



Nigonigawbow Band Representative

Wabaseemoong Independent Nation • P0X 1P0 • Telephone: (807) 927-2000

Do the applicant(s) have minor children in their care? Y/N

Do the applicant(s) have any past CFS Involvement?

If Yes, With Who: _____

How Long: _____

Contact Information: _____

Are you Employed? Y/N

Company Name: _____

Address: _____ Phone: _____

Email: _____

Is your partner employed or on assistance? Y/N

Company/Worker Name: _____

Address: _____ Phone: _____ Email: _____

Employment Income Assistance/Ontario Works (city, rural or on-reserve)

Name of Worker: _____

Address: _____ Phone: _____

Email: _____

Jordans Principle Navigators

Name of Worker: _____

Phone: _____ Email: _____

Employment Income Assistance - Disabilities

Worker Name: _____

Address: _____ Phone: _____

Email: _____

Wabaseemoong Donations request via finance Y/N

Mercury Disability Y/N

Children's Disability Services? Y/N

Child and Family Service Agency _____

Worker Name: _____

Address: _____ Phone: _____

Email: _____

Addictions Services

Company Name: _____

Address: _____ Phone: _____



Nigonigawbow Band Representative

Wabaseemoong Independent Nation • P0X 1P0 • Telephone: (807) 927-2000

Email: _____

Housing Services (other housing services)

Company Name: _____

Address: _____ Phone: _____

Email: _____

Treatment Centre

Worker Name: _____

Address: _____ Phone: _____

Email: _____

Community Mental Health

Worker Name: _____

Address: _____ Phone: _____

Email: _____

Community Living(disabilities) _____

School (name) _____

Other(s): _____

What other services do you access? _____

How can we assist?

Family Support Repatriation Jordan's Principal Community Based Service

Other _____

FOR OFFICE USE ONLY: Follow Up Needed and Recommendations:

Assigned to Worker: _____ Date: _____

Supervisor: _____ Date: _____



Nigonigawbow Band Representative

Wabaseemoong Independent Nation • P0X 1P0 • Telephone: (807) 927-2000