

MISSISSAUGAS OF THE CREDIT FIRST NATION

COMMUNITY WELLNESS EXPENSE CLAIM FORM-MINOR (Newborn-17 Years) 2025-2026

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.
QUOTES, ESTIMATES AND/OR RECEIPTS ARE REQUIRED. MUST BE DATED APRIL 1, 2025 OR LATER. If registered after April 1st, 2025, quotes, estimates, and/or receipts must be dated on or after the date of registration.**
- ** Custody, CAS, guardianship, decision-making authority documents etc. must be included with each minor application (if applicable). Payments for minor children will be issued to the applying parent/guardian.**
- ** To avoid delays in processing, ensure that all sections are complete, application is signed and all required/supporting documents accompany your application. Ensure payment option is clearly indicated.**

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; margin-top: 10px;"> / / YYYY MM DD </div>	
LEGAL PARENT/GUARDIAN EMAIL ADDRESS:		LEGAL PARENT/GUARDIAN TELEPHONE NUMBER <i>(including area code):</i>	

CHOOSE A PAYMENT METHOD

<input type="checkbox"/> Cheque Mail Out <i>(Ensure address is complete, including city and postal/zip code)</i>	<input type="checkbox"/> Direct Deposit (Canada Only)* <input type="checkbox"/> On File <input type="checkbox"/> New Account <i>(Include void cheque or direct deposit form)</i>
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<div style="font-size: 2em; color: red; font-weight: bold; text-align: center; margin-bottom: 10px;">X</div> Parent/Guardian Signature Date:	Total Receipts: Amount: \$ 1,500.00
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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 _____

CIS/SCIS DL HC BC Prov. Photo ID Card Passport Other ID (_____)

Proof of Custody/Guardianship **Parent/Guardian ID** CIS/SCIS DL HC Passport Photo ID Card

Amount Claimed:		Remaining Balance:	
1500	00	0	00

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

Date Received _____

Department Signature: _____