SFN MINORS XMAS DISTRIBUTION APPLICATION
NOV 18, 2026

ALL PARENTS/GUARDIANS MUST SUBMIT PROOF OF GUARDIANSHIP
FOR MINORS UNDER 18 YRS OLD

(TO PREVENT ANY DISCREPANCIES)

APPLICATION DEADLINE IS NOV 13, 2026, FOR PROCESSING NOV 18, 2026
(LATE APPLICATIONS WILL RESULT IN DELAYED PAYMENT)

PROOF OF GUARDIANSHIP

1. **COURT ORDERS OR SEPARATION AGREEMENTS:** Complete, signed copy of a court order, custody, or legal separation agreement showing that the child resides with you for most of the time.
2. **CANADA CHILD BENEFITS (CCB) NOTICE:** A current statement from CRA showing that you are the primary recipient for the child/children (must show parent name and children). Shared custody will be reviewed on a case-by-case basis.
3. **OFFICIAL THIRD-PARTY CONFIRMATION LETTERS:** If a formal court order does not exist or if the arrangement is informal, a **signed and dated letter from an independent authority** who has personal knowledge of the child's living arrangements. This letter should confirm the child's primary address matches yours.
4. **SOCIAL WORKER:** A letter from your local First Nation Child & Family Service Worker, or Band Social Development Worker confirming that the children are living with you.
5. **SCHOOL OR DAYCARE RECORDS:** A letter from the child's principle, teacher, or daycare manager on official letterhead stating that you are registered as the primary emergency contact and the person who drops off/picks up the child.
6. **MEDICAL PROFESSIONALS:** A letter from the child's family doctor, community nurse, or dentist confirming that you manage their care and that they share the same address as you.

PLEASE SUBMIT YOUR APPLICATION WITH PROOF OF GUARDIANSHIP TO:

1. **EMAIL**: distribution@snuneymuxw.ca (please no screenshots).
2. **DROP OFF**: in person to SFN Administration Office:
   668 CENTRE ST, NANAIMO. BC
   MON-FRI 8:00AM-4:00PM (CLOSED 12-1 PM)

QUESTIONS

FOR ALL QUESTIONS REGARDING BANKING INFO, REGISTRATION & APPLICATIONS PLEASE EMAIL DISTRIBUTION@SNUNEYMUXW.CA

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INCOMPLETE APPLICATIONS OR MISSING ATTACHMENTS WILL RESULT IN DELAYS IN PROCESSIN

SFN PARENT/LEGAL GUARDIAN INFORMATION – MUST BE COMPLETED BY THE APPLICANT

FIRST NAME:	**MIDDLE:**	**LAST NAME:**
ARE YOU SFN? ☐YES ☐ NO	**STATUS#**	**D.O.B:**
ADDRESS:	**CITY:**	**PROV/STATE:**
POSTAL/ZIP:	**PHONE#:**	**EMAIL:**

RELATIONSHIP TO MINOR? (Choose one)
(ALL PARENTS MUST SUBMIT PROOF OF GUARDIANSHIP OR YOUR APPLICATION WILL BE DELAYED)

☐ BIOLOGICAL PARENTS TOGETHER	☐ SINGLE BIOLOGICAL PARENT **(SFN BAND MEMBER)**	☐ BIOLOGICAL PARENT **(NON-BAND MEMBER)**	☐ LEGALLY APPOINTED GUARDIAN/KINSHIP CAREGIVIER	☐ ADOPTIVE PARENTS ☐ SHARED PARENTING

ALL BIOLOGICAL CHILDREN (RESIDING WITH YOU) PLEASE SUBMIT PROOF:

FIRST	LAST	D.O.B.	SFN BAND NUMBER: (648)
1			
2			
3			
4			
5			
6			

ALL OTHER CHILDREN IN YOUR CARE (MUST SUBMIT PROOF, SEE PAGE 1 FOR ACCEPTABLE DOCUMENTS)

FIRST	LAST	D.O.B.	SFN BAND NUMBER: (648)

PAYMENT INSTRUCTIONS: I hereby authorize Snuneymuxw to make the payment to me by: **PLEASE CHECK ONE BOX**

(EFT) ELECTRONIC FUNDS TRANSFER ☐

- BANK DIRECT DEPOSIT FORM/VOID CHQ **REQUIRED** (MUST HAVE MEMBERS NAME ON IT)
- DIRECT DEPOSIT ON FILE ALREADY? NO NEED TO RESUBMIT

CHEQUE ☐

- SUBMIT PHOTO IDENTIFICATION
- IF SOMEONE ELSE IS TO PICK UP YOUR CHEQUE, PLEASE PROVIDE A NOTE WITH YOUR SIGNATURE.

By signing below, I certify that:

1. I am the biological parent or legally recognized guardian holding primary care and custody of the minor child(ren) named above.
2. The information provided is accurate and true to the best of my knowledge.
3. Any funds received on behalf of the minor(s) will be used solely for the direct care, benefit, and welfare of the child.

PRINT NAME:	
SIGNATURE:	**DATE:**

SUBMIT COMPLETED FORMS: EMAIL: distribution@snuneymuxw.ca DROP OFF: SFN ADMIN, 668 CENTRE ST, NAN BC.