MISSISSAUGAS OF THE NEW CREDIT FIRST NATION

**COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years)**

**2017/18**

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

Hagersville, ON N0A 1H0

|  |  |
| --- | --- |
| **CHILD’S FULL NAME** *(as it appears on Status Card)*: | **CHILD’S REGISTRY NUMBER** *(10 Digit)*: |
| **NAME OF LEGAL PARENT/GUARDIAN:** (proof of legal custody) | **LEGAL PARENT/GUARDIAN’S REGISTRY NUMBER:** |
| **COMPLETE MAILING ADDRESS:** | **CHILD’S BIRTHDATE** (YYYY-MM-DD): |
| **PARENT/GUARDIAN EMAIL ADDRESS** (Required for Direct Deposit*)*: | **TELEPHONE NUMBER** *(including area code)*: |
| **PLEASE INDICATE THE FOLLOWING:**\_\_\_\_ 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 for the child, such as Status Card, Health Card and/or another form of ID. When submitting in person, PLEASE have 2 pieces of child’s ID ready for LMR staff**. **The LMR Office will NOT accept Social Insurance Cards OR** **Social Security Cards as forms of ID.\*\*** |

|  |  |  |
| --- | --- | --- |
| **Number of Receipts:** | **Total Amount:** | **X** |
|  |  |
|  |  | ***Signature of Parent/Legal Guardian & Date:*** |
|  |  | **X** |
|  |  |
|  |  | ***Department Approval & Date:*** |

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

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

\_\_Status Card \_\_Confirmation of Status \_\_\_Proof of Legal Custody \_\_D.L. \_\_H.C. \_\_B.C. \_\_Other I.D. (\_\_\_)

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

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_