



UNFC Covid-19 Emergency Assistance Fund Application

Monday-Thursday's 10am-2pm (alternating days 2 per worker per week)

United Native Friendship Centre (UNFC) COVID-19 Emergency Assistance

Have you been affected financially by the COVID-19 pandemic? Have you lost your job or has your employment status changed as a result of the COVID-19 pandemic resulting in a decrease in income? If you live in the Town of Fort Frances you may qualify for the one-time COVID-19 Emergency Assistance Fund through the United Native Friendship Centre.

To start the application and intake process, please contact our COVID-19 Relief Assistance Intake Workers:

Mondays and Tuesdays: 274-8256

Wednesdays and Thursdays: 274-8262

OR

Email: covid19relief@unfc.org

A printable application form is available on our website, www.unfc.org

Pre-Assessment Questions:

- 1. Are you or a family member currently a direct service user/client of UNFC program/s?**
- 2. Have you been referred to this resource by a UNFC staff?**
- 3. Are you currently receiving social assistance due to Covid-19?**
- 4. Do you live in the town limits of Fort Frances?**
- 5. Do you verbally consent to the use of your information to complete and verify the entirety of this Covid-19 Emergency Assistance application?**
- 6. Do you have the capability to send documents electronically as proof of identity/address/eviction/bill notices, etc?**

NOTES:

Covid-19 Emergency Supports Fund Application Form

Information mandatory & applications may require copies of documentation		Verification				
First Name/s						
Last Name/s						
Middle Name/s Alternate name/s						
Date of Birth Current Age	Day: _____ Month: _____ Year: _____ Current Age: _____					
Ethnicity	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Indigenous Status Non-Indigenous</td> <td style="width: 50%; border: none;">Indigenous Non-Status Métis</td> </tr> <tr> <td style="border: none;">Inuit</td> <td style="border: none;">Other: _____</td> </tr> </table>	Indigenous Status Non-Indigenous	Indigenous Non-Status Métis	Inuit	Other: _____	
Indigenous Status Non-Indigenous	Indigenous Non-Status Métis					
Inuit	Other: _____					
Gender Identity						
Contact Information/Phone						
Emergency Contact Info						
Email						
Address Line 1						
Address Line 2						
Town/City						
Postal Code						

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Dependents living in your regular/daily care full-time and/or part-time	# of Children 6 and Under # of Children 7 to 12 # of Children 13 to 18 # of Elderly Dependents in Your Home (60+) # of Dependents with Different Abilities/Disorders	
Marital Status	Single Family	
Spouse/Partner Name		
Employment Status	Full Time Part Time Contract Seasonal Self Employed Other <u>Details:</u>	
Your Monthly Income		
Spouse/Partner Monthly Income		
Have you and/or your spouse/partner lost your income source/s due to Covid-19?	Self <u>Yes</u> <u>No</u> Spouse <u>Yes</u> <u>No</u> <u>Please explain:</u>	
Has your Housing Status been affected by Covid-19?	<u>Yes</u> <u>No</u> <u>Please explain:</u>	

Information mandatory & applications may require copies of documentation		Verification
<p>Are you facing arrears in utility bills?</p>	<p><u>Yes</u> <u>No</u> <u>Please explain:</u></p>	
<p>Detail type of utility</p>		
<p>Detail amounts per type of utility</p>		
<p>Are you facing disconnection of utilities?</p>	<p><u>Yes</u> <u>No</u> <u>Please explain:</u></p>	
<p>Have you applied for any <i>other local</i> funding/assistance due to Covid-19?</p>	<p><u>Yes</u> <u>No</u> <u>Please explain:</u></p>	
<p>Are you facing difficulty accessing food/medical/health requirements?</p>	<p><u>Yes</u> <u>No</u> <u>Please explain:</u></p>	
<p>Are you facing any other type of emergency needs?</p>	<p><u>Yes</u> <u>No</u> <u>Please explain:</u></p>	

Information mandatory & applications may require copies of documentation	Verification
<p align="center">Please attach verification of documents, verification of arrears amount/s, contact with landlord, agency/business/company, etc.</p>	
<p align="center"><u>**Please also VERBALLY EXPLAIN OTHER ASSISTENCE PROGRAMS TO ALL APPLICANTS.</u></p> <ul style="list-style-type: none"> ➤ All UNFC Programs/Workers, website and social media. ➤ All GHAC, MNO, NWHU & FFTAHS websites and social media. ➤ Provincial support for families: Toll-free: 1-888-444-3770 Toll-free TTY: 1-800-268-7095 ➤ Telehealth Ontario Toll-free: 1-866-797-0000 Toll-free TTY: 1-866-797-0007 ➤ Mental health, drug and alcohol addiction and problem gambling: 1-866-531-2600 ➤ Provincial & Federal Financial Supports https://www.canada.ca/en/department-finance/economic-response-plan.html https://www.ontario.ca/page/covid-19-support-people#section-0 ➤ ConnexOntario at 1-866-531-2600 for mental health, addictions and problem gambling support. ➤ Kids Help Phone: Children and youth 18 and younger who need to talk to someone about their mental health can call 1-800-668-6868, or text CONNECT to 686868 for 24/7 phone and text support. ➤ BounceBack: A free, evidence-based cognitive behavioural therapy (CBT) program that offers guided mental health self-help supports for adults and youth 15+ using workbooks, online videos and phone coaching. Call 1-866-345-0224. ➤ Talk 4 Healing: Indigenous women can get help, support and resources seven days a week, 24 hours a day, with services in 14 languages by calling or texting 1-855-554-4325. Live web chat is also available. ➤ Hope for Wellness Helpline: Indigenous peoples can call 1-855-242-3310 for immediate mental health counselling and crisis intervention across Canada (available in some Indigenous languages). Live web chat is also available. ➤ Good2Talk: A phone and texting service that offers confidential support to post-secondary students. Call 1-866-925-5454 or text GOOD2TALKON to 686868. ➤ 211 Ontario: For information and referrals for community, government, social and health services, including mental health resources across Ontario, call 211 or 1-877-330-3213. Live web chat is also available. 	
<p align="center">UNFC Administration notes/comments/info:</p>	
<p>UNFC Staff Intake Name: _____ Notes: _____ Application Date/Time: _____</p>	
Information mandatory & applications may require copies of documentation	Verification

Please describe any/all other emergency needs, issues, and challenges at this time due to the COVID-19 Pandemic.

I, VERBALLY GIVE MY CONSENT TO THE UNITED NATIVE FREINDSHIP CENTRE (UNFC) INTAKE WORKERS AND MANAGEMENT TO SHARE THE INFORMATION WITHIN AND COLLECTED FOR THIS APPLICATION, FOR ANY/ALL APPROPRIATE DATA/STATISTICAL REASONS. I, IN FULL UNDERSTANDING, VERIFY THAT THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE, CORRECT AND COMPLETE. I GIVE MY CONSENT TO THE UNFC TO VERIFY ANY/ALL DOCUMENTS/AMOUNTS/ARREARS FOR THE PURPOSE OF THIS APPLICATION.

YES or NO

UNFC Administration notes/comments/info:

Approval

Status: _____

Executive Director

Signature: _____

Date: _____