MISSISSAUGAS OF THE CREDIT FIRST NATION

COMMUNITY WELLNESS EXPENSE CLAIM FORM - ADULT 2024-2025 - 1st Distribution

Mailing Address: LM/Community Wellness 2789 Mississauga Rd., Hagersville, ON NOA 1H0 Email: cw@mncfn.ca

- ** All applications must include front and back copies/pictures of 2 pieces of VALID ID, one being photo ID. Please ensure that all information on each ID is <u>clearly</u> visible. **QUOTES/RECEIPTS/ESTIMATES ARE REQUIRED.**
- ** POA documents must be included with each application (if applicable). POA must also include front and back copies/pictures of 1 piece of VALID photo ID.
- ** To avoid delays in processing, ensure that all sections are complete and legible, application is signed, and all required/supporting documents accompany your application.

FULL NAME (as it appears on Status Card):		REGISTRY NUMBER (10 Digit):			
COMPLETE MAILING ADDRESS:		BIRTHDATE (YYYY-MM-DD):			
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EMAIL ADDRESS:			TELEPHONE NUMBER (including area code):		
Cheque Mail Ou	t (Ensure address i	s complete, inclu	ling city and postal/zip code)		
		On File	New Account (Include void cheque	or direct deposit form)	
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