



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

Commission Disclosure 0092

BUDGET AND DECISION FORM

D 0 0 8 5

Family No. [redacted] Applicant Karl Wesley McKay Band Pine Creek
 D.O.B. Day 28 Month 03 Year 62 S.I.N. [redacted]
 Employed no Employer: _____ Occupation: _____
 Family No. [redacted] Spouse Jennifer Kaymetch Band Pine Creek
 D.O.B. Day 09 Month 09 Year 81 S.I.N. [redacted]
 Employed no Employer: _____ Occupation: _____
 Head of Household: Yes No If No, Head of Household Where Residing _____
 employable unemployable disabled

Children Only Family #1 SM D.O.B. Paul 23/2000
Phoenix Smith
 3 Paul
 4 DOE #1
 5 James
 6
 7
 8
 9

GROSS EARNINGS	\$
LESS APP. DEDUCTIONS 30%	\$
UNEMPLOYMENT INSURANCE	\$
OLD AGE PENSION	\$
CANADA PENSION PLAN	\$
POST SECONDARY FUNDING	\$
TRAINING ALLOWANCE (CEIC)	\$
OVERPAYMENT RECOVERY	\$
OTHER	\$

MONTHLY UTILITIES (attach required bills)	\$
HYDRO (current month only)	\$
FUEL (oil) (current month only)	\$
FUEL (wood) (current month only)	\$
FUEL (propane) (current month only)	\$
SHELTER (CMHC)	\$
RRAP	\$
USER FEES	\$
SEPTIC (pump out)	\$
DIETARY ALLOWANCES (describe)	\$
(1) formula	\$ 63.00
(2) Diet	\$ 21.64
OTHER (specify)	\$
LAUNDRY ALLOWANCE	\$
C.O.P.H. (list full name, D.O.B., tray number in part 2)	\$
SPECIAL NEED (attach S.N. application)	\$
SPECIAL CARE ALLOWANCE (room & board)	\$
SPECIAL CARE (disabled)	\$
BURIALS	\$

Gross Earnings	\$
Less Approved Expenses	\$
Less Income/Recovery/Other (TOTAL 4)	\$ 888.00
	\$ 888.00

Period From May 1/05 To May 31/05
 Cheque / Voucher # _____
 Period From _____ To _____
 Cheque / Voucher # _____
 (subtotal A) + (subtotal B) 888.00

BRIEFLY STATE CONDITIONS FOR SOCIAL ASSISTANCE ELIGIBILITY:
Wife - 585-411 Donna Kaymetch - Prov.
Jakeyng - Wesley on E.I. March 17, 2005

I, the undersigned have no income to report for myself or my dependants except as shown above for this period. I hereby authorize release of information concerning my circumstances, financial, medical or otherwise to the Social Development Program. This release will specifically include information regarding claims and payments from Canada Pension, Old Age Security and Unemployment Insurance. I am aware that legal action may be taken against me for making false statements.
 Date April 15 2005 Issuing Authority [Signature] Applicant [Signature]
 Date _____ Issuing Authority _____ Applicant _____