



Fort William First Nation

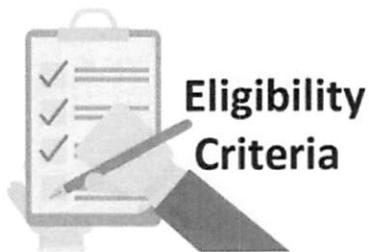
Food Distribution

Program



Purpose: To provide food security to Fort William Membership living on Fort William First Nation

- The Food Box will be distributed bi-weekly for 2 months to members who register for the program
- The Food Box will provide non-perishable food items (toiletries, cleaning supplies, and well-baby bundle for children under 3)



Eligibility Criteria

Eligibility Criteria

- Must Reside on Fort William First Nation
- Must register for the distribution

Registration

Phone Registration: Monday to Friday 9:00am to 4:00 pm

Contact: Courtney Lee (807)629-0027

Or Call COVID-19 Call Centre @ (807)698-0415

Email: membership@fwfn.com



Fort William First Nation Food Distribution Program

OVERVIEW

- The health and safety of our community is our priority in response to the Covid-19 pandemic.
- To provide food security to Fort William First Nation Membership living on reserve.

PROGRAM NAME: Fort William First Nation Food Distribution Program

DESCRIPTION

- To provide food to members of Fort William First Nation that register for the program.
- To provide non-perishable food items. (toiletries, cleaning supplies, and a well-baby bundle for children under 3 yrs.)
- The Food Box will be bi-weekly for 2 months to members who register with the program and live on the reserve. Start Date April 24, 2020.

REGISTRATION/CONTACT/HOURS

- Phone Registration: Mon. to Fri. 9am. to 4pm.
- Band Membership Clerk Courtney Lee: (807) 629-0027
- Email: membership@fwfn.com
- COVID 19 Call Centre (807) 698-0415

ELIGIBILITY CRITERIA

- Must reside on the First Nation.
- Must register to access service.



Fort William First Nation

**Emergency Food Distribution
Registration Form**

Member's Name _____

Address _____

Telephone Number _____

Contact Email _____

General Information

Number of People living in home _____

Number of Children (under 3) _____

Number of Children (3+) _____

Number of Adults (18+) _____

Number of Elders (65+) _____

Health Information

Heart Disease

Diabetes

Cancer

Asthma

Other Health
Conditions _____

Lake Superior Fish (Fish is available upon request)

Whitefish (Fillets)

Lake trout (Fillets)

Steelhead (Fillets)

Staff Signature _____

Date of Registration _____

Date of Delivery _____