**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll-free 1-800-563-2183**

**HARVESTER’S GRANT PROGRAM**

PARTICIPANT INFORMATION FORM

|  |  |
| --- | --- |
| File# |  |

CLIENT IDENTIFICATION

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name First Name Middle Name(s)/Initials  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Maiden Name (if applicable) Date of Birth (YYYY-MM-DD) Social Insurance Number (SIN) |

GENDER

|  |
| --- |
| Male  Female  Unspecified |

CONTACT INFORMATION

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment/Unit # (if applicable) Street Address or Box Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Town/Community Province Postal Code  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number (including Area Code) Other Number for Messages Email Address |

|  |
| --- |
| Will you be using a firearm?  Do you posses a valid PAL?  Where do you plan to harvest (hunt, fish, and/or trap)?  Are you familiar with the area described?  Is this within your treaty area or/have a written permission?  Dates: |

Species

|  |  |
| --- | --- |
| Moose  Caribou  Deer  Small game (ie Rabbit, Beaver, Mink, etc) | Fowl (Duck, Geese, Partridge etc)  Fish (Trout, Whitefish, Walleye, Sturgeon, etc)  Other Activities:  (Specify): |

INDIGENOUS GROUP

|  |
| --- |
| Registered (status) Indian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Treaty # Band Name Band Province  Métis  Inuit |

DISABILITY

|  |
| --- |
| No  Yes (Specify): |

MARITAL STATUS

|  |
| --- |
| Married or Equivalent  Single  Divorced  Widowed  Separated |

**PARTICIPANT CONSENT TO RELEASE INFORMATION**

|  |
| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to  release the information contained in this form regarding my participation in an Harvester’s program to Canada and “Name of Agreement Holder”. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that is may be used to determine my eligibility for Harvester’s Grant Program and be used for data keeping, program evaluation and accountability.  **I attest that all the above information is true and accurate and further agree that I am solely responsible for any actions, legal or otherwise, arising from my conduct while harvesting.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Signature Date |

**DOCUMENTS REQUIRED (INTERNAL USE ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Status Card – verified current |  | Letter drafted and sent to Applicant |
|  | PAL – verified current |  | Date of Letter: |
|  | Meeting Date: |  | Pick-up, Mail, Email (circle) |
|  | Approval: Yes No (circle) |  | Reason Declined: |
|  | Amount Approved: |  | Other Information: |