANT'S LAST NAME (PLEASE PRINT) _____ FIRST NAME _____

USUAL RESIDENCE _____ LOCATION _____ DAY _____ DATE OF BIRTH _____ MONTH _____ YEAR _____ SEX M F SOCIAL INSURANCE NO. _____

APPLICANT'S TELEPHONE _____ NAME OF EMPLOYER _____ EMPLOYER'S TELEPHONE _____

APPLICANT'S LAST NAME		FIRST NAMES		BIRTH YEAR	HEALTH CARE PLAN NO	SOCIAL INSURANCE NO OF SPOUSE		
1	NAME	SEX	BIRTH YEAR	APPLICANT'S RELATIONSHIP	NAME	SEX	BIRTH YEAR	APPLICANT'S RELATIONSHIP
2		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	7	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN
3		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	8	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN
4		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	9	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN
5		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	10	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN
6		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	11	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN

MARITAL STATUS (X ONE)

SINGLE SEPARATED DIVORCED

MARRIED OR COMMON-LAW WIDOWED

HOUSING (X ONE)

OWN HOME RENT FROM HOUSING CORP. RENT FROM OTHER

ROOM AND BOARD INSTITUTION OTHER

SHARED HOUSING

YES NO

EDUCATION

APPLICANT _____ SPOUSE _____ YEARS

USUAL OCCUPATION (X ONE)

APPLICANT _____ SPOUSE _____

TRAPPER/WINTER/FISHERMAN HANDICRAFTS SERVICE GENERAL LABOUR TRADE/TECHNICAL CLERICAL/PROFESSIONAL HOME-MAKER NO WORK HISTORY OTHER

EMPLOYMENT (X ONE)

APPLICANT _____ SPOUSE _____

FULL-TIME PART-TIME SEASONAL PERIODIC DOES NOT WORK

POSSIBLE PROBLEM AREAS (X ANY)

ALCOHOL/DRUGS EMOTIONAL/MENTAL FAMILY BEHAVIOURAL

UNEMPLOYABLE FINANCIAL MANAGEMENT

TRAINING (X ANY)

APPLICANT _____ SPOUSE _____

VOCATIONAL APPRENTICE ADULT EDUCATION OTHER

MONTHLY EARNED INCOME

WAGES 1 _____

HANDICRAFTS 2 _____

FUR/FISH 3 _____

*OTHER EARNINGS 4 _____

TOTAL EARNED _____

LESS ALLOWABLE _____

NET EARNED _____

MONTHLY UNEARNED INCOME

OLD AGE BENEFITS 1 _____

UNEMPLOYMENT INS 2 _____

RENT/BOARD INCOME 3 _____

ARREARS 4 _____

*OTHER 5 _____

TOTAL UNEARNED _____

LESS RECOVERY _____

NET MONTHLY INCOME _____

*SEE MANUAL FOR CODES

MONTHLY NEEDS

NUMBER OF PERSONS _____ SCALE _____

FOOD 01 _____

CLOTHING 02 _____

RENT 03 _____

FUEL/UTILITIES 04 _____

HOUSEHOLD 05 _____

PERSONAL 06 _____

AGED/DISABLED 07 _____

OTHER 08 _____

OTHER 09 _____

OTHER 10 _____

OTHER 11 _____

OTHER 12 _____

OTHER 13 _____

OTHER 14 _____

OTHER 15 _____

OTHER 16 _____

OTHER 17 _____

OTHER 18 _____

SEE MANUAL FOR OTHER CODES

TOTAL MONTHLY NEEDS _____

LESS NET MONTHLY INCOME _____

BUDGET DEFICIT _____

LESS RECOVERY _____

MONTHLY AMOUNT _____

(SPECIFY IN COMMENTS SECTION)

PAYMENT TO (X ONE)

APPLICANT OR SPOUSE

SUPPLIER

BOTH

ASSISTANCE (X ONE) REASON

TRANSIENT

FIRST TIME

PERIODIC

REGULAR

PAYROLL

ILL HEALTH/DISABLED

DEPENDENT CHILDREN

UNEMPLOYED BUT ABLE

NOT ENOUGH INCOME

OTHER

REFUSAL REASON (X ONE)

BUDGET SURPLUS

OTHER RESOURCES

WITHHOLDING INFORMATION

NOT CARRYING ON WORK

REFUSED TO WORK

OTHER

PAYMENT FOR PERIOD OF

DAY MONTH YEAR / DAY MONTH YEAR / NUMBER

CHEQUE AMOUNT

COMMENTS

THIS INFORMATION I HAVE GIVEN IS TRUE AND CORRECT

APPLICANT SIGNATURE OR MARK _____ SWI NO _____ SOCIAL WELFARE OFFICER SIGNATURE _____

ISSUE DATE MONTH YEAR _____ ASSISTANCE MONTH YEAR _____

APPLICATION DATE DAY MONTH YEAR _____