



Christmas Hamper Application

Applications Due by:

Tuesday December 2nd, 2104

Hamper Checklist:

- Application signed and dated?
- Application handed in by due date?
- ALL income Stubs submitted with application?
- Phone number where you can be reached?

Christmas Hamper Program is for Status Curve Lake First Nation members
who reside on Curve Lake First Nation.

Please contact Melinda at the Curve Lake Health Centre for questions
@ 705-657-2557 or email @ melindataylor@curvelakehealthcentre.com

Curve Lake First Nation
Christmas Hamper Program Threshold

The following will be classed as being within the income threshold where, as for the month of November of the year in question, the total Household income is derived from:

- I. Old age security, Canada pension Plan and/or other retirement pension; or
- II. Disability payments; or
- III. Ontario Works payments

The following is the income threshold. In order to qualify for a Christmas Hamper your HOUSEHOLD monthly income must be equal or less than the amount listed below based on number of dependents in a household.

	Single (before deductions)	Couples (before deductions)
No Dependent	\$ 1450.00	\$ 2200.00
One Dependent	\$ 2100.00	\$ 2400.00
Two Dependents	\$ 2300.00	\$ 2600.00
Three Dependents	\$ 2500.00	\$ 2800.00
Four Dependents	\$ 2700.00	\$ 3000.00

There will be 1 HAMPER PER HOUSEHOLD.

For: Curve Lake First Nation status members residing on Curve Lake First Nation.

Household Request for a Christmas Food Hamper

Household 911 Street and Number: _____

Householder making request: _____

Phone Number: _____

Status Number: _____

Name and age of other residents living in the household:

Residents over the age of 18 living in the household		Residents under the age of 18 living in the household	
Name:	Age:	Name:	Age:

I have completed page 2, added the November only income total for myself and other residents in the household. **Income verification is included with this request.**

If there is any question about the information contained in this document, I agree to have a Curve Lake Staff member follow-up with myself, others in the household or those who may provide income as listed on page 2. **If any information is found to be inaccurate or missing, I understand my request will be denied.**

Signature of Householder Making Request

Date: _____

Please return this application by Tuesday December 2, 2014 to:
Melinda Taylor/CHR - c/o Curve Lake Health Centre, Curve Lake, Ontario, K0L 1R0

For: Curve Lake First Nation status members residing on Curve Lake First Nation.

Applicant and House Residents (for the month of November Only) Income:

	#1	#2	#3	#4	#5
Hourly Wages					
Monthly Salary					
Ontario Works					
O.D.S.P					
Employment Disability					
Employment Insurance					
Old Age Pension					
Canada Pension					
Other Pension					
Rental/Board Income					
Lease Income					
Investment Income					
Other Income					
Individual Totals					

November grand total income of all income: \$ _____ .00

For: Curve Lake First Nation status members residing on Curve Lake First Nation.

<p>For office use only:</p> <p>Eligibility met and qualifies for Christmas Hamper: _____</p> <p>Eligibility not met and does not qualify for Christmas Hamper: _____</p>
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