



THE GRASSY NARROWS & ISLINGTON BANDS

**MERCURY**  
DISABILITY BOARD

## CHILD/YOUTH ASSESSMENT REQUEST FORM

Claimant Information					
<b>Full Name</b> (First, Middle, Last)					
<b>Date of Birth</b> (yyyy/mm/dd)					
<b>Gender</b> (check one)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other				
<b>Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Phone:</b>			<b>Email:</b>		
<b>Band Name:</b>			<b>Status No.:</b>		
<b>Identify Community Affiliation:</b>	<input type="checkbox"/> Wabaseemoong Independent Nations <input type="checkbox"/> Grassy Narrows First Nation				
<b>Consent:</b> (please read and check boxes)	<input type="checkbox"/> I consent that the information on this form be shared with my Mercury Disability Community Support Worker.  <input type="checkbox"/> I consent to the MDB holding and collecting any medical or other information provided for assessment purposes.				
<b>Signature of Claimant</b> (if 16 or older)				<b>Date:</b>	
<i>If the person above is under the age of sixteen (16), a parent or legal guardian must complete section below.</i>					
<b>Name</b>					
<b>Relationship to Claimant</b>					
<b>Phone:</b>			<b>Email:</b>		
<b>Signature of Parent/Guardian</b>				<b>Date:</b>	
<b>FOR OFFICE USE ONLY</b>					
<b>Band Statement</b>	<input type="checkbox"/> Member <input type="checkbox"/> Past Member <input type="checkbox"/> Not a Member (but registered customarily resident before Oct 1/85)				
<b>Remarks</b>					
<b>Signature of Chief</b>				<b>Date:</b>	
<b>Current Claim Standing</b>			<b>Date Received at MDB</b>		