

Administration Office  
Finance & Administration  
Capital Projects/Public Works  
HUB:

- Ontario Works
- Education Department
- LDM

HIAH Economic Development/M.E.R.E



Administration Office  
P.O. Box 333, 53 Hwy 551  
M'Chigeeng, ON P0P 1G0  
Ph: (705) 377-5362  
Fax: 705-377-4980

### RESIDENT TRAVEL PASS ENROLMENT PROCESS

M'Chigeeng First Nation is under a State of Emergency due to the COVID19 Pandemic and as such has implemented preventative measures to protect the great number of Elderly and Vulnerable in our community and to slow the spread of the COVID19 Virus. Further to this, the Health Care System on the Island will not be able to handle a COVID19 Surge and we all need to do what we can to ensure that our Hospital System is supported. We all need to stay home during this time and avoid non-essential travel.

We are now moving to implement a Resident Travel Pass to allow passage through M'Chigeeng First Nation.

At this time, we are offering this to permanent residents of Billings Township due to their declaration of a State of Emergency. We are also offering this to permanent residents of unorganized townships as they do not have the ability to declare States of Emergency.

You will be required to complete the attached Travel Pass Enrolment Form and the Acknowledgement Form.

#### How to Apply:

In Person	Electronically
Contact the Administration Office at 705-377-5362 and speak with Marlene to book an Appointment.	Fill out the attached documentation and send directly to the Chief at <a href="mailto:chief@mchigeeng.ca">chief@mchigeeng.ca</a>

Thank you for your cooperation and patience,



Ogimaa Kwe (Chief) Linda Debassige

**HEALTH CENTRE**

Tel: 705-377-5347  
Fax: 705-377-5090

**WELLNESS CENTRE**

61 Lakeview Drive  
Tel: 705-377-4240  
Fax: 705-377-4179

**LAKEVIEW SCHOOL**

18 Lakeview Dr.  
Tel: 705-377-4988  
Fax: 705-377-5080  
Library  
Ph: 705-377-5540

**BINOOJINH GAMGOONHS DAY CARE**

4 Assance Dr.  
Tel: 705-377-5383  
Fax: 705-377-4377



**ACKNOWLEDGEMENT FORM**  
**TRAVEL PASS THROUGH M'CHIGEENG**

I, \_\_\_\_\_, acknowledge and will abide by the below protocol to have permission to travel through M'Chigeeng First Nation. I further understand, acknowledge and respect that M'Chigeeng First Nation is in a State of Emergency due to COVID19 and has put these protocols in place as a Health and Safety Protocol to protect their Citizens.

1. I will treat all checkpoint volunteers with respect while they are carrying out their responsibilities. I am responsible for my conduct and will not be disrespectful in any way.
2. I will not stop anywhere in M'Chigeeng First Nation as I travel through.
3. If I do stop in M'Chigeeng, it can only be at the following essential service locations:
  - a. BJ's and Addison's OK Tire; and
  - b. Manitoulin Physio.
4. I will abide by the COVID19 Safety Precautions as follows:
  - a. Abide by the rules established by the locations above;
  - b. Abide by the Physical Distancing Rules of 2 meters;
  - c. Wash my hands frequently;
  - d. Immediately contact the Manitoulin Health Centre and self isolate if I experience any of the following symptoms:
    - i. Fever, Cough, Shortness of Breath;
    - ii. Tiredness, aches and pains, nasal congestion, runny nose, sore throat, diarrhoea.
5. I understand and accept that my travel pass is non-transferrable to any other individual.
6. I understand and accept that my travel pass must be placed on the dash of my vehicle or rear-view mirror and that my Pass must match the license plate of my vehicle.
7. I understand and accept that my travel pass must be visible during my travel through M'Chigeeng First Nation.
8. I understand and accept that if I violate any of these protocols that my Travel Pass will immediately be revoked without notice.
9. I fully consent to the collection of my information which will be protected by the Chief and Deputy Chief of M'Chigeeng First Nation

Signed this \_\_\_\_ Day of \_\_\_\_\_, 2020

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness (Print)

\_\_\_\_\_  
Signature



**TRAVEL PASS ENROLMENT FORM**

<b>Date</b>			
<b>ID Type – Proof required</b>	<b>Driver's License – Visual Confirmation if in person Driver's License – DL Number Blacked Out and DOB Blacked out if Electronically or by fax</b>		
<b>Name</b>			
<b>Address</b>			
<b>City/Town</b>			
<b>Postal Code</b>			
<b>Contact Number</b>			
<b>Email Address</b>			
<b>VEHICLE INFORMATION</b>			
<b>Make</b>	<b>Model</b>	<b>Colour</b>	<b>License Plate</b>

I affirm that the above information is accurate and consent to the collection of my information to be protected by the Chief and Deputy Chief.

\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Signature

For Office Use Only:

Date Received	
Date Processed	
Date Approved/Rejected Circle One	
Approved by:	
Travel Pass Number:	
Date Delivered:	
Delivered By:	