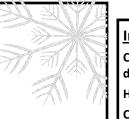


Musqueam Community Newsletter Thursday December 15, 2022 TOLL FREE: 1-866-282-3261, FAX: 604-263-4212 SAFETY & SECURITY PATROL: 604-968-8058

Musqueam Administration Holiday Office Hours & Closures



Musqueam Administration Office Christmas break:

> Closed from: Monday, December 19, 2022 Re-opens: Tuesday January 3, 2022

*Please note that Education and Social Development will be in the Administration Office on December 30, 2022 to distribute Education and Social Assistance cheques only,

Time: 9:00am-12:00 pm

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### **SMOKESHOP HOLIDAY HOURS 2022**

Monday Dec. 19 & Tuesday Dec.20. 2022 – CLOSED Wednesday Dec. 21 & Thursday Dec.22 – OPEN (1:00 PM – 4:45 PM) December 23, to December 29, - CLOSED Friday Dec.30 – OPEN (1:00 PM – 4:45 PM)



Inside this Issue: Coping through the Holidays—2 HR DEPT. JOBS—3 CANUCKS GAMES—4

EDUCATION—5 HEALTH DEPT.—6-Remaining News—7-24



Please come and join us for Mass at St. Michael's Church Every Sunday @ 1:00 pm. Thank you, Jeannie Campbell— 604-781-5641

hay čx<sup>w</sup> də



-250

# CHRISTMAS TURKEYS

# Friday, December 23

# 2 - 6pm

Parking lot between band office and gym



# Pick up only! First come, first served

Dinner packages include fresh turkeys, gravy, stuffing and herbs.







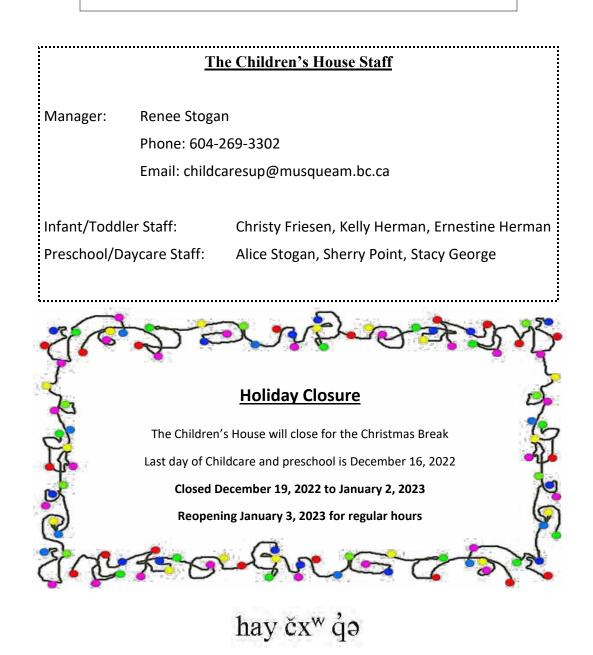
## tə memənəs?ewtxw

### The Children's House



#### **Hours of Operation:**

Preschool Program Hours:Monday - Friday 9:00am-3:00pmDaycare Hours:Monday - Friday 7:45 - 5:00pm





Coping Through The Holidays

Coping strategies & resources For those who have suffered the death of a loved one

No charge to participate

The holidays can prove to be a difficult time of year for anyone grieving. This gathering will be a supportive community event focused on providing coping strategies, resources as well as discussing ways to navigate the holiday season alone or with loved ones. There will be a candle lighting ceremony, and a brief memorial for those grieving the death of a loved one.

The event is facilitated by the Vancouver Hospice Bereavement Counselling Team and is open to Vancouver residents.

Where: Celebration Hall - 5445 Fraser Street, Vancouver When: December 2nd - 7:00pm - 9:00pm No charge to participate - **\*Registration is required\*** 

> To register, please email: alison@vancouverhospice.org For more information, please contact: phone: 604-737-7305 ext 216



#### MUSQUEAM INDIAN BAND ~ HR DEPT.

Musqueam is hiring for full time and part time positions! Please send and email your resume to Human Resources at : <u>kcoles@musqueam.bc.ca</u>

At present we are hiring for:

- Full -time~Human Resources Coordinator
- Full-time~Community Health Nurse
- Full-time~IGA Projects & Agreements Coordinator
- Full-time~ Project Analyst
- Full-time~Environmental Stewardship Coordinator
- Full-time~ Environmental Stewardship Monitor
- Also, we are accepting resume's for Casual Employment Opportunities for Various Positions

Thank you 🐵 Musqueam Admin./& HR Dept.



