

Déljné Got'jné Government Media Release

Déljné Got'jné Government (DGG) to provide one-time Evacuation Assistance to Déljné Beneficiaries required to leave their homes due to wildfire.

Tuesday, August 15, 2023, Déljné, NWT

The Déljné Got'jné Government (DGG) notes with deep concern that wildfires are spreading through the Northwest Territories and that, at this time, the GNWT Department of Public Safety has issued Level 3 Evacuation Orders (Evacuation Orders) for: Hay River, Fort Smith, Enterprise, K'atl'odeeche First Nation and Jean Marie River. The DGG recognizes the need reduce the financial burden on Déljné Beneficiaries affected by these Evacuation Orders and of those Déljné Beneficiaries that have had to turn back due the highway closures.

Further to the public notice distributed on Monday August 14 to all Déljné Beneficiaries and subject to available funds, the DGG will provide a one-time payment to Déljné Beneficiaries that are affected by these Evacuation Orders (Evacuation Assistance). The Evacuation Assistance will be distributed based on the number of individuals in a family that are Déljné Beneficiaries:

- \$750 for 6 or more Members in a family
- \$500 for 3-5 Members in a family
- \$300 for 1-2 Members in a family

Déljné Beneficiaries should contact the DGG Executive Assistant – Kari Ferdinand at (867) 589 – 8100 ext. 1005 or by e-mail executive.assistant@gov.deline.ca to request the [Evacuation Assistance Application](#).

If you have any questions or concerns, please contact the Déljné Got'jné Government Main Office at (867) 589 – 8100 during operating hours Monday to Friday from 9:00 AM to 12:00 PM and 1:00 PM to 5:00 PM.

Máhsı,

Déljné Got'jné Government



**Déljné Got'jné
Government**

Our People. Our Future. Our Déljné.

EVACUATION ASSISTANCE

BENEFICIARY INFORMATION

Full name: _____ Enrolment Registry # _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Tel: () _____ Mobile: () _____ E-mail: _____

Date of Birth: (DD/MM/YYYY) ____/____/____ SIN#: _____

Spouse/Children Information

Spouse Full name: _____ Date of Birth _____ Enrolment Registry # _____

Child 1 Full name: _____ Date of Birth _____ Enrolment Registry # _____

Child 2 Full name: _____ Date of Birth _____ Enrolment Registry # _____

Child 3 Full name: _____ Date of Birth _____ Enrolment Registry # _____

Child 4 Full name: _____ Date of Birth _____ Enrolment Registry # _____

Payment Method: () Direct deposit () Cheque

Banking details:

Bank name: _____ Transit#: _____ Inst #: _____ Account #: _____

****or attach a void cheque****

Please check, if applicable

- I, (We) authorize the Déljné Got'jné Government to make a payment to myself (the applicant).
- I also accept that I am the legal parent/guardian for the above children noted and can legally sign on their behalf.

Signature of Applicant: _____ Date: _____

Signature by Witness: _____ Date: _____