

Tłįchǫ Government Behchokǫ̀ Presence Office, Behchokǫ̀, N.T

Behchokò Harvesting Subsidy Application 2023

Full Name:		D.O.B:		
Phone Number:		Email:		
Current Address:				
House #, PC	Box, Behcho	kỳ, NT.		
Are you a Tłįchǫ Citizen?	Community of Residence:	Firearm License #:	General Hunting License #:	
○ Yes ○ No				
If you are not hunting for yo	l our household, please identif	y your hunter below:	Vehicle License Plate:	
Names of Occupants in Ho	ousehold:			
1.	zuschold.	6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		
Explain why you require H	larvest Subsidy. Please fill i	n travel dates for our re	ecords.	
			is in place for the duration of will be abiding by this policy*	

Whether you are in town or in the bush, remember to follow the general COVID-19 safety 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 that have not received the vaccine.
- If you are sick, stay home in your community and contact your health center to tell them your symptoms and follow their recommendations.

If you are experiencing any of the COVID-19 symptoms, while out on the land, we highly recommend that you return to town and get tested for COVID.

COVID-19 symptoms include: Shortness of breath or difficulty breathing, fever, new or worsening cough, generally feeling unwell, abdominal pain, chills, muscle aches, fatigue or weakness, sore throat, congestion or runny nose, headache, diarrhea, nausea or vomiting, loss of sense of smell/taste, skin changes or rashes, loss of appetite.

Waiver

I will not make any claim or commence any legal proceedings against Thcho 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.

T	have read	the	Waiver	understand it and agr	ree. OYes	O No
1	mave reau	uic	waivei.	unucistanu it anu agi	cc. Ores	O NO

Applicant's Signature:	Date:
BPO Staff's Signature:	Date:

If you have any questions or need further assistance with this application, please contact:

Janita Etsemba Behchokò Community Director

Tel: (867) 392 6385 x1344

Email: janita.etsemba@Tłıcho.ca

Edie Erasmus Administrative Assistant

Tel: (867) 392 6385 Ext: 0 Email: edie.erasmus@tlicho.ca

Internal Office Use:			
Application Approved:	Yes	No	Reason for No:
• PO#			