



## North Okanagan Friendship Center Society COVID-19 Application

Date:

The North Okanagan Friendship Center Society has enclosed a food security gift-card for September 2022 and will continue to support Urban Indigenous people **who live off-reserve** in the North Okanagan Regional District.

- NOFCS has limited funds to distribute for food security, sustainable resources and training for **Urban Indigenous people living in the North Okanagan Regional District off-reserve.**
- **Our program requires you to complete a new application form, with the required supporting documents, and or Identification for our funding records.**
- NOFCS will be providing three Food Security gift cards from now until March 31, 2023.
- The Gift Card Security will be for the months of **September, December 2022, and February 2023.**
- The grocery gift card is a **supplement only** to your regular income should not be considered as part of your monthly income.
- In addition to the previous program, NOFCS will be offering these please check the box in which programs you're signing up for on the application page:
  - BUDGETING WORKSHOPS FOR YOUTH & ADULTS.
  - GOAL SETTING & ACHIEVING GOALS WORKSHOP.
  - 3 COMMUNITY MEALS.
  - \$70.00 VALUE FOOD HAMPERS MONTHLY STARTING IN OCTOBER OF 2022
  - COOKING CLASSES (INCLUDING SHOPPING FOR ECONOMICALLY PRICED FOOD FOR HEALTHY EATING.)
- **Please apply completing all boxes on the enclosed form and return it to NOFCS. Incomplete applications will not be processed!**
- **We will send out and post information on our website, Facebook & Instagram pages as to when we will be offering workshops, Time, location & number of spots. They will be limited so sign up asap when posted.**

**Drop off or send your completed form to:**

**North Okanagan Friendship Center Society  
2904 – 29th Avenue, Vernon BC V1T 1Y7  
Attention: COVID-19 Support 2022 -2023  
or scan to: [reporting@nofcs.ca](mailto:reporting@nofcs.ca)**

Please call our main office number 250-542-1247 ext.1 for Morina or Annette, if you have any questions, Thank you.

**Thank you for your patience and understanding during trying times. We will do our best to provide you with food security support and sustainable resources.**

Sincerely,

Ida Scott  
Executive Director

Gift Card Amount \$ \_\_\_\_\_  
Card Issued # \_\_\_\_\_  
Month; \_\_\_\_\_  
Families, Couples, Individuals



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**THIS FORM WILL BE PROCESSED ONLY IF COMPLETED IN FULL.**

Please print clearly so we can read all the information correctly.

Name: \_\_\_\_\_

Residential Address: **(please complete address with postal code)**

\_\_\_\_\_  
\_\_\_\_\_

(Mailing address, if different than residential address)

Contact Number: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Do you live off-reserve? **Yes**  or **No**  Are you Indigenous? **Yes**  or **No**

First Nations	<input type="checkbox"/>	Metis	<input type="checkbox"/>	Inuit	<input type="checkbox"/>	Non-Status	<input type="checkbox"/>	Budgeting Workshop	<input type="checkbox"/>
Applicant: Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Goal Setting Workshop	<input type="checkbox"/>				
Spouse: Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Community Meal	<input type="checkbox"/>				
Pc Gift	<input type="checkbox"/>	Cooking Classes	<input type="checkbox"/>	Hampers	<input type="checkbox"/>				

Please list the number of family members in your family:

Family size: \_\_\_\_\_

Spouse: \_\_\_\_\_ Other Adults \_\_\_\_\_ Children \_\_\_\_\_

Number of children and their ages, including the school that they are enrolled at.

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

add more children if required, at the bottom of the page or one the reverse side of this page.

I certify the information that I provided is true and accurate. I am applying for COVID-19 Support from the Urban Funding Stream offer through the North Okanagan Friendship Center Society, Vernon, BC.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_