

MISSISSAUGAS OF THE CREDIT FIRST NATION

COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years) 2021-2022

2nd DISTRIBUTION

Mailing Address: LMR/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):
PLEASE INDICATE THE FOLLOWING: <input type="checkbox"/> Cheque Mail Out <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	All applications must include front and back photocopies of 1 piece of minor ID and 1 piece of parent/guardian photo ID.

X	Total Receipts:
<i>Parent/Guardian Signature</i> <i>Date</i>	Amount: \$ 1,500.00

-----**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 _____