### **MUSQUEAM INDIAN BAND**

DECEMBER 14, 2022

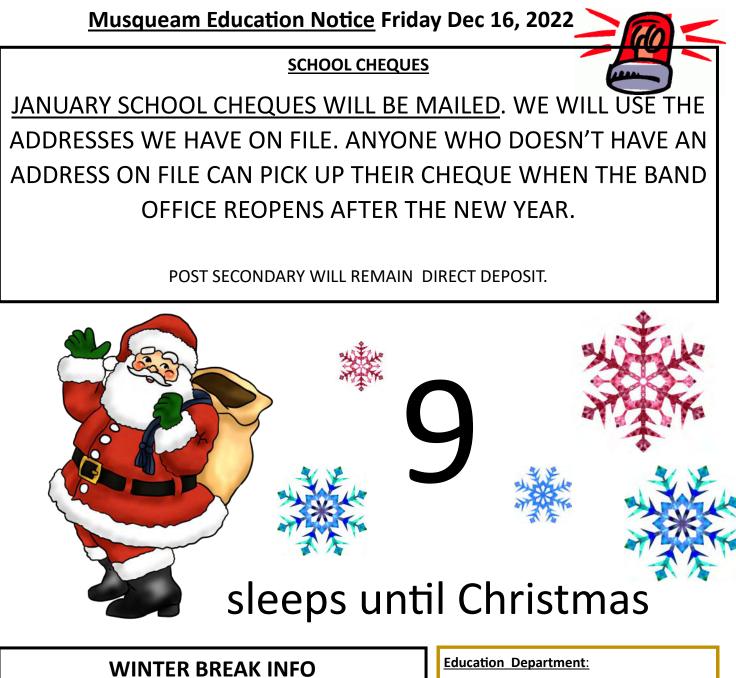
The Musqueam Administration and Chief & Council are inviting Musqueam Members who would like to attend a home Canucks game to sign up by following the link below.

### https://woobox.com/5kdie5

### Guidelines for signing up/attending:

- \* You only have to sign up once per season.
- If you are unable to attend you must return the tickets to the Musqueam Administration Office, please do not give away.
- \* You have to be able to provide own transportation to the game.





VSB Winter Vacation is: December 19, 2022—January 2, 2023

Immaculate Winter Vacation is: December 19, 2022—January 2, 2023

Faye Mitchell, Education Manager: fmitchell@musqueam.bc.ca April Campbell, Learning Facilitator: learningfacilitator@musqueam.bc.ca Lucetta George-Grant, Education Advocate: education.advocate@musqueam.bc.ca Cary Campbell, School Bus Driver Ph. # 604 - 263 - 3261; Fax # 604 - 263-4212 Toll free: 1-866-282-3261



NEW SLETTER | DEC.14, 2022 |

#### HOLIDAY HOURS:

Please note: the Musqueam health department administration will be closed for the holidays December 16, 2022 until January 3, 2023.

If you are not feeling well please call the Nurse's Hot Line 811 or your doctor's office.

For urgent assistance, you may reach Charles Nelson, Health Director, at 604-263-3372

Romeo, Home Care Nurse at 604-263-6539 or Arlene, HC Assistant 604-655-0850. Home Care clients please refer to your schedules for the holidays, if your worker is late please be patient.

For Musqueam Primary Care Clinic hours please see page in this newsletter.

 $\sim$  Happy Holidays fom the Musqueam Health Department  $\sim$ 

|                                           | First Nations I   | Sealth Authority<br>At through walkers      |                                |
|-------------------------------------------|-------------------|---------------------------------------------|--------------------------------|
| ті.                                       | meto              | Mask Up                                     |                                |
|                                           |                   | you and your                                |                                |
|                                           |                   |                                             |                                |
| Our First Nations teachings               |                   |                                             |                                |
| masks, especially to prote                | ect our Elders ar | nd other vulnerable                         | community members.             |
|                                           | When to w         | vear a mask.                                |                                |
| Well-fitting, high qu                     |                   | e recommended for<br>maintain physical      |                                |
| 20                                        | =                 | $\sim$                                      | .00                            |
| pole o                                    | 0                 | 1606                                        |                                |
|                                           | రాలి              | Indoor spaces with                          |                                |
| At the grocery store On p                 | ublic transit     | poorventilation                             | spaces (gatherings)            |
|                                           | Masks are         | not enough.                                 | 1                              |
|                                           |                   | can help stop the s<br>but it's also import |                                |
| ~                                         | racory mases,     | 000                                         | - Z                            |
| FUN                                       | Q.                | -                                           | 4                              |
| Get your flu shot and<br>COVID-19 vaccine |                   | s frequently<br>seconds                     | Stay home when<br>feeling sick |
| Remember that others may                  | choose not to v   | vear a mask for per                         | sonal or medical reasons.      |



NEW SLETTER | DEC.14, 2022 |



- COVID TEST KITS A REAVAILABLE AT YOUR LOCAL PHARMACY
- COVID & FLU VACCINES ARE AVAILABLE ATYOUR LOCAL PHARMACY; SOUTHLAND'S PHARMACY & SHOPPERS DRUG MART, EIC.



