

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): ____ / ____ / ____ YYYY MM DD	
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 (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 cheque or direct deposit form)
X Parent/Guardian Signature Date:	Total Receipts: Amount: \$ 1,500.00

----- **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 ☐ 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: _____