



Healthy Child Manitoba Office
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PRENATAL BENEFIT- NEWCOMER TO CANADA FORM

PERSONAL INFORMATION – PLEASE PRINT

Last Name: _____ First Name: _____
 Date of Birth: _____ Your SIN: _____
 Date of Arrival in Canada: _____ Your Spouse's SIN: _____

IMMIGRATION DECLARATION

- I have included my/our immigration papers showing my/our date of arrival in Canada.
- I am declaring that I am a Canadian citizen returning to Canada on _____.

To help us assess your income eligibility for the Manitoba Prenatal Benefit, we need you to provide the following information. PLEASE PROVIDE PAY STUBS FOR EACH OF YOUR JOBS.

CHECK ONLY THE BOXES THAT APPLY TO YOU AND YOUR SPOUSE.

- I am declaring that I have not worked since I arrived in Canada.
- My spouse/common-law partner is declaring that he/she has not worked since he/she arrived in Canada.
- I have worked. **Work start date:** _____ (Attach 2 current or year-to-date pay stubs).
- My spouse has worked. **Work start date:** _____ (Attach 2 current or year-to-date pay stubs).
- I/we receive benefits from the Canadian government's Resettlement Assistance Program. Please attach a letter from the Resettlement Assistance Program showing your benefit amount and start date.
- I/we receive Income Assistance from the Manitoba Government. Case Number _____

DECLARATION – Applicant and spouse (if you have one) must date and sign this form to request a change in benefits.

I understand the information contained on this form will be added to my Manitoba Prenatal Benefit application. To the best of my knowledge, the information I have given on this form is true, complete and correct. I understand that all personal information I provide to the Healthy Baby program will remain confidential and will be used for: determining program eligibility; calculating benefit levels; preventing and detecting fraud; and for program planning and evaluation purposes.

I understand that I am not automatically entitled to program consideration and that the Manitoba Prenatal Benefit office will review the information I am providing on this form. The Prenatal Benefit office will decide if program consideration will apply to me.

Applicant Signature: _____ Date: _____

Spouse Signature : _____ Date : _____