

For NG Employee Filling out Questionnaire		For NG Review Committee:	
Completed by:		Application #:	
Date:		Date Reviewed:	

2020 Nunatsiavut Government: Emergency Relief Questionnaire (November)

Questions:	Answers:	
Name of person applying on behalf of a family unit :		
Beneficiary #:		
	Yes:	No:
Is this person the homeowner?		
Do you have dependents who are beneficiaries?		
Do you have dependents who are non-beneficiaries (this can include a spouse)?		
Street Address:		
Phone number (or alternative way of contact):		
Email Address		

Family Unit Listing:

1) How many people in each of the following age categories is part of your **family unit**?

Age Group:	#:	Name:	Male or Female:	Date of Birth MM/DD/YY:	Beneficiary #:	Total:
0 - 2	1.					
	2.					
	3.					
2 - 3	1.					
	2.					
	3.					
4 - 8	1.					
	2.					
	3.					
9 - 13	1.					
	2.					
	3.					
14 - 18	1.					
	2.					
	3.					
19 - 30	1.					
	2.					
	3.					
31 - 50	1.					
	2.					

Age Group:	#:	Name:	Male or Female:	Date of Birth MM/DD/YY:	Beneficiary #:	Total:
	3.					
51 - 65	1.					
	2.					
	3.					
	4.					
65 -71	1.					
	2.					
	3.					
	4.					
71 +	1.					
	2.					
	3.					
	4.					
Total:						

a) Non-beneficiary Listing (this can include a spouse):

Name:

2) Are you the only **family unit who live in the **household**?** Yes: _____ No: _____

a) If no, please list the other family units below

Family Unit:	# of Members per unit:

3) How many Adults in your **family unit are?**

		Total #'s/Answers:
Employed	Full Time:	
	Part Time:	
On Social Assistance?		
Has applied for or receive Employment Insurance?		
Receives an Old Age Pension?		
Have had their work cut or has 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?		
Please provide a copy of the last month's cheque or the 2019 Notice of Assessment for your family unit .	Received:	
	Yes:	No:

4) Additional Information:

	Yes:	No:
Is a member in your Family Unit pregnant?		
Do you require diapers?		
Do you require formula?		

5) Preferred Store for Shopping (Please note, that once you make a selection this cannot be changed at time during the program) Select one:

***Please ensure any supporting documentation is attached.**