

Awasiwewin Kisihtamowin (Tribunal) Application Form

To request the Dispute Resolution Tribunal review a decision made under the authority of the Awasiwewin, please provide the following information:

Name:	
Phone number/cell number:	
Email address:	
Mailing address:	

Please check one – are you a:

- | | |
|--|--|
| <input type="checkbox"/> Child | <input type="checkbox"/> Caregiver who has had continuous care of a Child for more than 6 months prior to the decision |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Person who may be eligible to receive support under the Act |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Applicant for a Care Home approval or renewal of a Care Home approval |

What was the decision that you would like reviewed? Please provide a copy of the decision if it was made in writing.

What date was the decision you would like reviewed made? _____

What date did you receive the decision? _____

What would you like to have happen?

Signature

Date