

Manitoba Prenatal Benefit Application Form

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

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

TO COMPLETE THIS APPLICATION

1. Answer all the questions on this form
2. Attach Confirmation of Pregnancy and any additional documents
3. Sign the form.
4. Mail your application in the envelope provided to:

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

PART 1: INFORMATION ABOUT YOU

A. Last name _____ First name _____

Last name at birth (if different from above) _____

B. Address (box number, unit & street number, street name, city, and postal code)

C. Phone number(s) _____

D. Are you of Indigenous ancestry? (Yes/No) _____

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? _____

E. Marital Status (single, married, separated/divorced, living with a partner) _____

a. Spouse/Partner's name _____

b. Spouse/Partner's date of birth _____

c. Spouse/Partner's Social Insurance Number _____

F. Did you complete high school? (Yes/No) _____
a. If no, what did you do: less than grade 9, grade 9 to 11, or still in school _____
b. Formal education after high school (Yes/No) _____

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

H. Are you currently in custody in a penitentiary, provincial correctional institution, or youth custody facility? (Yes/No) _____

I. Are you currently receiving income assistance from any of the following programs? (Indicate Yes where applicable).

Employment and Income Assistance (EIA) _____

Manitoba Supports for Persons with Disabilities _____

Rent Assist _____

Income Assistance through a First Nation or Band Assistance _____

IF YOU INDICATED THAT YOU CURRENTLY RECEIVE BENEFITS FROM ANY OF THE ABOVE INCOME ASSISTANCE PROGRAMS, PROCEED TO PART 2.

J. Date of Birth _____

K. Social Insurance Number _____

L. Manitoba Health Registration (6 digit) Number _____

Manitoba Health Personal Health Information (9 digit) Number _____

M. Are you a newcomer to Canada who arrived in the last 12 months? (Yes/No) _____

If yes, arrival date in Canada _____

IF YOU ARE A NEWCOMER WHO ARRIVED IN CANADA WITHIN THE LAST 12 MONTHS, PLEASE ATTACH THE FOLLOWING DOCUMENTS (IF APPLICABLE):

- A copy of your immigration papers (COPR-confirmation of permanent residence) showing arrival date and any work/study permits
- If you have worked since arriving in Canada, provide start and end date for each employment and two current or year-to-date pay stubs _____

- If your spouse has worked since arriving in Canada, provide start and end date for each employment and two current or year-to-date pay stubs _____

- If applicable, a letter from the Resettlement Assistance Program showing eligibility dates and benefit amounts
- If you have a temporary social insurance number, documentation from Service Canada showing its expiry date.

PART 2: INFORMATION ABOUT YOUR PREGNANCY

N. In which month do you expect to give birth? _____

Please attach a signed note from your healthcare provider (doctor, nurse, midwife, etc.) confirming your pregnancy and expected birth month.

O. If you do not currently have a healthcare provider, would you like to be connected to your local public health nurse/community health provider? They can support you in your pregnancy and if required, provide a signed note to confirm your pregnancy. (Yes/No) _____

P. Would you like to be connected to your local Healthy Baby Program coordinator or Canada Prenatal Nutrition Program coordinator? (Yes/No) _____

The purpose of this (these) referral(s) is to support Manitobans during pregnancy. Manitoba Prenatal Benefit applicants are 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 Baby Program must be authorized by the applicant or authorized under The Freedom of Information and Protection of Privacy Act or The Personal Health Information Act of Manitoba.

PART 3: CONSENT

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

I consent to my health care provider giving confirmation about my pregnancy status to the Healthy Baby Program 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 health care provider so that the Healthy Baby Program can obtain the information it requires.

The Healthy Baby Program will use the information obtained from my health care provider 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 Baby Program must be authorized by me or authorized under The Personal Health Information Act of Manitoba.

Signature of applicant _____ **Date** _____

2. CONSENT TO RELEASE TAX INFORMATION

I, and my spouse or common-law partner (if any), consent to the Canada Revenue Agency (CRA) releasing to the Healthy Baby Program 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. The Healthy Baby Program 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 Baby Program must be authorized by me or authorized under The Freedom of Information and Protection of Privacy Act of Manitoba

Signature of applicant _____ **Date** _____

Signature of spouse _____ **Date** _____

PART 4: PROTECTION OF YOUR PERSONAL INFORMATION

About my personal information, I understand that:

The personal information and personal health information on this application is collected by the Healthy Baby Program under the authority of the Manitoba Prenatal Benefit Regulation made under The Social Services Administration Act of Manitoba.

The Healthy Baby Program 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 Baby Program will provide my contact information and personal health information to either the coordinator of a Healthy Baby Community Support program or the public health/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.

The Healthy Baby Program 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.

The Healthy Baby Program may need to provide information about my application and about benefits paid to me under the Manitoba Prenatal Benefit program to Manitoba Families, Indigenous Services Canada, or with the relevant First Nations/Band, for the purposes of administering and enforcing the program.

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 Healthy Baby Program in Winnipeg at 204-948-7368 or toll-free at 1-877-587-6224.

PART 5: SIGNATURES

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 Program as soon as possible.

If I move, I will also call or write to tell the Healthy Baby Program as soon as possible.

I understand that the Manitoba government may recover from me the amount of any benefit which is paid because of a false statement or misrepresentation made by me or by my spouse or common-law partner.

Applicant's signature _____ **Date** _____

Signature of spouse/partner _____ **Date** _____