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 Healthy Child Manitoba Office
 3rd Floor – 332 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3A 0E2
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 www.manitoba.ca

PRENATAL BENEFIT- CHANGE IN EMPLOYMENT OR FAMILY STATUS

PERSONAL INFORMATION – PLEASE PRINT

Last Name: _____ First Name: _____
 Date of Birth: _____ SIN: _____

CHANGE IN FAMILY INCOME - You must complete this section to tell us why your income has changed. Please use the back of the form if you need more space.

Please list place of employment (in current year) and provide at least **2 pay stubs** from each job for you and your spouse, if applicable. If you received other income such as rental income, EI benefits, Worker's Compensation or income assistance, you must also provide that information. Please use the reverse side of this form if you require more space.

<input type="checkbox"/> EMPLOYMENT OR	<input type="checkbox"/> OTHER INCOME	START DATE	END DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use the back of this form if you need more room to list employment start and end dates.

CHANGE IN MARITAL STATUS - You may be eligible for an increase in benefits if your marital status has changed. Please tell us when this change happened.

Separated Divorced Widowed Date: _____

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 : _____