



Nisga'a Lisims Government

**Homemaker Services Referral Form**

T 250 633 3000 / F 250 633 2367  
 TF 1 866 633 0888  
 PO Box 231 / 2000 Lisims Dr  
 New Aiyansh BC / Canada V0J 1A0  
 NISGAANATION.CA

**PROTECTED: (when completed) to be handle by authorized personnel only)**

Administering Authority: <input type="checkbox"/> Gitlaxt'aamiks <input type="checkbox"/> Gitwinksihlkw <input type="checkbox"/> Laxgalt'sap <input type="checkbox"/> Gingolx	
Applicant <span style="float: right;">SIN</span>	
Reason Assistance Required	
Is there any person in the home or relative in the Community who may reasonably be expected to provide assistance without remuneration? Please Comment:	
Does any other person in the home receive Homemaker Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home management and housekeeping tasks that the applicant requires Homemaker to perform:  <input type="checkbox"/> Laundry <input type="checkbox"/> General Cleaning <input type="checkbox"/> Washing Floors <input type="checkbox"/> Washing Floors <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Other (specify):	
Recommended Number of Hours of service per week: Hours Per Month:	Period of Service (maximum 12 months) <b>From:</b> <span style="float: right;"><b>To:</b></span>
Recommended work schedule of Homemaker:	
<b>Referred by:</b>	
Signature:	Date:
Title:	Telephone:
Address:	Postal Code:
<b>Return Form To:</b>	
Name of Administering Authority:	Telephone:
Address:	Postal Code:
<b>APPROVAL</b>	
Number of Hours approved per month:	Approved by: <span style="float: right;">Date:</span>

