THE GRASSY NARROWS & ISLINGTON BANDS
MERCURY DISABILITY BOARD

ADULT ASSESSMENT REQUEST FORM

Claimant Information					
Full Name (First, Middle, Last)					
Date of Birth (yyyy/mm/dd)					
Gender (check one)	☐ Female ☐ Male ☐ Other				
Address:					
City:		**Province:**		**Postal Code:**	
Phone:		**Email:**			
Band Name:		**Status No.:**			
Identify Community Affiliation:	☐ Wabaseemoong Independent Nations ☐ Grassy Narrows First Nation				
Consent: (please read and check boxes)	☐ I consent that the information on this form be shared with my Mercury Disability Community Support Worker. ☐ I consent to the MDB holding and collecting any medical or other information provided for assessment purposes.				
Signature of Claimant		**Date:**			

FOR OFFICE USE ONLY			
Band Statement	☐ Member ☐ Past Member ☐ Not a Member (but registered customarily resident before Oct 1/85)		
Remarks			
Signature of Chief		**Date:**	
Current Claim Standing		**Date Received at MDB**	