Manitoba

Healthy Baby: Manitoba Prenatal Benefit
100-114 Garry Street, Winnipeg, Manitoba, Canada R3C 4V4
T 204-945-1301 **F** 204-945-3930 **Toll-Free** 1-877-587-6224
www.manitoba.ca

Manitoba Prenatal Benefit - Registration Form (for Income Assistance Recipients)

Available in alternate formats upon request / Aussi disponible en français.

For help filling out this form, call toll free at 1-877-587-6224

- The Healthy Baby Program collects personal information and personal health information under the authority of the Manitoba Prenatal Benefit Regulation under The Social Services Administration Act of Manitoba. The information is used to check your eligibility, calculate your benefits, stop fraud, and run the program.
- The Healthy Baby Program may also use this information to help plan, research, and improve the program to see how children and families are doing over time.
- If you give consent, the Healthy Baby Program can share your name and contact information with a local Healthy Baby Program coordinator and/or a public health or community health provider to help connect you with health and family services near you.
- Your personal information and personal health information is protected by The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act. It won't be used or shared for any other reason unless you say it's okay or the law allows it.
- If you have questions about how your information is collected or used, you can call the Healthy Baby Program at 204-948-7368 or toll-free at 1-877-587-6224.
- The amount you may receive is based on your income, to a maximum of $162.82 a month. Individuals receiving Employment and Income Assistance (EIA), Manitoba Supports for Persons with Disabilities (MSPD), Non-EIA Rent Assist, and income assistance through a First Nation or Band are eligible to get the maximum Manitoba Prenatal Benefit amount. Receiving the Manitoba Prenatal Benefit will not affect your other benefits.

TO COMPLETE THIS REGISTRATION

1. Answer all the questions on this form
2. Attach a signed note from your healthcare provider (doctor, nurse, midwife, etc.) confirming your pregnancy and expected birth month
3. If you receive EIA or MSPD but do not know your case number, attach a Budget Letter from your counselor
4. Sign the form
5. Mail your application to:

Manitoba Prenatal Benefit
100-114 Garry Street
Winnipeg, MB R3C 4V4

PART 1: INFORMATION ABOUT YOU

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

2. Phone number(s) _____

3. Preferred language for correspondence (English or French) _____

4. Preferred mailing address for Prenatal Benefit cheque (if different than address on file)
   _____
   _____
   _____

5. Date of birth_____

6. Do you receive any of the following forms of income assistance? (Yes/No)
   Employment and Income Assistance (EIA)_____
   Case number (if known) _____
   Manitoba Supports for Persons with Disabilities (MSPD)_____
   Case number (if known) _____
   Rent Assist_____
   Personal Health Identification (9 Digit) Number_____
   Income Assistance from a First Nations or Band Council_____
   First Nation or Band Council Name_____

PART 2: CONSENTS

Indicate Yes/No for each item below.

A. I give permission for the Healthy Baby Program to use information from my EIA, MSPD or Rent Assist file, or from my band office to register me for the Manitoba Prenatal Benefit. This information includes: my full name, my address, my Personal Health Information Number (PHIN), and my Social Insurance Number (SIN). _____

B. I give permission for my healthcare provider to confirm my pregnancy with the Healthy Baby Program if asked, any time before my baby is due. _____

C. I agree that this consent form can be shared with my healthcare provider, so they can give the Healthy Baby Program the information it needs. _____

D. I want help connecting with a public health nurse or community health provider in my area for support during my pregnancy. _____

E. I want help connecting with a public health nurse or community health provider in my area to get me a note confirming my pregnancy and my expected month of birth. _____

F. I want help connecting with a Healthy Baby Program coordinator or Canada Prenatal Nutrition Program coordinator for details about the Healthy Baby Community Support Programs in my area. _____

G. I understand that this benefit is only for people who are currently pregnant. By submitting this form, I agree that if my pregnancy ends early or if my mailing address changes, I will contact the Healthy Baby Program as soon as possible. _____

Name_____

Signature_____

Date_____

Registration Checklist:

- □ Complete form
- □ Sign form
- □ Attach a note with confirmation of pregnancy or expected month of birth
- □ If EIA or MSPD recipient with unknown case number, attach Budget Letter
- □ Mail signed form and attachment(s) to:

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