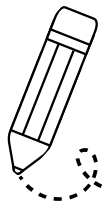




M'CHIGEENG HEALTH AND WELLNESS  
DEPARTMENT PRESENTS:



## Clothing Assistance Program - Claim Form

### Applicant Information (Parent/Caregiver):

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

MFN Registered: ☐ Yes ☐ No Registration Number: 181- \_\_\_\_\_

### Child Information:

Name (Last, First): \_\_\_\_\_

Date of Birth:    Current Age: \_\_\_\_\_

MFN Registered: ☐ Yes ☐ No Registration Number: 181- \_\_\_\_\_

Returning to school in Fall 2026: ☐ Yes ☐ No

School Name: \_\_\_\_\_

Location of School (City/town, Province/State): \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Date of Birth:    Current Age: \_\_\_\_\_

MFN Registered: ☐ Yes ☐ No Registration Number: 181- \_\_\_\_\_

Returning to school in Fall 2026: ☐ Yes ☐ No

School Name: \_\_\_\_\_

Location of School (City/town, Province/State): \_\_\_\_\_

### Documentation Checklist:

- ☐ Parent/Caregiver- Proof of registration with M'Chigeeng First Nation (Status card)
- ☐ Child/Children - Proof of registration with MFN (if applicable), Birth Certificate (proof of age/parent)
- ☐ Caregiver/Gaurdian - Proof of children in care (letter)
- ☐ Itemized receipts ☐ Applicant's Void Cheque

*By signing below, I confirm that the information provided is accurate to the best of my knowledge.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Drop off your claim form at the Health Centre or Administraion Office or by email to :**

**clothingassistance@mchigeeng.ca**



Contact: 705-348-1675  
Shelby Roy - Prevention Worker

### Additional Child Information:

Name (Last, First): \_\_\_\_\_

Date of Birth:    Current Age: \_\_\_\_\_

MFN Registered: ☐ Yes ☐ No Registration Number: 181- \_\_\_\_\_

Returning to school in Fall 2026: ☐ Yes ☐ No

School Name: \_\_\_\_\_

Location of School (City/town, Province/State): \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Date of Birth:    Current Age: \_\_\_\_\_

MFN Registered: ☐ Yes ☐ No Registration Number: 181- \_\_\_\_\_

Returning to school in Fall 2026: ☐ Yes ☐ No

School Name: \_\_\_\_\_

Location of School (City/town, Province/State): \_\_\_\_\_

### Program Guidelines:

- **Only eligible itemized receipts dated between August 1<sup>st</sup> and September 6<sup>th</sup>, 2026 will be considered for reimbursement, up to \$1,000.00 Per Child (12 mos. to 18 yrs.)**
- Complete claim form, submit with documentation for approval
- **Optional:** Shopping Trip to Sudbury (pre-registration required), August 29th, 2026 - Money will be distributed on day of shopping trip and must be reconciled on same day
- **Eligible purchases:** Clothing, outerwear (fall/winter gear), school related purchases (backpacks, shoes, school supplies etc.)
- **Claim forms must be completed with documentation and submitted by September 11th, 2026, no exceptions.**
- Any claim forms submitted for reimbursement from **outside Canada** will be subject to the exchange rate, will be in Canadian dollars and be processed by cheque only.
- **Note: NO alcohol or drug related purchases**
- **Items to note: Reimbursement basis**, upon approval of Claim form. Confirmation of approval or notification of missing information within 10 business days.  
Parents/caregivers who do not have the financial resources to purchase the clothing upfront can sign up for the shopping trip (Aug 29th), and the financial assistance will be provided on the day of travel.
- **Eligibility: Children and Youth aged 12 mos. - 18yrs of age.** Must have one parent/caregiver registered as band member of MFN (On or Off reserve). Any applicant who has not reconciled any previous funding received under the Child Family Services Program/March Activity Fund is not eligible for Clothing Assistance Program reimbursement.