NEW SLETTER | DEC.14, 2022 |



## MUSQUEAM PRIMARY CARE CLINIC

Musqueam Elders Centre, 4010 Si Lu Drive, Vancouver BC V6N 4K7 Located in the Primary Care Trailer

(Clinic closed 12:00pm – 1:00pm for lunch)

| Monday<br>Dec. 19    | Tuesday<br>Dec. 20            | Wednesday<br>Dec. 21                      | Thursday<br>Dec. 22 | Friday<br>Dec. 23 |
|----------------------|-------------------------------|-------------------------------------------|---------------------|-------------------|
| Alexa Lesperance, GP | Dr. Dumont, GP<br>Dr.Alexa    | Karen Chandra, NP<br>Dr. Alexa Lesperance | Karen Chandra, NP   | CLINIC            |
| 9:30am – 3:30pm      | Lesperance<br>9:30am - 3:30pm | 9:30 – 3:30                               | 9:30 – 3:30         | CLOSED            |

#### Call 604-266-0043 to book an appointment

Please leave a voicemail if you cannot get through - we will return your call as soon as possible.



Missed your telehealth or in-person appointment? Call us to rebook for the next available date.

Please be available 15 minutes before and after your scheduled appointment call.



Naloxone kits available. (Injectable or Nasal Spray) <u>Please do not leave kits in a car during freezing weather</u>. Contact Nicolette, Brad, or our clinic to replace an expired kit.



Our clinic has <u>reached capacity</u>. Call the clinic to be added to the **patient waitlist**. Please note that we are <u>no longer a walk-in clinic</u>.



**Prescription running low?** Please book an appointment a few days in <u>advance</u>. Or, ask vour pharmacy to send us a refill request.



**Influenza vaccines** available, call the clinic to schedule an appointment. Injectable flu vaccine available for ages 6 months and up.

Alternate Resources

#### FNHA Virtual Doctor of the Day

Call 1-855-344-3800 to book an appointment.

Available 7 days a week from 8:30 am to 4:30 pm. Telephone or virtual appointments via zoom.

Available to First Nations people and their family members,

even if those family members are not Indigenous.

Walk-In Clinics Nearby

Highroads Medical: 5960 E Boulevard (Kerrisdale)

WELL Health: 2077 W 42<sup>nd</sup> Avenue (Kerrisdale) Check wait-times for BC Walk-in Clinics at http://medimap.ca



NEW SLETTER | DEC.14, 2022 |

# December '22 & January '23



#### PRIMARY CARE CLINIC CHRISTMAS HOLIDAY SCHEDULE

| Sunday             | Monday                                       | Tuesday                                                     | Wednesday                                                            | Thursday                                  | Friday                                    | Saturday |
|--------------------|----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|----------|
| 18                 | 19<br>Dr. Alexa<br>Lesperance<br>9:30 – 3:30 | 20<br>Dr. Dumont,<br>Dr. Alexa<br>Lesperance<br>9:30 – 3:30 | 21<br>Dr. Alexa<br>Lesperance<br>Karen Chandra,<br>NP<br>9:30 – 3:30 | 22<br>Karen Chandra,<br>NP<br>9:30 – 3:30 | 23<br>CLINIC<br>CLOSED                    | 24       |
| 25                 | 26<br>CLINIC<br>CLOSED                       | 27<br>CLINIC<br>CLOSED                                      | 28<br>Karen Chandra,<br>NP<br>9:30 – 3:30                            | 29<br>No Clinician<br>On Site             | 30<br>Karen Chandra,<br>NP<br>9:30 – 3:30 | 31       |
| January 1,<br>2023 | 2<br>CLINIC<br>CLOSED                        | 3<br>Dr. Dumont, GP<br>9:30 – 3:30                          | 4<br>Karen Chandra,<br>NP<br>9:30 – 3:30                             | 5<br>Karen Chandra,<br>NP<br>9:30 – 3:30  | 6<br>Karen Chandra,<br>NP<br>9:30 – 3:30  | 7        |



