Healthy Baby: Manitoba Prenatal Benefit Application

Part 1 - Information About You

1. Last name _____ First name _____ Other initials _____

Last name at birth (if different from above) _____

2. Apt. # _____ Street # and name _____

Box # _____ City/town _____ Postal code _____

3. Home telephone number _____ Other number _____

4. What is your date of birth? (month/day/year) _____

5. We require your Manitoba Health information to confirm that you live in Manitoba.

Registration number (6 digits) ___ ___ ___ ___ ___ ___

PHIN (9 digits) ___ ___ ___ ___ ___ ___ ___ ___ ___

6. You are ❑ single ❑ separated/divorced ❑ married ❑ living with a partner

partner/spouse last name _____ first name _____

7. Do you have a social insurance number? ❑ yes ❑ no

If yes, please provide your number: ___ ___ ___ ___ ___ ___ ___ ___ ___

8. What is your baby's due date? (month/day/year) _____

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.

9. Is this your first pregnancy? ❑ yes ❑ no

Healthy Baby hopes to reach many women in Manitoba. The following information will help us better understand who receives the benefit and determine if we are meeting this goal.

10. Do you have a regular health care provider (doctor, midwife, public or community health nurse, etc.)? ❑ yes ❑ no

11. Did you complete high school? ❑ yes ❑ no

a. If no, ❑ less than grade 9 ❑ grade 9 to 11 ❑ still in school

b. Formal education after high school ❑ yes ❑ no

For help filling out this form, call toll free at 1-888-848-0140.

Healthy Child Manitoba
Putting children and families first

Manitoba

Part 1 - Continued

12. Are you of Indigenous ancestry? ❑ yes ❑ no (If no, continue to Question 13)

a. If yes, are you ❑ Metis ❑ Inuit ❑ Non-Status Indian ❑ Status Indian

Treaty status number ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

b. If you live in a First Nations community, what is your Band Name? _____

13. Are you a newcomer to Canada within the past twelve months? ❑ yes ❑ no

If yes, what was your date of arrival in Canada? _____

A. CONSENT TO RELEASE PREGNANCY INFORMATION BY DOCTOR OR MEDICAL PRACTITIONER

All applicants must complete this consent to be eligible for the Manitoba Prenatal Benefit.

I consent to my doctor or medical practitioner giving confirmation about my pregnancy status and my baby's due date to the Healthy Baby staff in the Healthy Child Manitoba Office at their request at any time prior to my baby's due date.

I agree that this Consent to Release and the information in this box can be provided to my doctor or medical practitioner so that the Healthy Child Manitoba Office can obtain the information it requires.

The Healthy Baby staff in the Healthy Child Manitoba Office will use the information obtained from my doctor or medical practitioner solely to verify my continuing eligibility in the Manitoba Prenatal Benefit, and for the general administration and enforcement of the program. Any other use, or any disclosure, of this information by the Healthy Child Manitoba Office must be authorized by me or authorized under *The Personal Health Information Act of Manitoba*.

Name of applicant (please print)_____

Signature of applicant _____ date _____
month/day/year

B. CONSENT TO RELEASE THE FOLLOWING INFORMATION

Signing this consent is your choice and will not affect eligibility for the Manitoba Prenatal Benefit.

I consent to have the Healthy Child Manitoba Office connect me to health and family resources in my area by giving the following information to one or both of the following:

❑ Your local Healthy Baby program coordinator or Canada Prenatal Nutrition Program coordinator (CPNP)

❑ Public/community health provider

I would like to receive these services in English ❑ French ❑

I understand that the purpose of this (these) referral(s) is to support me during pregnancy and that I am not required to participate in any programs offered by these health and family resources.

Any other use or disclosure of this information by the Healthy Child Manitoba Office must be authorized by me or authorized under *The Freedom of Information and Protection of Privacy Act* or *The Personal Health Information Act of Manitoba*.

Name of applicant (please print)_____ Date of birth_____
month/day/year

Address_____ Phone number_____

My baby's due date is_____
month/day/year

Signature of applicant _____ Date _____
month/day/year

Part 2 - Income Information

Income information is required to assess your eligibility for benefits and if you are approved, how much your monthly benefit will be. **If you receive Income Assistance, please complete Section A. If not, please continue to Section B.**

A. CONSENT TO CONFIRM THAT YOU RECEIVE INCOME ASSISTANCE

The person who is applying for the Manitoba Prenatal Benefit must be the person who signs this consent, even if the income assistance is in the name of your spouse or parent.

I consent to the Healthy Child Manitoba Office confirming that I receive income assistance with the provincial office or First Nations/Band from which I receive assistance. I agree that this consent and the information in this box can be provided to the provincial office or First Nations/Band, so that the Healthy Child Manitoba Office can obtain the confirmation it requires. The Healthy Child Manitoba Office 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 the Healthy Child Manitoba Office must be authorized by me or authorized under T*he Freedom of Information and Protection of Privacy Act* of Manitoba.

Name of applicant (please print your FULL NAME) _____

Who provides your assistance? ❑ Provincial Case number _____

❑ Government of Canada/First Nations – which Band _____

Date of birth _____
month/day/year

Signature of applicant _____ Date _____
month/day/year

B. CONSENT TO RELEASE INCOME TAX INFORMATION

Complete this section only if you have filed income tax. If you have not filed income tax, please call our office for further instructions.

I, and my spouse or common-law partner (if any), consent to the Canada Revenue Agency (CRA) releasing to the Healthy Child Manitoba Office 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 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 CRA, so that Healthy Baby can obtain the income information it requires. The Healthy Child Manitoba Office will use the information obtained from the CRA 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 the Healthy Child Manitoba Office 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) ___ ___ ___ ___ ___ ___ ___ ___ ___
month/day/year

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

Your signature _____ Date _____
month/day/year

Spouse/partner

Date of birth _____ Social insurance number (9 digits) ___ ___ ___ ___ ___ ___ ___ ___ ___
month/day/year

Print FULL NAME (last, first, initial) _____

Signature of spouse/partner _____ Date _____
month/day/year

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 the Healthy Child Manitoba Office under the authority of the *Manitoba Prenatal Benefit Regulation* made under *The Social Services Administration Act of Manitoba.*

2. The Healthy Child Manitoba Office 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. If the consent to release name and contact information has been signed by me, the Healthy Child Manitoba Office will provide my contact information to either the coordinator of a Healthy Baby community support program or the public/community health provider near my home, or both, according to my consent, so that I will be linked to health and family resources available in my community.

3. The Healthy Child Manitoba Office 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. The Healthy Child Manitoba Office may need to provide information about my application and about benefits paid to me under the Manitoba Prenatal Benefit program to Manitoba Family Services, Indian and Northern Affairs Canada, or with the relevant First Nations/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 manager of Healthy Baby in Winnipeg at 204-945-1301 or toll free at 1-888-848-0140.

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

You (and your spouse or partner, if you have one) must sign this section in order to receive the Manitoba Prenatal Benefit.

Note: prenatal benefits will not be paid to a person who is in custody in a penitentiary, provincial correctional institution or youth custody facility. Does this statement apply to you? ❑ yes ❑ no

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 to Healthy Baby as soon as possible.**
- If I move, I will also call or write to tell Healthy Baby as soon as possible.
- I understand that the Manitoba government 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/partner _____ Date _____
month/day/year

Mail your application in the envelope provided to:
Healthy Baby: Manitoba Prenatal Benefit
Healthy Child Manitoba
3rd floor - 332 Bannatyne Avenue
Winnipeg, MB R3A 0E2

printed January 2015