

Healthy Baby: Manitoba Prenatal Benefit Application

(ce formulaire existe en français)



This application is really quite simple to fill out!

Inside you will find:

- One page of basic information that you fill in, *and attach a medical note confirming pregnancy and due date*
- One page related to income – but all you do is check off your choice and sign
- One page of information for you to read with a “declaration” that you sign.

The signatures are very important, so please check that you (and spouse or common-law partner if you have one) have signed where it says to do so.

Mail your application in the envelope provided to:
Healthy Child Manitoba
Attention: Healthy Baby: Manitoba Prenatal Benefit
#219 – 114 Garry Street
Winnipeg, Manitoba R3C 4V6

Please write down the phone number for Healthy Baby in case you need to call us. We can be reached at 945-1301 or toll-free at 1-888-848-0140. (945-1305 TDD) *Our fax number is (204) 948-2303.*

Part 1 - Information about You

1. Last name _____ First name _____ Other initials _____
Last name at birth (if different from above) _____

2. Do you live in Manitoba? Yes No



NOTE: Make sure you tell us if you move. Call Healthy Baby at 945-1301, or 1-888-848-0140 at no cost.

Address (where your Prenatal Benefit cheques will be sent):

Street _____ (including apartment or unit number) or Box #

City/town _____ Postal Code _____

3. Home telephone number _____ no phone Work telephone number _____

4. What is your date of birth? _____ (Month/Day/Year)

What is your baby's due date? (Expected date of delivery from your medical note) _____ (Month/Day/Year)



NOTE: You need to attach an original signed note (not a photocopy) from your doctor (or other health care provider such as nursing station nurse, midwife, etc.) that confirms your pregnancy and due date. Your health care provider's office may be contacted about this note if it is hard to read or for similar reasons.

Attached

5. Are you now married or living common-law? (If you are separated, indicate "no")

No Yes - Spouse / common-law partner's last name _____ first name _____

6. Is this your first pregnancy? Yes No

7. We need the following information to confirm that you live in Manitoba.

Manitoba Health Number (6 digits) _____

Personal Health Information Number (9 digits) _____

8. Healthy Baby hopes to reach many women in Manitoba. The following information will help us determine if we are meeting this goal.

Are you: Aboriginal Status? Status number _____ (10 digits)

living on First Nations Reserve community

which reserve? _____

not living on Reserve

Metis

Inuit

Non-native

(give other information if you wish, such as immigrant, refugee, etc)

9. The following information will help us better understand who receives the benefit.

What is the highest level you completed in school?

Less than Grade 9 Grade 9 to 11 Grade 12 (with graduation) Formal education after high school

Someone from the Healthy Baby office will be contacting you soon about community programs near you.

The next page asks for INCOME INFORMATION. Prenatal benefits are determined by a sliding scale based on your net income, and, if married or living common-law, on the net income of your spouse or common-law partner for the applicable base taxation year ("net family income"). Benefits are also determined by confirmation of receipt of income assistance.

Part 2 - Income Information**(You must have a net family income under \$32,000 a year to be eligible.)**

Fill in ONE ONLY of A, B or C.

 A . CONSENT TO RELEASE OF INCOME TAX INFORMATION

Complete this consent and let us get your income tax information from Canada Customs and Revenue Agency. This is the easy way! You and your spouse or common-law partner (if any) must give this consent if you are NOT attaching your income tax Notice(s) of Assessment.

I, and my spouse or common-law partner (if any), consent to the Canada Customs and Revenue Agency ("CCRA") releasing to Healthy Child Manitoba information from my/our tax returns and other taxpayer information for the applicable base taxation year. The "base taxation year" is the tax year to be used to determine my eligibility for benefits under the Healthy Baby: Manitoba Prenatal Benefit program as set out in the Manitoba Prenatal Benefit Regulation under The Social Services Administration Act of Manitoba. This authorization is valid for either of the two taxation years preceding the year in which I have signed it.

I agree that this "Consent to Release" and the information in this box can be provided to the CCRA, so that Healthy Baby can obtain the income information it requires. Healthy Child Manitoba will use the information obtained from the CCRA to determine and verify my eligibility for benefits under the Manitoba Prenatal Benefit program, and for the general administration and enforcement of the program. Any other use, and any disclosure, of this information by Healthy Child Manitoba must be authorized by me or authorized under The Freedom of Information and Protection of Privacy Act of Manitoba.

