

This program is for Tłjchq Government Citizens/ family units (those living in your household) that are able to get out on the land (have your own resources: cabin or tent, transportation, sleeping gear, camping gear, etc.) for up to 10 days.

INSTRUCTIONS: Please fill out the form on your computer, save it, and send it as an attachment in an email to phoeberabesca@tlichq.com or trenaweyallon@tlichq.com. If you are not able access this form, please reach out and help them to complete this form and send it in on their behalf. Call Phoebe Rabesca at 867-392-6381 ext 1354 or Trena Weyallon 867-392-6381 ext. 1363 for support in completing the forms.

Once the completed form has been received, reviewed and you are given a call back saying your application is complete, a PO will be issued to your local gas station and grocery store for a total of \$400 (\$___ gas, \$___ groceries = \$400).

1. Applicant Information

Full Name: Date of Application

2. Contact information:

Address:

House # PO Box Community Province Postal Code

Phone #: Email:

3. Cabin/Camp Location & Information

GPS Coordinates or General Location

Is your Cabin registered with Tłjchq Government? Yes or No

How will you get to your cabin? (truck, skidoo, walking):

How long does it take to get to your camp from the community?

4. Start Date and Return Date

Date leaving home community: Date returning to home community:

5. Emergency Contact

RCMP #	<input type="text"/>	Health Centre	<input type="text"/>
Family Member Name	<input type="text"/>	Family Member contact number	<input type="text"/>
Other	<input type="text"/>	Other contact number	<input type="text"/>

6. On The Land Contact

Satellite Phone # Cell Phone InReach #

7. List your Safety Plan details in case you have an emergency:

8. Community Contact Person – Who will you inform when you are on your way home?

Name of Community Contact	Phone Number of Community Contact
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Whether you are in town or in the bush, remember to follow the general 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
- if you are sick, stay home in your community and contact your health center to tell them your symptoms and follow their recommendations.

9. Bear Awareness and FireSmarting

Have you reviewed the Bear Awareness and FireSmarting Documents?	Yes or	No
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10. Waiver

I will not make any claim or commence any legal proceedings against Tłı̨ch̓ 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 or No

Internal Office Use:

Application Approved:	Yes or	No	Reason for No:
<ul style="list-style-type: none"> • PO # _____ sent to _____ (Store) on _____ (date) • PO # _____ sent to _____ (Gas) _____ (date) 			