

**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):
<p align="center">PLEASE INDICATE THE FOLLOWING:</p> <p> <input type="checkbox"/> Cheque Mail Out <input type="checkbox"/> Cheque Pick Up <input type="checkbox"/> Direct Deposit (Canada Only)* *Include a void cheque or direct deposit form* <input type="checkbox"/> On File <input type="checkbox"/> New Account </p>	<p align="center">**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.**</p>

Number of Receipts:	Total Amount:	
		X
		<i>Signature of Parent/Legal Guardian & Date:</i>
		X
		<i>Department Approval & Date:</i>

-----**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:	100301
Cheque Number:	
Cheque Date:	