



## REFORMED ASSESSMENT PROCESS ADDITIONAL INFORMATION REQUEST

<b>To be completed by applicant <i>without a band number</i> <u>or</u> <i>different band number</i>.</b>			
<b>Name</b>			
<b>Date of Birth</b> (yyyy/mm/dd)			
<b>Name at Birth if different</b>			
<b>Band Number</b> (if applicable)			
<b>Name of Mother</b>		<b>Mother's Band No.</b>	
<b>Name of Father</b>		<b>Father's Band No.</b>	
<b>Name of Grandmother</b> (your mother's side)		<b>Grandmother's Band No.</b>	
<b>Name of Grandfather</b> (your mother's side)		<b>Grandfather's Band No.</b>	
<b>Periods you were resident in Wabaseemoong or Grassy Narrows community (6 months or longer)</b> (please indicate which community)			
<b>First Period</b>			
<b>Second Period</b>			
<b>Third Period</b>			
<b>If known, please provide address of residence in community</b>			
<b>If your mother was not a permanent resident in Wabaseemoong or Grassy Narrows, when did she live there?</b> (please indicate which community)			
<b>If your grandmother was not a permanent resident in Wabaseemoong or Grassy Narrows, when did she live there?</b> (please indicate which community)			
<b>Name of Caregiver in Wabaseemoong or Grassy Narrows if different from above (i.e. Auntie)</b> (please indicate which community)			
<b>Signature</b>		<b>Date:</b>	