

MISSISSAUGAS OF THE CREDIT FIRST NATION

COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years) 2020-2021

**Mailing Address: 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 align="center">___ Cheque Mail Out</p> <p align="center">___ Direct Deposit (Canada Only)*</p> <p align="center">*Include a void cheque or direct deposit form*</p> <p align="center">___ On File ___ 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>

X	Total Receipts:
	Amount: \$
Parent/Guardian Signature Date:	

-----**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 _____