



EMERGENCY SOCIAL SERVICES LODGING CLAIM FORM

Please completed form and email to SocDev.Assistant@denetha.ca or Fax to 780-926-2475

NAME (print): _____ The lodging benefit will be paid directly to the homeowner.

(cheque will be payable to)

MAILING ADDRESS: _____ Your phone number: _____

(address where cheque will be mailed to)

YOUR TREATY NO: 448- _____ Cheque to be (circle one): mailed pick up

Evacuee Name	Treaty Number	Phone	Arrival	May 20, 2023	Number of Days

Please sign here: _____ Date you completed this form: _____

Note: Incomplete information will not be processed.