



## ASSESSMENT REQUEST FORM RECEIPT CHECKLIST AND PROCESS

### Necessary Information

- ☐ Full legal Name, clearly printed
- ☐ Date of birth
- ☐ Telephone and email contact info
- ☐ Mailing address
- ☐ Identify Male or Female or Other
- ☐ Band Affiliation
- ☐ Band Status number (150 = WD, 149 = ANA)
- ☐ Indicate Consent to sharing info with CSW
- ☐ Indicate Consent to holding/collecting any additional info provided for assessment
- ☐ Claimants Signature if over 16
- ☐ Parent/Guardians Signature if under 16 &
- ☐ Their printed name/relationship to child/youth and phone number

FOR MDB staff to NOTE prior to submitting to DATA:

- ☐ Current Claim Standing, via SharePoint search for previous ARF's
- ☐ Note date received, Initials and location of where/how it was received, i.e. In Office, Online, Mail or at Clinic

At this point scan & email to DATA if Complete. Add info to internal ARF Tracker form for easy location, i.e. date received, name, where/how received, complete or incomplete and what's deficient.

FOR DATA TO NOTE POST APPROVAL OF CHIEF:

- ☐ Band Statement, i.e. Member, Non-Member or Unregistered but resident before Oct 1/85

### Optional Information

- ☐ Direct Deposit (can request once ARF is approved for inclusion in assessment process)
- ☐ Additional medical or bio marker information