



Traditional Food Replacement Form

(This only applies to the wildfire power outage from May 20, 2025, to June 12, 2025)

Community Name:
Head of the House Name:
Treaty Number:
Phone Number:
House Number:
Street Name:
Area/Town:

Eligibility Assessment Criteria:

1. The event must be significant and have caused extreme impacts.
2. The affected community must have limited capacity to operate generators, increasing the risk of food spoilage.
3. Food replacement will be considered on a per-household basis, not by family unit.
4. This Form is for On-Reserve Only.

Declaration:

I, _____ (name), declare and acknowledge that I am Head of the House stated above and that my home was without power for more than 24 hours, resulting in the loss of traditional food in the freezer due to an extended power outage, thereby meeting and/or exceeding the eligibility criteria mentioned above.

Signature: _____

Date: _____

Office Use Only

Membership Department

Housing Department

Finance Department