**COMMUNITY WELLNESS EXPENSE CLAIM FORM-ADULT 2022-2023 – 2nd Distribution**

**Mailing Address: LMR/Community Wellness 2789 Mississauga Rd., Hagersville, ON N0A 1H0**

**Email: cw@mncfn.ca**

|  |  |
| --- | --- |
| **FULL NAME** *(as it appears on your Status Card)*  Click or tap here to enter text. | **REGISTRY NUMBER** *(10 DIGIT)*:  Click or tap here to enter text. |
| **FULL MAILING ADDRESS** *(including Postal/Zip Code):*  **New Address** Select  Click or tap here to enter text. | **BIRTHDATE** (YYYY-MM-DD):  Click or tap here to enter text. |
| **EMAIL ADDRESS** *(required if getting Direct Deposit):*  Click or tap here to enter text. | **TELEPHONE NUMBER** *(including area code)*:  Click or tap here to enter text. |
| **PAYMENT METHOD - PLEASE CHOOSE ONE:**  Cheque Mail Out    Direct Deposit **(Canada only)\***  **\*Include a void cheque or direct deposit form\***  On File  New Account | **All applications must include front and back photocopies of 2 pieces of ID, 1 being photo ID. Please ensure that all information on each ID is clearly visible.**  **\*\* Please ensure you sign your application** |

**I hereby authorize the use of my address/email for various MCFN initiatives (such as. Voter’s List, MCFN Community Trust, Eagle Press Newsletter, Governance Community Engagement, Internal Department’s use). Under no circumstances will MCFN share your personal information with outside agencies.**

Click or tap here to enter text. **(BAND MEMBERS PLEASE INITIAL HERE)**

|  |  |
| --- | --- |
| **X** Click or tap here to enter text. | **Total Receipts:**  **Amount: $ 1,500.00** |
| ***Signature Date:*** Click or tap to enter a date. |

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

Documents provided for identity: Department’s Initials\_\_\_\_\_\_\_

\_\_\_Status Card \_\_\_Confirmation of Status \_\_\_D.L. \_\_\_H.C. \_\_\_B.C. \_\_\_Other ID (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Amount Claimed: | | Remaining Balance: | |  | Account Number: | 64300 |
|  |  |  |  | Dept. Number: | 100030 |
|  |  |  |  | Cheque Number: |  |
|  |  |  |  | Cheque Date: |  |

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

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