MISSISSAUGAS OF THE NEW CREDIT FIRST NATION

**COMMUNITY WELLNESS EXPENSE CLAIM FORM-ADULT 2017-18**

If mailing, please do so to: Community Wellness 2789 Mississauga Rd., R.R. #6

Hagersville, ON N0A 1H0

|  |  |
| --- | --- |
| **FULL NAME** *(as it appears on your Status Card)*: | **REGISTRY NUMBER** *(10 DIGIT)*: |
| **FULL MAILING ADDRESS** *(including Postal/Zip Code):* | **BIRTHDATE** (YYYY-MM-DD): |
| **EMAIL ADDRESS** *(required if getting Direct Deposit):* | **TELEPHONE NUMBER** *(including area code)*: |
| **PLEASE INDICATE THE FOLLOWING OPTIONS:**  \_\_\_\_ Cheque Mail Out \_\_\_ Cheque Pick Up  \_\_\_\_Direct Deposit **(Canada only)\***  **\*Include a void cheque or direct deposit form\***  \_\_\_On File \_\_\_\_New Account | ***\*\*When submitting by mail, PLEASE enclose photocopies (front & back) of 2 pieces of ID that have either your signature or photograph (preferably both); e.g. Status Card, Driver’s Licence. When submitting in person, PLEASE have 2 pieces of ID ready for LMR staff. The LMR Office will NOT accept Social Insurance Cards OR Social Security Cards as forms of ID\*\**** |

**I hereby authorize the use of my address for various MNCFN initiatives (e.g. Voter’s List, MNCFN Community Trust, Eagle Press Newsletter, Internal Department’s use). Under no circumstances will MNCFN share your personal information with outside agencies. \_\_\_\_\_\_\_\_ (BAND MEMBERS PLEASE INITIAL HERE)**

|  |  |  |
| --- | --- | --- |
| **Number of Receipts:** | **Total Amount:** | **X** |
|  |  |
|  |  | ***Signature of Claimant & Date:*** |
|  |  | **X** |
|  |  |
|  |  | ***Department Approval & Date:*** |

**----------------Do not write below this line. For Office Use Only----------------**

Documents provided for identity: Department’s Initials\_\_\_\_\_\_\_

\_\_\_Status Card \_\_\_Confirmation of Status \_\_\_D.L. \_\_\_H.C. \_\_\_B.C. \_\_\_Other ID (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Amount Claimed: | | Remaining Balance: | |  | Account Number: | 64300 |
|  |  |  |  | Dept. Number: | 100030 |
|  |  |  |  | Cheque Number: |  |
|  |  |  |  | Cheque Date: |  |

New Address\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_