Applicant: Date of Birth _____ Social Insurance Number _____ (9 digits) Date _____
Month/Day/Year *Month/Day/Year*

Print your FULL NAME (last, first, initial) _____ Your Signature _____

Spouse / partner: Date of Birth _____ Social Insurance Number _____ (9 digits) Date _____
Month/Day/Year *Month/Day/Year*

Print FULL NAME (last, first, initial) _____ Signature of Spouse / partner _____

NOTE: 1) For this consent to be effective, you must have filed income tax. 2) PLEASE REMEMBER TO SIGN! **B . ATTACH YOUR INCOME TAX NOTICE OF ASSESSMENT, AND ALSO,**

if married or living common-law, the Notice of Assessment of your spouse or common-law partner also, for the immediately preceding calendar year. Between April and June if you have not received this information, send the Notice from the second preceding year. If you do not have your copy (copies), call Canada Customs and Revenue Agency at 984-3188 or toll free at 1-800-448-0444; they will send it to you. Then you enclose it with this form. (You can also choose to fill out the Consent To Release above; the information will be sent to the program.)

Notice(s) of Assessment attached for self for spouse/common-law partner

 C . CONSENT TO CONFIRM THAT YOU RECEIVE INCOME ASSISTANCE

I consent to Healthy Child Manitoba confirming that I receive income assistance with the Provincial office, Municipality or First Nation/Band from which I receive assistance. I agree that this consent and the information in this box can be provided to the Provincial office, Municipality or First Nation/Band, so that Healthy Child can obtain the confirmation it requires. Healthy Child will use this information to determine and verify my eligibility for the Manitoba Prenatal Benefit program, and for the general administration and enforcement of the program. Any other use or any disclosure of this information by Healthy Child must be authorized by me or authorized under The Freedom of Information and Protection of Privacy Act of Manitoba.

Name of Applicant (please print your FULL NAME) _____

Case/file number: _____ Social Insurance Number: _____ (9 digits)

Who provides your assistance: Provincial Municipal - which Municipality? _____

Government of Canada /First Nation - which Band? _____

Date of birth: _____ **Signature of Applicant** _____ **Date:** _____
Month/Day/Year *Month/Day/Year*

NOTE: PLEASE REMEMBER TO SIGN!***Please turn over this page. Signature(s) needed.***

Part 3 - Protection of your personal information

About my personal information, I understand that:

1. The personal information and personal health information on this application is collected by Healthy Child Manitoba under the authority of the Manitoba Prenatal Benefit Regulation made under The Social Services Administration Act of Manitoba.
2. Healthy Child Manitoba will use this information to determine and verify my application and my eligibility under the Manitoba Prenatal Benefit program; to calculate benefit levels; to prevent and detect fraud; and to administer the program.
3. Healthy Child Manitoba will use this information for program planning, research and evaluation purposes to see how children and families in the Healthy Baby program are doing over time.
4. Healthy Child Manitoba may need to provide information about my application and about benefits paid to me under the Manitoba Prenatal Benefit program to Manitoba Family Services and Housing, Indian and Northern Affairs Canada, or with the relevant First Nation/Band, for the purposes of administering and enforcing the program.
5. My personal information and personal health information is protected by The Freedom of Information and Protection of Privacy Act of Manitoba and The Personal Health Information Act of Manitoba. Any use or any disclosure of this information, for purposes other than those outlined above, must be authorized by me or authorized under these Acts.

For questions about the collection of this information, please call the Healthy Baby Manager, 945-1301.

Part 4 - Signatures and Declaration - IMPORTANT for a complete application

NOTE: Prenatal benefits will not be paid to a person who:

- is a permanent or temporary ward or under a voluntary placement agreement under The Child and Family Services Act;
- is in custody in a penitentiary, provincial correctional institution or youth custody facility;
- is a visitor to Manitoba, including a person on a visa;
- moves away from Manitoba.

Do any of these statements on the left describe your situation?

No Yes

I, and my spouse or common-law partner, declare that the information on this form and the information given in support of my application for prenatal benefits is true, complete and correct.

- I understand that I am applying for a prenatal benefit, and that I am eligible only while I am pregnant. If my pregnancy ends prematurely, I agree to call or write promptly to Healthy Baby.
- If I move, I will also call or write promptly to tell Healthy Baby.
- I understand that the Government of Manitoba may recover from me the amount of any benefit which is paid as a result of a false statement or misrepresentation made by me or by my spouse or common-law partner.

Applicant's signature _____ **Date:** _____
Month/Day/Year

Signature of spouse /common-law partner _____ **Date:** _____
(If you were the spouse/partner in the base taxation year) *Month/Day/Year*

REMEMBER:

- Signatures are needed if you are to be considered for prenatal benefits.
- Attach your medical note confirming pregnancy.
- You must file an income tax return to be eligible, unless you receive social assistance.