NUTRITIONAL SUPPLEMENT PROGRAM REGISTRATION

Citizens receiving chronic care from a physician are eligible for \$100 per month for 3 months. Households may have a max of 2 residents receiving assistance.

To apply: provide a doctors note and complete application form. Doctors note is required every 3 months except for citizens 60 years of age or older, who can provide an annual note.

When TH Farm Food baskets and eggs are available, the amount will be reduced and substituted with a food basket. Once you've been notified of your registration, you can use up to \$50 between the 1st-15th of the month, and another \$50 on the 15th-end of month. Simply notify the cashier you're on the TH PO list.

Name:				
Do you live on Traditional T	Territory? 🗆 Yes 🗀 No. If r	no, ineligible for th	is program.	
Home Phone	Cell Phone		Work Phone	
Email Address:				
□ Are you over 60?				
What is your preferred gro	cery store? Dawson City	/ General Store [☐ Bonanza Market	
-	od grown at TH Farm, as ava		_	
		mpleted forms to:		
Commun	ity Health Representative lo or email <u>Communit</u>		<u>-</u>	
Signature:			Date	
Office Use Only Date received:	□ Physician Referral receiv	red □ added to PO lis	st .	
Citizenship confirmed:	Eligibility Review	Program End	Reminder sent	