



Whitecap Dakota Nation

WDN Off-Reserve Christmas Dinner Support & Children's Gift Support Programs December 2023

Programs:

- 1) \$300 Christmas Dinner Support (one per household): All WDN Off-Reserve Band Member households, or households where Band Member children reside and are cared for by a guardian*, will receive a \$300 cheque toward their Christmas dinner.
- 2) \$75 Christmas Gift Support for Infants to 17 Years of Age: All WDN Band Member Off-reserve Children, aged Infant to 17 years, will receive \$75 towards their Christmas gift in the form of a cheque payable to one parent or guardian*.

Distribution Method:

- Cheques for Off-reserve households will be mailed on Friday, December 8th, 2023.
- Where applicable, household disbursements for #1 and #2 above will be combined into one cheque.

Responsibilities:

- 1) \$300 Christmas Dinner Support (one per household; 18+ years of age): It is the responsibility of one Band Member head of household, or the guardian* of the Band Member children in their care who reside in the household to **register** with the Indian Registry Administrator (IRA) **by Friday, December 1st, 2023 (See Attached form)**.
***Proof of guardianship required.**
- 2) \$75 Christmas Gift Support: It is the responsibility of one Band Member parent, or the guardian* of the Band Member children in their care who reside in the household to **apply** to the IRA **by Friday, December 1st, 2023 (See Attached form)**.
***Proof of guardianship required.**



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REGISTRATION FORM

WDN Off-Reserve Christmas Dinner Support & Children's Gift Support Programs December 2023

#1: \$300 CHRISTMAS DINNER SUPPORT (ONE PER HOUSEHOLD, 18+ Years)

Head of Household Name: _____

Address: _____

City _____ Prov _____ Postal Code _____

Phone #: _____(h) _____(c)

#2: \$75 CHRISTMAS GIFT SUPPORT FOR INFANTS TO 17 YEARS OF AGE

Parent/Guardian Name: _____

Address: _____

City _____ Prov _____ Postal Code _____

Phone #: _____(h) _____(c)

Child(ren)'s Name: _____ Age _____ Birthdate: (MM-DD-YY) _____

{Please attach a 2nd page if required}

Send form by Email or Text **by DECEMBER 1ST** to Italia at:
ieagle@whitecapdakota.com Cell: 306-281-7135
If you require assistance to complete this form, call 306-281-7135

Office Use Only: IRA

Date Received: _____

Band Membership Verified: _____

Proof of Guardianship Received: Yes N/A

Cheque Amount: \$ _____