NEW SLETTER | DEC.14, 2022 |

#### MUSQUEAM NNADAP: NICOLETTE MOORE, BRAD MORIN

#### NNADAP worker-

Contact & what our dept offers

#### **Nicolette Moore**

#### **Christmas Holiday Hours**

Dec.19. Monday: 1-6pm

Dec. 21. Wednesday: 1-6pm

Dec.23. Friday: 1-6pm

Ph: 236-558-8482

email: nnadap.nmoore@musqueam.bc.ca

#### What we offer

- 🔱 1-1, Family & Group
- counselling
- Treatment referrals
- Detox support
- Relapse prevention planning
- Family Interventions
- Referrals to outside mental health agencies
- In office Harm reduction gear
- Drug testing strips
- Clean supplies

# Emergency Supports are available to you during the holidays:

#### Alcoholics Anonymous: (604) 434-3933

You can call here for all things around:

- 🜲 sobriety support
- meetings times
- 🜲 places

#### Crisis Intervention & Suicide Prevention Centre of BC

#### <u>Helpline</u>

Open 24 hours · (604) 872-3311

Please call here to talk, get connected to support or just have an ear:

#### Kuu Us Crisis Line

- 4 Adults/Elders (250-723-4050)
- Child/Youth (250-723-2040)
- **4** Toll free (1-800-588-8717)
- Métis Line (1-833-MétisBC)
- You can call this indigenous lead line for support, to talk, to breathe if you have to.

#### Brad Morin, NNADAP Support Worker

Wed - Fri 6-9pm & Sat - Sun 1-5pm

Ph: 604-652-1368



# x<sup>w</sup>məθk<sup>w</sup>əýəm MUSQ UEAM HEALTH DEPARIMENT NEW SLETTER | DEC.14, 2022 |

#### MUSQUEAM HOME & COMMUNITY CARE PROGRAM

Romeo Cosio, RN, Musqueam Home Care Nurse & Arlene Haldane, Assistant.

# MUSQUEAM HOME CARE

**Dear Home Care Clients** 

Please be aware the office will be closed for the holidays December 16, 2022 until January 3, 2023.

If you are not feeling well please call the Nurse's Hot Line 811 or your doctor's office.

For urgent home care needs only, you may reach Romeo, Home Care Nurse at 604-263-6539 or Arlene, HC Assistant 604-655-0850.

HAPPY HOLIDAYS!

MUSQUEAM HOME CARE TEAM

#### **MUQUEAM ELDERS**

Brenda Campbell, Elders Coordinator Ph: 604 263 – 6312



Elders Chair Exercise Thursday Jan.5, 2023 Time: 1-2pm Location: Elders Centre



First Nations Health Authority Health through wellness

Need to See a Doctor?

The First Nations Virtual Doctor of the Day service can help

Call 1.855.344.3800

7 days a week from 8:30 a.m. – 4:30 p.m. **fnha.ca/virtualdoctor** 



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### MUSQ UEAM HEALTH DEPARTMENT

NEW SLETTER | DEC.14, 2022 |

#### COMMUNITY HEALTH

#### MUSQUEAM PRE- AND POST-NATAL GROUP

Are you pregnant or have you recently had a baby?

The Musqueam Health Department offers some valuable incentives to pre-natal and post-natal families:

From the onset of pregnancy, until 3 months postpartum we offer weekly \$25.00 Save-on Foods Gift cards for nutritious foods such as – milk, eggs, cheese, fruits & vegetables to support healthy nutrition during pregnancy and breastfeeding.

- Nursing pads, as needed
- 🖊 A one-time gift of an Electric Breast pump. **One** per family
- 🜲 🛛 Welcome gift for your new baby

Due to Public Health Guidelines, the Pre-Natal program is currently not meeting in person. We are currently have the CHN position posted.

Please call Arlene Haldane, Assistant to register for the Prenatal Program, call Arlene Haldane:

Phone: 604 269 3354 | Email: nurseassist@musqueam.bc.ca

\*\*Pacific Spirit has provided us with an information line for parents looking to ask health questions over the holidays for children aged 0-5 years old. The number is 604-261-6366. If the nurse doesn't answer, parents can leave a voicemail.

