



Driftpile Cree Nation
Christmas Health & Wellness Benefit Acknowledgment
 December 2024

Claimant/Requestee Information: _____ Treaty# _____
Print Full name and Treaty number

Mailing Address: _____

Phone# _____ Email: _____

If claiming for child/adult what is your relationship? (Circle one) mother/father/grandparent/Spouse/Other

Full Name of Child: _____
 Treaty Number: **4500** _____

Full Name of Child: _____
 Treaty Number: **4500** _____

Full Name of Child: _____
 Treaty Number: **4500** _____

Full Name of Child: _____
 Treaty Number: **4500** _____

Full Name of Child: _____
 Treaty Number: **4500** _____

Full Name of Child: _____
 Treaty Number: **4500** _____

If the child you are claiming for is NOT your biological child, please Include one of the following:
 Custody/Guardianship Court Order-OR- Written permission from coparent/biological parent

NOTE:
Payments will ONLY be processed once all required information pertaining to this request is provided.

Information Requirements

Copy of Claimants Government Issued ID: _____ Cash Pick-up: _____ Cheque in MAIL: _____

I fully undertake to fully indemnify Driftpile Cree Nation and its' Chief and Council, administration, employees, agents, receivers and managers for all claims, costs, including legal costs on a solicitor and client basis, and damages of any kind whatsoever in relation to this payment.

By signing, you are confirming that you have authority or guardianship to collect on behalf of the names listed above and is of the same force and effect as if made under oath

Signature: _____
 Witness: _____
 Date: _____