

**MISSISSAUGAS OF THE NEW CREDIT FIRST NATION**

**COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years) 2018-2019**

If mailing, please do so to: Community Wellness 2789 Mississauga Rd., R.R. #6  
Hagersville, ON N0A 1H0

|   |  |
|---|--|
| <b>CHILD'S FULL NAME</b> (as it appears on Status Card):  | <b>CHILD'S REGISTRY NUMBER</b> (10 Digit):   |
| <b>NAME OF LEGAL PARENT/GUARDIAN:</b> (proof of legal custody)  | <b>LEGAL PARENT/GUARDIAN'S REGISTRY NUMBER:</b>  |
| <b>COMPLETE MAILING ADDRESS:</b>  | <b>CHILD'S BIRTHDATE</b> (YYYY-MM-DD):   |
| <b>PARENT/GUARDIAN EMAIL ADDRESS</b> (Required for Direct Deposit):   | <b>TELEPHONE NUMBER</b> (including area code):   |
| <p align="center"><b>PLEASE INDICATE THE FOLLOWING:</b></p> <p> <input type="checkbox"/> Cheque Mail Out      <input type="checkbox"/> Cheque Pick Up<br/> <input type="checkbox"/> Direct Deposit (Canada Only)*<br/> <b>*Include a void cheque or direct deposit form*</b><br/> <input type="checkbox"/> On File      <input type="checkbox"/> New Account         </p> | <p align="center"><b>When mailing, please include front and back photocopies of 1 piece of minor ID and 1 piece of parent/guardian photo ID. If submitting in person please present 1 minor ID and 1 parent/guardian photo ID.</b></p> |

|   |  |
|---|--|
| <b>Number of Receipts:</b>                            | <b>Total Amount:</b>                   |
| <b>X</b>  | <b>X</b>                               |
| <b>Signature of Parent/Legal Guardian &amp; Date:</b> | <b>Department Approval &amp; Date:</b> |

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

Documents provided for identity of child and parent/guardian: 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: \_\_\_\_\_