#### MUSQUEAM BREAKFAST CLUB

See you in the New Year! Breakfast Club will resume Tuesday, January 3, 2023

#### HEALTH PATIENT NAVIGATOR

Will resume support services in the new year. Happy Holidays from Lisa Mitchell

#### MWSU MENTAL WELLNESS COUNSELLOR

Janice Cross

Will resume support services in the new year. If urgent support is needed you may contact info below:

Email: <u>mentalwellness@musqueam.bc.ca</u> | For Private Counseling Call: 236-558-9977

#### ART THERAPY FOR CHILDREN, YOUTH & ADULTS

#### Janice Carroll, RCAT

Support available during the holidays. Ph: 778-829-0242 or my email is jcarroll@musqueam.bc.ca





### **MUSQUEAM HOUSING DEPARIMENT**

### Holiday break is December 16<sup>th</sup> 2022- Jan 2<sup>nd</sup> 2023

If there is an emergency situation during the break call 604 269 3381

Emergencies consist of: hot water tank errors, fumace outage, major plumbing leaks, toilet problems in onebathroom home, electrical problems. All other requests will be prioritized and addressed in the new year.

Wishing you a fun-filled holiday season and best wishes for a happy new year!

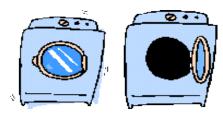
## **PREVENTATIVE MAINTENANCE – PLUMBING**

There a high number of calls regarding plumbing issues, please follow the tip and tricks to prevent plumbing issues and reach the life expectancy for each element.

- ▶ FATS, OILS, OR GREASE DO NOT POOR DOWN THE DRAIN
  - FATS DAIRY PRODUCTS, SALAD DRESSINGS, MARGARINE, SHORTENING, ETC
  - <u>OILS</u> COOKING OILS (OLIVE, COCONUT, CANOLA, VEGETABLE) AND SAUCES
  - <u>GREASE</u> MEET DRIPPINGS, LARD
  - Pour all used cooking oils and grease into a small container so it can cool and harden.
  - Dry wipe all pots, pans and plates before washing in sink or dishwasher. Use paper towels and wipe grease and food contents into a garbage container.
  - If you have a kitchen sink garburator, use this as little as possible since food particles and grease from the grinded material will still clog your pipes and affect the downstream sewer system.
- Inspect all visible pipes for corrosion, if you notice any signs of corrosion on your pipes, whether it's blue/green deposits or rust, this is a sign that you will have a leak on your hands soon.
- Examine toilet tanks: remove the lid off of your toilet tank and inspect for any signs of wear.
- Maintain your hot water tank every year; flush your water heater. Also check for leaks on the tank regularly and keep clutter away.
- Turn the water shut off for hose bibb in the winter and remove the hose; if this is not done it is possible for the frozen pipe to burst.
- > If any leaks occur, use your water shut off valve.
- > Be aware of the location of all the shut off valves.
- > Do not flush anything other than toilet paper down.
- Check for leaks around your hot water tank, kitchen sink, dishwasher, bathroom sink, laundry sink and washer machine.
- Check the caulking around showers/bathtubs and sinks; if it's cracked or wore away reseal with more caulking.
- If you have poor water pressure out of a faucet, the aerator is the likely culprit and it's can be easily fixed.

# Washer and Dryer Maintenance

Since MIB is on social isolation/quarantine here are some maintenance tips/information on taking care of the two appliances.



#### <u>Washer</u>

- Don't overload the machine. Use the appropriate amount of water for the size of the load. Wash heavy or bulky items in small loads since these are harder on the appliance.
- Wash the washing machine. Rinse away soap residue and buildup by running store-bought washing machine cleaner, or a solution of hot water, vinegar, and baking soda through an empty load.
- Prevent musty odors and mildew. Leave the washer lid or door open between loads to dry out the unit and keep it smelling fresh. On front-loading washers wipe down the rubber seal around the door after doing your laundry.
- Always use detergent made for high-efficiency (HE) machines, and use the minimum amount (more is not necessarily better). Regular detergents produce much more suds, and over time, can build up a film on the drum and hoses that become a breeding ground for mold, and may even mechanically or electronically damage a front-load machine.
- Check your pockets before doing a load of laundry. This will prevent having to change the debris filter.

#### Dryer

- Do not overload. Overloading the dryer can actually cause it to breakdown. Your clothes need the circulation of hot air and when the dryer is stuffed, the air cannot circulate as much as it needs to in order to dry your clothes. Instead of reducing drying times, overfilling the dryer will increase them.
- Clean the lint screen before or after every load.
  Carefully remove the screen from your dryer, wipe away the lint and clean with a used fabric softener sheet. Clean the filter with soap and water a few times each year to remove any remaining soap and fabric softener
- Check the door seal. If the door seal becomes loosened, hardened, damaged, or worn down, replace it immediately. Otherwise, warm air will escape reducing the dryer's efficiency and causing it to work harder. Check the seal by holding a tissue near door while the dryer is running. If the tissue is sucked toward the door, replace the seal.

