

Inuit Child First Initiative
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Child (ren's) Names	Date of Birth	N Number	Give permission for N Numbers	Health Care Number
1.			Yes or No	
2.			Yes or No	
3.			Yes or No	
4.			Yes or No	
5.			Yes or No	
6.			Yes or No	
7.			Yes or No	
8.			Yes or No	
Parents/Guardian Names	Address	Contact Number	N Number & Date of Birth	Current Accommodations
				With Family: With Friends: In a hotel: Evacuation Center: Other:
How did you Evacuate?				
Drove your own Vehicle: Yes or No				
Drove with someone: Yes or No				
If Yes, who? Contact Number:				
Booked your own flights: Yes or No				
Evacuation flights: Yes or No				