

# MISSISSAUGAS OF THE CREDIT FIRST NATION

## 2<sup>nd</sup> DISTRIBUTION

### 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

Email: cw@mncfn.ca

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>PLEASE INDICATE THE FOLLOWING:</p> <p><input type="checkbox"/> Cheque Mail Out</p> <p><input type="checkbox"/> Direct Deposit (Canada Only)*</p> <p><b>*Include a void cheque or direct deposit form*</b></p> <p><input type="checkbox"/> On File <input type="checkbox"/> New Account</p>	<p><b>When mailing, please include front and back photocopies of 1 piece of minor ID and 1 piece of parent/guardian photo ID</b></p>

<b>X</b>	<b>Total Receipts:</b>
<i>Parent/Guardian Signature</i> <i>Date:</i>	<b>Amount:    \$    1,000.00</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:	

Department Signature: \_\_\_\_\_

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