#### Thank you for your cooperation Housing Department staff.

For Service Requests please call <u>Brittany</u> Point at 604 269 3381

# **Maintenance for your Kitchen Appliances**



#### **REFRIGERATOR**

- Clean the appliance inside and out regularly
- If the temperature is set lower than necessary, your system will be working too hard, which can shorten its life.
- Defrost on schedule, make sure you follow the manufacturer's recommendations for defrosting.
- Clean out units to prevent crowding; the air will not be able to freely circulate in a refrigerator packed to the gills, which will make the unit work harder to maintain its set temperature.
- Clean frequently and keep items away from the vents inside the refrigerator
- The gaskets or seals on your doors are ripped or loose, air can escape, which is another reason why your unit might be overworked. Minor gasket leaks can be repaired with silicone caulk.
- Clean the mould and mildew off you your gaskets using full-strength hydrogen peroxide or vinegar in a spray bottle, spray the gasket, then wipe off all the mold with a clean cloth, then rinse with clean water leave open to dry.
- Make sure your unit's door hinges and latches are tightly secured. If the doors are not properly aligned, cool air is likely escaping.
- Also, you should inspect and clean your unit's condenser and evaporator coils. If your coils are caked in dirt and grime, it will interfere with the transfer of heat from your system.

#### **STOVE TOP/OVEN**

- Clean that grimy oven window. A dirty window actually reduces the efficiency of your stove because you keep opening the door to check the food. To clean the window, rub it with a damp cloth dipped in baking soda.
- Clean under the hood. If your stove doesn't have a sealed cooktop, food and grease will fall down under the burners. It's easy to forget about this out-of-view debris, so remember to lift the cooktop to clean beneath it. Follow the owner's manual instructions for lifting the top without damaging it.
- Clean coils and catch trays and the grease buildup with a sponge and warm, soapy water or a 50-50 solution of vinegar and warm water.

#### HOOD FAN

- Clean your fan blades on occasion to prevent buildup of dirt and grease. This will help avoid excess stress on your motor and keep it from overheating.
- Wash the exposed metal often. Warm suds will usually suffice.
- Regularly check the vent to keep air flow unrestricted. If you allow grease to build up, it can pose a fire hazard.
- Clean the filter frequently as it is the part that will collect grease the fastest.

#### MICROWAVE

- Keep the inside clean by regularly wiping out the inside of your microwave, you cut down on bad smells and keep spots and corrosion from developing.
- Prevent door damage; Microwave latches are more complex than many people appreciate, some latches have as many as three switching mechanisms that must close in the correct order. Closing the door carelessly may damage these switches. Pulling the door open while the microwave is running can result in a blown safety fuse.
- Running a microwave without anything inside it can cause serious damage.

#### **DISHWASHER**

- Dishwashers work by spraying water out of their spinning arms onto the dishes inside. When those arms aren't spinning properly or the holes in them are full of buildup, your dishes won't be getting thoroughly cleaned. Check to make sure that the arms spin correctly and clean out any debris that has accumulated inside the holes with a small piece of wire, a toothpick, or small pliers.
- At the very bottom of your dishwasher is the drain, and this area can be a common place where food debris, buildup, and other matter can end up. Leaving these obstacles near the drain will eventually create a clog. When your dishwasher drain is clogged, it will become less efficient and have a harder time cleaning. Use an Acid to Remove Buildup by using white vinegar or lemon juice.

# **Social Development Dept.**



Cheque Issue

### Thursday December 15, 2022

January 2023 cheque issue day will be issued on Friday December 30, 2022 9:00am—12:00 noon only!

#### Please bring in renewal slips and job search forms a.s.a.p. if you haven't already done so.

You were asked to bring in your renewal slips b the 12th of Dec./22. We will be processing S/A & GFA cheques before office closure on Dec. 16/22.

# We will no longer be process cheque's on cheque issue day! They will be processed the next business day.

If you are <u>**not**</u> on *direct deposit* please <u>**reconsider**</u> at this time and bring us a void cheque and or a direct deposit form from your bank .

If you are eligible for your bills (hydro, gas and phone) to be paid please bring in a.s.a.p. We cannot pay them if you do not provide your bills.

Thank you,

Have a safe and happy holiday season!

From Your Social Development Dept.



