

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 Postal Code Province **Telephone Number Email Address Social Insurance Number Relation to Child** Birth Birth If Other: Adoptive Adoptive Mother Father Mother Father **Spouse or Common Law Partner's 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 First Name Middle Name(s) Last Name (Not required if you are applying as a result of a stillbirth or where you have placed your child for adoption) Date of Birth 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. Are you applying for these benefits as the result of a stillbirth? Yes No

Part 3 – Adoption Information

	Adoptive Parents							
	Date the child was placed in your home for adoption		/	/				
	(If applicable)	Year	Month	Day				
	Dind. Mathem (if Child Dlane I found Jones and Dindh)							
	Birth Mother (if Child Placed for Adoption At Birth)		,	1				
	Date of consent for the child to be placed for adoption (If applicable)	Year	/ Month	/ D				
	(ii applicable)	i ear	Monui	Day				
Pa	Part 4 – Certification							
	We are unable to process this form if it is unsigned. If y	ou have a spo	use or commor	n-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 rele	want informat	ion to confirm	my rosidonov				
	from my personal income tax return as filed with the Canac							
				illy 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.							
	Tor the runeritar running Growth Benefit and the runeritar Su	ipport Benefit	•					
	Spouse or Common-Law Partner's Signature			Date				
No	to: If you are applying for this benefit as the hirth mother y	vho has place	d a child for ad	ontion and you				
110	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 confi			e Department of				
1	Thiance to contact vital statistics for purposes of confi	mining the ont	11.					
	Lhereby authorize the Department of Finance to access rele	evant informat	tion from Vital	Statistics				
	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.							
	to voing my engionity for the faterital failing Growth Bell	ioni and the r	aroniai bupport	Donom.				
	Applicant's Signature			Date				
	MCP Number							

Part 5 – Direct Deposit

Direct deposit is completely confidential. Direct deposit payments are less likely to be lost, stolen, or damaged as may happen with cheques. Funds for a direct deposit payment will be available in your bank account on the same day that we would have mailed your cheque. This means that you will have access to your payments earlier.

To have your benefits directly	deposited into your bank	account, please	attached a v	oid cheque to	o this app	lication	, or
complete the section below.							
		1 1 1	1 1 1	1 1	1 1	1 1	1 1
							ш
Branch Number	Institution		Acc	ount Number	•		
	Number						

Required Documentation

Attach legible photocopies of all sides of all pages of the following applicable documents for proof of birth and/or placement of the child with you for adoption:

- In the case of **births** and **stillbirths** a copy of the long form birth certificate.
- In the case of **provincial adoptions**, for the **birth mother** no documentation is required other than completion of appropriate Parts of this application form.
- In the case of **provincial adoptions**, for the **adoptive parent** a copy of the placement letter as provided by the Department of Health and Community Services for purposes of obtaining an MCP card for the child.
- In the case of international adoptions, inter-provincial adoptions and relative adoptions a copy of the adoption order for the adoption. Relative adoptions are defined as adoptions by a grandparent, aunt, uncle or sibling by birth or adoption.

If you are having difficulty obtaining required documentation, or need clarification on the appropriate documentation to submit, please contact the Tax Administration Division at 729-1695 or toll free at 1-877-729-1695.

Deadline for Applications

The deadline for filing an application is 3 years after the baby is born, or in the cases of adoption, 3 years after the child has been placed with you.

Verification of Residency

Additional evidence verifying residency in the province of Newfoundland and Labrador at the time of the birth of the baby or placement of the child for purposes of adoption may be required, if you have not filed a Newfoundland and Labrador personal income tax form for the previous tax year.

Notification of Changes

If at any time while you are receiving these benefits, there is a change to any of the information contained in this application, please notify the Department of Finance at 729-1695 or toll free at 1-877-729-1695. Any information provided is subject to verification to ensure continued eligibility for these benefits.

Checklist

We want to process your application as soon as we can. Please be sure to:				
Complete all of the Parts of the	e Application that apply to you and your spouse or common-law partner.			
Attach legible photocopies of	all required documents.			
Sign and date the application f law partner also needs to sign	Form. If you are married, or living common-law, your spouse or common- the form.			