

MISSISSAUGAS OF THE CREDIT FIRST NATION

COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years) 2019-2020

**Mailing Address: Community Wellness 2789 Mississauga Rd., R.R. #6
Hagersville, ON N0A 1H0**

CHILD'S FULL NAME <i>(as it appears on Status Card):</i>	CHILD'S REGISTRY NUMBER <i>(10 Digit):</i>
NAME OF LEGAL PARENT/GUARDIAN: <small>(proof of legal custody)</small>	LEGAL PARENT/GUARDIAN'S REGISTRY NUMBER:
COMPLETE MAILING ADDRESS:	CHILD'S BIRTHDATE (YYYY-MM-DD):
PARENT/GUARDIAN EMAIL ADDRESS <small>(Required for Direct Deposit):</small>	TELEPHONE NUMBER <i>(including area code):</i>
<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>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.</p>

<p>X</p> <p><i>Parent/Guardian Signature Date:</i></p>	<p>Total Receipts:</p> <p>Amount: \$</p>
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-----**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:	

Department Signature: _____

Date Received _____