



Thunderchild First Nation  
PO Box 600 Turtleford, SK S0M 2Y0  
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[urbanassistance@thunderchild.ca](mailto:urbanassistance@thunderchild.ca)

Urban Membership Covid-19 Assistance

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Treaty No: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Dependents Under 18 yrs Old : \_\_\_\_\_

(Please include list of names and **MUST** be TCFN band members)

Identification: 1 photo ID required and child's health card **MANDATORY**

Please contact Claudine Paddy @ 306-845-4300 Ext. 230 and Phyllis Paddy  
@ 306-845-4300 Ext. 285

**DEADLINE JUNE 30, 2021**