



# 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 health care provider (such as doctor, nurse practitioner, public health nurse, nursing station nurse, midwife, etc.) that confirms your pregnancy and due date.**

9. Is this your first pregnancy?  yes  no

The Healthy Baby Program hopes to reach many individuals 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 1-877-587-6224.**

**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 HEALTH CARE PROVIDER

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

I consent to my health care provider giving confirmation about my pregnancy status and my baby's due date 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.

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 Baby Program 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 health/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 Baby Program 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 Baby Program 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 Baby Program can obtain the confirmation it requires. The Healthy Baby Program 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 Baby Program must be authorized by me or authorized under The 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 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.

#### 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 Baby Program under the authority of the Manitoba Prenatal Benefit Regulation made under The Social Services Administration Act of Manitoba.
2. 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 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.
3. 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.
4. 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.
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 Healthy Baby Program in Winnipeg at 204-948-7368 or toll-free at 1-877-587-6224.

## 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 the 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 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  
100-114 Garry Street  
Winnipeg, MB R3C 4V4**

### DID YOU REMEMBER TO?

- Attach your medical note with the baby's due date?
- Sign all consents (Blue Boxes) that apply to you?
- Answer questions 1-13?

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