#### CHILDREN OUT OF THE PARENTAL HOME MONTHLY RENEWAL DECLARATION

#### PRIVACY OF INFORMATION STATEMENT

Provision of information requested on this document is voluntary and is being collected for the purposes of determining eligibility for Children Out of the Parental Home Income Assistance. The information will be stored in a secure location by your First Nation Administering Authority, who will ensure the confidentiality of the information contained in this document in accordance with standards set out in the Social Development Policy and Procedures Manual of the Department of Indian Affairs and Northern Development (B.C. Region) and will be maintained pursuant to the *Privacy Act* and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                   |                                            |                                 |              |                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------|--------------|----------------------------|--|
| Administering Authority (AA) and Number:                                                                                                                                                                                                                                                                          | Authority (AA) and Number: Name of Worker: |                                 |              | Date Declaration Reviewed: |  |
|                                                                                                                                                                                                                                                                                                                   | _                                          |                                 |              |                            |  |
|                                                                                                                                                                                                                                                                                                                   |                                            |                                 |              | 1                          |  |
| Child                                                                                                                                                                                                                                                                                                             |                                            |                                 |              |                            |  |
| Last Name                                                                                                                                                                                                                                                                                                         | First Name Middle                          |                                 |              |                            |  |
| 1. Is the child still in need of Children Out of the Pa                                                                                                                                                                                                                                                           | arental Ho                                 | ome (COPH) Assistance?          | Yes          | No                         |  |
| 2. Are there any changes in the composition (mak living in the relative's home?                                                                                                                                                                                                                                   | e-up) of p                                 | ersons age18 or older           | Yes          | No No                      |  |
| If yes, explain change(s):                                                                                                                                                                                                                                                                                        |                                            |                                 |              |                            |  |
| 3. Are there any changes in the amount of financi                                                                                                                                                                                                                                                                 | ial contrib                                | ution to the COPH Assistance    | e child? Yes | No                         |  |
| If yes, explain change(s) to the amount:                                                                                                                                                                                                                                                                          |                                            |                                 |              |                            |  |
| 4. Are there other changes concerning the COPH<br>by the relative?                                                                                                                                                                                                                                                | l Assistan                                 | ce child or the information pro | ovided Yes   | No                         |  |
| If yes, explain change(s):                                                                                                                                                                                                                                                                                        |                                            |                                 |              |                            |  |
| 5. COMPLETE THIS SECTION ONLY IF THE RE                                                                                                                                                                                                                                                                           | ELATIVE'S                                  | S ADDRESS HAS CHANGEE           | )            |                            |  |
| New Address                                                                                                                                                                                                                                                                                                       |                                            |                                 | Telephone (  | )                          |  |
| Mailing Address (if different)                                                                                                                                                                                                                                                                                    |                                            |                                 |              |                            |  |
| DECLARATION                                                                                                                                                                                                                                                                                                       |                                            |                                 |              |                            |  |
| I declare that the information that I have provided on behalf of                                                                                                                                                                                                                                                  |                                            |                                 |              |                            |  |
| I give my permission for this information to be verified and consent to a report being obtained from any reporting agency (for example, b<br>not limited to, Canada Revenue Agency, the BC Ministry of Children and Family Development or the BC Ministry of Housing and Social<br>Development) for that purpose. |                                            |                                 |              |                            |  |
| Relative's Signature                                                                                                                                                                                                                                                                                              | -                                          | Relative's Name (Print)         |              | Date Signed                |  |

Indian and Northern Affaires indiennes et du Nord Canada

#### SOCIAL ASSISTANCE MONTHLY RENEWAL DECLARATION

#### PRIVACY ACT STATEMENT

1

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA/.P-PU-020 and is protected under the provisions of the Privacy Act.

| If you require continued the next cheque issue. | Social Assistance, please  | complete this form a    | and return to your local a | administering Authority at | least 2 weeks before |
|-------------------------------------------------|----------------------------|-------------------------|----------------------------|----------------------------|----------------------|
| 1. Are you sti                                  | Il in need of Social Assis | tance?                  | Yes                        | No                         |                      |
| 2 Has your m                                    | arital / employment situa  | tion changed?           | Yes                        | No                         |                      |
| lf yes, expla                                   | ain change                 |                         |                            |                            |                      |
| 3.List any cha                                  | anges in your living situa | tion (e.g. address,     | rent, etc.). Submit nev    | w receipts.                |                      |
|                                                 |                            |                         |                            |                            |                      |
| 901-28 (6-88)                                   |                            |                         |                            | C                          | 'anadit              |
|                                                 |                            |                         |                            | C                          | anadä                |
|                                                 |                            |                         |                            |                            |                      |
| 4. Have you had any end income this month       |                            | Yes No                  | 5. Has there been any      | change in your assets?     | Yes No               |
| If yes, complete *                              | Earnings                   | \$                      | If yes, complete *         |                            |                      |
|                                                 | Child tax                  | \$                      |                            | Property                   |                      |
|                                                 | Family Maintenance         | \$                      |                            | Other (specify)            |                      |
|                                                 | Employment Insurance       | \$                      | 1 K. K. 1. 1               |                            |                      |
|                                                 | Other (specify)            | \$                      |                            | TOTAL                      |                      |
|                                                 | Pension                    | \$                      |                            |                            |                      |
|                                                 |                            | \$                      |                            |                            |                      |
| 6. Is there any change in                       | n your number of depender  | nts or their school sta | atus? Yes                  | No                         |                      |
| If Yes, explain the cha                         | nge(s)                     |                         |                            |                            |                      |
|                                                 |                            |                         |                            |                            |                      |
|                                                 |                            |                         |                            |                            |                      |
|                                                 |                            |                         |                            |                            |                      |

