



**APPLICATION FORM
PROGRESSIVE FAMILY GROWTH BENEFIT
AND
PARENTAL SUPPORT BENEFIT**

Program Information

The Newfoundland and Labrador Progressive Family Growth Benefit (PFGB) is a tax-free \$1,000 benefit. The Newfoundland and Labrador Parental Support Benefit (PSB) is a tax-free \$100 monthly payment. These benefits are available to residents of the province of Newfoundland and Labrador whose child was born or placed with them for adoption on or after January 1, 2008.

Completing this Application

If you are applying for benefits for more than one child, please complete a separate form for **each** child. The information you provide on this form will be used to assess eligibility for **both** benefits.

Enquiries can be made locally within the St. John's area at 729-1695 or toll-free long distance at 1-877-729-1695 or by e-mail at parentalbenefits@gov.nl.ca . Please allow 6 to 8 weeks for processing applications (due to retroactivity of the program to January 1, 2008 processing of applications initially may take up to 3 months).

Please submit applications to:
Parental Benefits Program
Department of Finance
Tax Administration Division
P.O. Box 8700
St. John's NL A1B 4J6

Privacy Notice

Under the authority of the Progressive Family Growth Benefit and the Parental Support Benefit, personal information is collected in order to assess the applicant's eligibility for the program. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy Act*.

Any questions or comments can be directed to the Tax Administration Division at 729-1695, or toll free at 1-877-729-1695.

Part 1 – Applicant Information

Only one person per household may apply for the benefits.

Applicant's Name	_____				
	Last Name First Name (Please Print)				
Mailing Address	_____				
	Apt / Street Number Street Name P.O. Box R.R.				

	City Province Postal Code				
Telephone Number	_____				
Email Address	_____				
Social Insurance Number	_____				
Relation to Child					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Birth	Birth	Adoptive	Adoptive	If Other:	_____
Mother	Father	Mother	Father		Please Explain
Spouse or Common Law Partner's Name	_____				
	Last Name First Name (Please Print)				
Social Insurance Number	_____				

Part 2 – Child's Information

If you are applying for more than one child, please use a separate application form for each child.

Child's Name	_____
	Last Name First Name Middle Name(s)
	(Not required if you are applying as a result of a stillbirth or where you have placed your child for adoption)
Date of Birth	_____ / _____ / _____
	Year Month Day
<p>The full \$1,000 Progressive Family Growth Benefit will be paid as well as four months of the \$100 Parental Support Benefit in the event of a stillbirth.</p>	
Are you applying for these benefits as the result of a stillbirth?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 3 – Adoption Information

Adoptive Parents

Date the child was placed in your home for adoption
(If applicable)

_____/_____/_____
Year Month Day

Birth Mother (if Child Placed for Adoption At Birth)

Date of consent for the child to be placed for adoption
(If applicable)

_____/_____/_____
Year Month Day

Part 4 – Certification

We are unable to process this form if it is unsigned. If you have a spouse or common-law partner, he or she must also sign this form.

I declare that I am a resident of the province of Newfoundland and Labrador.

I declare that the information provided above is true and correct to the best of my knowledge.

I hereby authorize the Department of Finance to access relevant information to confirm my residency from my personal income tax return as filed with the Canada Revenue Agency, to verify my eligibility for the Parental Family Growth Benefit and the Parental Support Benefit.

Applicant's Signature Date

I hereby authorize the Department of Finance to access relevant information to confirm my residency from my personal income tax return as filed with the Canada Revenue Agency, to verify my eligibility for the Parental Family Growth Benefit and the Parental Support Benefit.

Spouse or Common-Law Partner's Signature Date

Note: If you are applying for this benefit as the birth mother who has placed a child for adoption, and you do not have a birth certificate for the child, authorization must be given by you to the Department of Finance to contact Vital Statistics for purposes of confirming the birth.

I hereby authorize the Department of Finance to access relevant information from Vital Statistics to verify my eligibility for the Parental Family Growth Benefit and the Parental Support Benefit.

Applicant's Signature Date

MCP Number _____

