

COVID-19 Food Supplement Program Constituency of Canada

Emergency Relief Questionnaire

Name of person requesting on behalf of a family unit						
Is this person a beneficiary?	Yes		No		Beneficiary #:	
Do you have dependents who are beneficiaries?	Yes		No		Beneficiary #(s):	
Mailing address						
Phone number and email address						

1. How many people in each of the following age categories is part of your **family unit**?
Provide names and dates of birth of each person in the appropriate categories below.

Babies/toddlers (0-3 years)	
Children (4-17 years)	
Adults (18-59 years)	
Seniors (<i>on fixed income</i>) (60+)	
TOTAL Number	

2. Are you the only **family unit** who live in your **household**?

Yes		No		If more than one family unit lives in your household please list the other families units below:

3. How many adults in your family unit are (Enter numbers for each):

Employed full time?	
Employed part time?	
On social assistance?	
Have applied for or receive Employment Insurance?	
Receives an Old Age Pension?	
How many adults have had their work hours cut or been laid off due to COVID-19?	
Have they applied for COVID-19 Emergency Response Benefit?	
What is the total amount of income your family unit receives per month?	

4. Additional Information

Are you a person with a disability?	Yes		No	
Are you a single parent?	Yes		No	

5. If any babies/toddlers 0-3 in household:

Do you need diapers?	Yes		No	
Do you need formula?	Yes		No	

6.

Preferred store	Sobeys	Loblaws	Walmart
Name and contact information of a grocery store in your community if none of the above are in your community			

Completed application forms should be e-mailed to COVID19@nunatsiavut.com.