

# MISSISSAUGAS OF THE CREDIT FIRST NATION

## COMMUNITY WELLNESS EXPENSE CLAIM FORM-MINOR (Newborn-17 Years) 2026-2027

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 NOT REQUIRED.**
- \*\* 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.**

<b>CHILD'S FULL NAME</b> <i>(as it appears on Status Card):</i>		<b>CHILD'S REGISTRY NUMBER</b> <i>(10 Digit):</i>	
<b>FULL NAME OF LEGAL PARENT/GUARDIAN:</b>		<b>LEGAL PARENT/GUARDIAN'S REGISTRY NUMBER:</b>	
<b>COMPLETE MAILING ADDRESS:</b>	<b>CHILD'S BIRTHDATE</b> (YYYY-MM-DD):  <div style="display: flex; justify-content: center; gap: 20px;"> <span>____ / ____ / ____</span> </div> <div style="display: flex; justify-content: center; gap: 20px; font-size: small;"> <span>YYYY</span> <span>MM</span> <span>DD</span> </div>		
<b>LEGAL PARENT/GUARDIAN EMAIL ADDRESS:</b>	<b>LEGAL PARENT/GUARDIAN TELEPHONE NUMBER</b> <i>(including area code):</i>		

### CHOOSE A PAYMENT METHOD

<input type="checkbox"/> Cheque Pick Up (L & M Office, 6 First Line. ID required at pick up)  <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)
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<div style="font-size: 2em; color: red; text-align: center; margin-bottom: 10px;"><b>X</b></div> Parent/Guardian Signature    Date	<b>Total Receipts:</b>  Amount:    \$ <b>1,500.00</b>
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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: \_\_\_\_\_