|                 | 0          | ny monthly income, assets, marital, employment,<br>port being obtained from any reporting agency f |      |
|-----------------|------------|----------------------------------------------------------------------------------------------------|------|
| Band Name and # | Print Name | Signature of Applicant                                                                             | Date |
|                 |            |                                                                                                    |      |

Do you want direct deposit Yes or No (please circle one)

If you are turning 65 this year, Please remember that income assistance cut off is your 65 birthday. You must apply for your Old age pension. This can be done one month after your 64<sup>th</sup> birthday!

### **Musqueam Indian Band**

#### **Active Job Search Statement**

List dates, names and phone numbers of employers seen and results of job interviews. When completed, **Sign** the declaration at the bottom of this form.

| Date contact<br>made with<br>Employer | Business name and address | Person contacted | Phone Number<br>Or email | Type of Work<br>sought | Results of your request<br>for a job |
|---------------------------------------|---------------------------|------------------|--------------------------|------------------------|--------------------------------------|
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |
|                                       |                           |                  |                          |                        |                                      |

#### Please return no later than the 20<sup>th</sup> of every month

If you have taken No Action to find Employment, Indicate why:

□ Found work □ Sick or Incapable (Need a **Dr's** note)

Other (explain) \_\_\_\_\_

Pregnancy

Attending a course of Instruction – Where?

**Declaration**: I declare that All Employers listed on this form and on any attached sheets of paper have been contacted. The information I have given on this form is true.

I understand that confirmation of my contacts may be obtained from Employers whose names I have shown

| Printed name of Claimant: | Signature of Claimant: | Date: |  |
|---------------------------|------------------------|-------|--|
|                           |                        |       |  |



### WELCOME

#### ST. MICHAEL THE ARCHANGEL CHAPEL

#### **MUSQUEAM**

#### CHRISTMAS EVE MASS

6:00 PM ~ SATURDAY DECEMBER 24, 2022

NO MASS ON CHRISTMAS DAY (DECEMBER 25)

PEACE AND ALL GOOD

### Musqueam Recreation Community Center 2022/2023 Holiday Schedule

| Mon. Dec. 19 <sup>th</sup> | Tues. Dec. 20 <sup>th</sup> | Wed. Dec. 21 <sup>st</sup>                          | Thur. Dec 22 <sup>nd</sup>   | Fri. Dec. 23 <sup>rd</sup> | Sat. Dec. 24 <sup>th</sup> | Sun. Dec. 25 <sup>th</sup>         |
|----------------------------|-----------------------------|-----------------------------------------------------|------------------------------|----------------------------|----------------------------|------------------------------------|
| 10:00am – 5:00pm           | 10:00am – 5:00pm            | 10:00am – 5:00pm                                    | 10:00am – 5:00pm             | 10:00am – 5:00pm           | Closed all day             | Closed all day                     |
| Mon. Dec 26 <sup>th</sup>  | Tues. Dec. 27 <sup>th</sup> | Wed. Dec. 28 <sup>th</sup>                          | Thurs. Dec. 29 <sup>th</sup> | Fri. Dec. 30 <sup>th</sup> | Sat. Dec. 31 <sup>st</sup> | Sun. Jan 1 <sup>st</sup>           |
| Closed all day             | 10:00am – 5:00pm            | 10:00am – 5:00pm                                    | 10:00am – 5:00pm             | 10:00am – 5:00pm           | Closed all day             | Closed all day<br>Happy New Year!! |
| Mon. Jan. 2 <sup>nd</sup>  | Tues. Jan. 3 <sup>rd</sup>  | Happy H                                             | olidays from                 | the Musquea                | m Recreatior               | Team!!!                            |
| 10:00am – 5:00pm           | Return to regular<br>hours  | Happy Holidays from the Musqueam Recreation Team!!! |                              |                            |                            |                                    |