

MISSISSAUGAS OF THE CREDIT FIRST NATION

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

- 2nd Distribution

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

Email: cw@mncfn.ca

- ** All applications must include front and back copies/pictures of 1 piece of **VALID** minor ID and 1 piece of **VALID** parent/guardian photo ID. Please ensure that all information on each ID is **clearly** visible.**
- ** Custody, CAS, guardianship, decision-making authority documents etc. must be included with each minor application (if applicable).**
- ** To avoid delays in processing, ensure that all sections are complete, application is signed, payment method is chosen, and all required/supporting documents accompany your application.**

CHILD'S FULL NAME <i>(as it appears on Status Card)</i> :		CHILD'S REGISTRY NUMBER <i>(10 Digit)</i> :	
FULL NAME OF LEGAL PARENT/GUARDIAN:		LEGAL PARENT/GUARDIAN'S REGISTRY NUMBER:	
COMPLETE MAILING ADDRESS:		CHILD'S BIRTHDATE (YYYY-MM-DD): <div style="text-align: center; font-family: monospace;"> _ _ _ _ / _ _ / _ _ </div>	
PARENT/GUARDIAN EMAIL ADDRESS:		TELEPHONE NUMBER <i>(including area code)</i> :	
PLEASE CHOOSE A PAYMENT OPTION: <input type="checkbox"/> Cheque Mail Out (Ensure address is complete, including city and postal/zip code) <input type="checkbox"/> Direct Deposit (Canada Only)* <input type="checkbox"/> On File <input type="checkbox"/> New Account (Include void cheq. Or direct deposit form)			

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

----- DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY -----

Documents provided for identity of child and parent/guardian: _____ Department's Initials _____

CIS/SCIS DL HC BC Prov. Photo ID Card Confirm. Of Status Other ID (_____)

Proof of Custody/Guardianship

Amount Claimed:	Remaining Balance:

Account Number:	64 300
Dept. Number:	100 030
Cheque Number:	
Cheque Date:	

Date Received _____ Department Signature: _____