

MISSISSAUGAS OF THE CREDIT FIRST NATION

COMMUNITY WELLNESS EXPENSE CLAIM FORM-CHILDREN (Newborn-17 Years) 2023-2024

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 Parent/Guardian Signature Date:	Total Receipts: Amount: \$ <b style="background-color: yellow;">2,000.00
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-----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 _____