**COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years) 2022-2023**

**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)*:Click or tap here to enter text. | **CHILD’S REGISTRY NUMBER** *(10 Digit)*:Click or tap here to enter text. |
| **NAME OF LEGAL PARENT/GUARDIAN:** (proof of legal custody)Click or tap here to enter text. | **LEGAL PARENT/GUARDIAN’S REGISTRY NUMBER:**Click or tap here to enter text. |
| **COMPLETE MAILING ADDRESS:**Click or tap here to enter text. | **CHILD’S BIRTHDATE** (YYYY-MM-DD):Click or tap here to enter text. |
| **PARENT/GUARDIAN EMAIL ADDRESS** (Required for Direct Deposit*)*:Click or tap here to enter text. | **TELEPHONE NUMBER** *(including area code)*:Click or tap here to enter text. |
| **PLEASE INDICATE THE FOLLOWING:**[ ]  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 1 piece of minor ID and 1 piece of parent/guardian photo ID.****\*\* Please ensure application is signed \*\*** |

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

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

Documents provided for identity of child and parent/guardian: Department’s Initials\_\_\_\_\_\_\_

\_\_ Status \_\_ Confirmation \_\_\_ Proof of \_\_ D.L. \_\_ H.C. \_\_ B.C. \_\_ Other I.D. (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Card of Status Legal Custody

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

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

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