

Manitoba Child Benefit (MCB)



100 – 114 Garry Street
 Winnipeg, MB R3C 4V4
 Phone: 204-945-2197
 Toll Free: 1-877-587-6224
 Email: incsup@gov.mb.ca

For Office Use Only

In which language do you wish to receive your correspondence?

- English
 French

CURRENT INFORMATION	Applicant	Spouse including Common-Law Partner			
<i>When both a male and female parent reside in the same home, we usually consider the female parent to be the applicant.</i>					
1. Surname					
2. Given Name					
3. Sex and Birthdate	Male <input type="checkbox"/> Day Month Year Female <input type="checkbox"/>	Male <input type="checkbox"/> Day Month Year Female <input type="checkbox"/>			
4. Social Insurance Number					
5. Residence Address	City or Town Province	Postal Code			
6. Mailing Address (if different from above)	City or Town Province	Postal Code			
7. Email					
8. Dependent Children Under 18 Years	Gender M/F	Relationship to Applicant	Birthdate	Canada Child Tax Benefit	
Surname Given Name			Day Mo. Year	Yes No	
1				<input type="checkbox"/> <input type="checkbox"/>	Indicate with a check (✓) if you are or are not receiving Canada Child Tax Benefits for each child listed.
2				<input type="checkbox"/> <input type="checkbox"/>	
3				<input type="checkbox"/> <input type="checkbox"/>	
4				<input type="checkbox"/> <input type="checkbox"/>	
5				<input type="checkbox"/> <input type="checkbox"/>	
6				<input type="checkbox"/> <input type="checkbox"/>	
7				<input type="checkbox"/> <input type="checkbox"/>	
8				<input type="checkbox"/> <input type="checkbox"/>	
If you have more than 8 children under 18 years, list the required information for these children on a separate sheet and attach it to the application.					
9. Telephone Number:		Home	Messages	or Work	
10. Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married or Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Date this marital status began 					
11. Are you or your spouse or common-law partner a member of a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or your spouse or common-law partner live on a First Nation reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Are you receiving income assistance for yourself, spouse or common-law partner or for your dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Source: <input type="checkbox"/> Provincial <input type="checkbox"/> Government of Canada or a First Nation					
If you are registered with Employment and Income Assistance and only receiving health benefits, check "No".					
13. Do you share the custody, care and upbringing of any of these dependent children with another individual who is not your spouse or common-law partner? <input type="checkbox"/> Yes <input type="checkbox"/> No					

INCOME INFORMATION

PLEASE PROVIDE A PHOTOCOPY OF YOUR CURRENT CANADA CHILD TAX BENEFIT NOTICE. THE MANITOBA CHILD BENEFIT PROGRAM WILL USE THE NET FAMILY INCOME ON THIS NOTICE TO DETERMINE YOUR ELIGIBILITY. IF YOU WOULD PREFER, THE MANITOBA CHILD BENEFIT PROGRAM OFFICE CAN REQUEST A COPY OF YOUR CANADA CHILD TAX BENEFIT NOTICE FROM THE CANADA REVENUE AGENCY.

I HAVE ENCLOSED A COPY OF MY CANADA CHILD TAX BENEFIT NOTICE.

I WOULD LIKE THE MANITOBA CHILD BENEFIT PROGRAM TO OBTAIN A COPY OF MY CANADA CHILD TAX BENEFIT NOTICE DIRECTLY FROM THE CANADA REVENUE AGENCY.

PROTECTION OF YOUR PERSONAL INFORMATION

About my personal information, I understand that:

The personal information in this application is collected for the Manitoba Child Benefit Program, which is established under **The Social Services Administration Act**.

The personal information collected will be used to determine my household's eligibility for assistance and the amount of assistance and to prevent and detect fraud and otherwise administer and enforce the Manitoba Child Benefit Program and to research program impacts.

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.

If you have questions about the collection of information, please contact Manitoba Child Benefit Program 100 – 114 Garry Street, Winnipeg, MB R3C 4V4 Phone: 204-945-2197 or Toll Free: 1-877-587-6224

DECLARATION

PLEASE ENSURE YOU READ THIS DECLARATION CAREFULLY

I/We hereby apply for benefits under the Manitoba Child Benefit. I/We declare that to the best of my/our knowledge the information given on this application is true and complete. I/We authorize and give consent to the securing of any information records from any source as may be deemed necessary for verification purposes. By signing below, I/we consent to how my/our personal information will be used and disclosed as outlined in the **Protection of Your Personal Information** section above. Anyone who knowingly makes a false or misleading statement in the application is guilty of an offence under **The Social Services Administration Act**.

Signature of Applicant

Signature of Spouse or Common-law partner

Date

If applicant or spouse or common-law partner signs with a mark (X), the mark must be witnessed.

Signature of Witness

Telephone Number and Address of Witness

Date

CANADA REVENUE AGENCY AUTHORIZATION

Applicant

Spouse including Common-Law Partner

1. SURNAME

2. GIVEN NAME

PLEASE NOTE: THIS SECTION FORMS PART OF THE APPLICATION. BOTH THE APPLICANT AND SPOUSE OR COMMON-LAW PARTNER (IF APPLICABLE) ARE REQUIRED TO SIGN BELOW.

CONSENT FORM

I/we, hereby consent to the release, by the Canada Revenue Agency to Manitoba Family Services, of information from my/our income tax returns, and other taxpayer information. The information will be relevant to, and used solely for the purpose of, determining and verifying eligibility for the Manitoba Child Benefit under *The Social Services Administration Act* of Manitoba, and will not be disclosed to any other person without my approval. This authorization is valid for the most recently available of the two taxation years prior to the year of signature of this consent. It is also valid for the year of signature, and each consecutive taxation year following the year of signature, for which I/we request assistance. I/we understand that, if I/we wish to withdraw this consent, I/we may do so at any time by writing to Manitoba Family Services.

Name of Applicant (please print)

Applicant's SIN

Signature of Applicant

Date

Spouse or common-law partner (if applicable)

Spouse or common-law partner's name (please print)

Spouse or common-law partner's SIN

Signature of Spouse or common-law partner

Date