



Advanced Education, Skills and Labour

Information for Applicants: Mother Baby Nutrition Supplement

The Mother Baby Nutrition Supplement is for low income pregnant women and families with children under the age of one. To apply, please complete and sign the Application for the Mother Baby Nutrition Supplement and the Consent and Release of Information. You must attach a copy of your (and your spouse/common law spouse's) most recent Notice of Assessment from Canada Revenue Agency and a medical note verifying your pregnancy and expected due date. To avoid delays, please ensure that all information and signatures are provided.

Your eligibility for this supplement will only be assessed when all necessary documentation has been received. To ensure your application is processed in a timely manner, please ensure that the following completed documents are forwarded to this address:

**Mother Baby Nutrition Supplement
P. O. Box 8700,
St. John's, A1B 4J6**

- Application for the Mother Baby Nutrition Supplement
- Applicant Consent and Release of Information Form
- Most recent Notice of Assessment from Canada Revenue Agency (for you and your spouse/common law spouse)
- Medical note verifying pregnancy and expected due date
- Verification/proof of your permanent residency status within Canada, if you were not born in this country (e.g. copies of your Permanent Residency Status Card)
- A completed Direct Deposit Request Form

Following receipt of all required documents, you will be notified of eligibility within 30 days.

For more information please contact the program coordinator at 1-800-508-4788 or visit the website <http://www.aesl.gov.nl.ca/income-support/nutritionssupplement.html>.



Advanced Education, Skills and Labour

Received: _____
Office Use Only

APPLICATION FOR MOTHER BABY NUTRITION SUPPLEMENT (MBNS)

Applicant Name (last, first, middle): _____	
Spouse/Common-law Name (last, first, middle): _____	
Applicant SIN: _____	Spouse/Common-law SIN : _____
Applicant MCP#: _____	Applicant Date of Birth (year/month/day): ____/____/____
Spouse Date of Birth (year/month/day): ____/____/____	
Mailing Address: _____	
Street (house # and street name) or P.O. Box	
Town	Postal Code
Residential Address (if different than above): _____	
Street (house # and street name) Town	
Phone # : _____	
Home	Alternate Contact Number
Email Address (optional): _____	
Family Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/>
Are you a Canadian Citizen ___ Yes ___ No	
If you were not born in Canada, please provide verification of your/your spouse's Permanent Residency Status in Canada (e.g. a copy of your Permanent Residency Card)	

FINANCIAL INFORMATION

<p>What is your combined total net family income for the previous taxation year? _____ (Line 236 on the Notice of Assessment) Please attach Notice of Assessment</p>

PREGNANCY

What is your expected due date? (year/month/day): _____

Please attach a medical note verifying your pregnancy and expected due date

Are you expecting multiple births ___ Yes ___ No If yes, have the medical note indicate the number of births expected, so that a multiple birth benefit can be provided.

Do we have your permission to refer your name and contact information to your local Public Health Nurse (PHN) regarding prenatal care? The PHN can also provide you with information on Prenatal Classes, Healthy Baby Clubs and Family Resource Centres in your surrounding area. Yes No

Declaration and Signature

I declare that the information and answers given to the questions on this application are true to the best of my knowledge. I understand that this information will be used to determine eligibility for the Mother Baby Nutrition Supplement and may be subject to verification by Departmental staff.

I agree that any changes in information contained in this application will be reported to the Client Service Officer with the Mother Baby Nutrition Supplement Program at 1-800-508-4788.

I understand that making false and misleading statements is an offence. Persons making false declarations may be subject to prosecution.

Signature of Applicant

Date

Signature of Spouse/Common-law Spouse

Date



Advanced Education, Skills and Labour

**Applicant Consent and Release of Information Form
Mother Baby Nutrition Supplement Program**

Applicant Name: _____

Spouse/Common-law Name: _____

Mailing Address: _____

All applicants for the Mother Baby Nutrition Supplement (MBNS) must complete, sign and submit this form as part of the application process.

Rights

The Department of Advanced Education and Skills and Labour (AESL) respects your rights to privacy. As stated in the Access to Information and Protection of Privacy Act (ATIPPA), all clients: “have the right to access their personal information that is held within the department and have the right to request the correction of their personal information if there has been an error or omission.”

Responsibilities

I agree to report any changes in my circumstances to the Mother Baby Nutrition Program (1-800-508-4788) that may affect eligibility for this benefit.

I understand that if I fail to report changes in my circumstances, my benefits may be affected. If I receive too much money, I will be required to pay it back. If I am in doubt as to whether a change in circumstances will affect eligibility, I agree to notify the MBNS program. Some examples of changes in circumstances are: change in marital status, adjustments made to most recent Notice of Assessment, change in pregnancy status, changes in address, etc.

Client Consent to Release and Exchange Personal Information

I give consent to Advanced Education and Skills and Labour to obtain and verify information or documents required to confirm my eligibility for the Mother Baby Nutrition Supplement. I give consent to any department, agency or person having such information or documents to release them to AESL employees. This information may be about income, pregnancy, births, marital status, or citizenship. Some examples of these departments, agencies or persons include: Canada Revenue Agency, Vital Statistics, Citizenship and Immigration Canada, and/or Physician.

This information will be relevant to and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the Mother Baby Nutrition Supplement program. This consent is valid for the two taxation years prior to the year of signature.

Contact the program coordinator at 1-800-508-4788 if you have any questions or concerns regarding how your personal information will be used.

I understand that my consent to release personal information is required to apply for or receive benefits from the Mother Baby Nutrition Program. Failure to provide this consent or the withdrawal of my consent will make me ineligible for these benefits.

Signature of Applicant
or Power of Attorney/Trustee

Social Insurance Number

Current Date

Signature of Spouse/Common-law
Spouse **or** Power of Attorney/Trustee

Social Insurance Number

Current Date

If applicant under 14 years of age
Signature of Parent/Guardian **or**
Power of Attorney/Trustee

Current Date



Advanced Education, Skills and Labour

**REQUEST FOR PAYMENT BY
DIRECT DEPOSIT**

Applicant's Name: _____

Mailing Address: _____

Telephone #: _____ email address (optional): _____

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

Signature _____ Date _____

Please attach a cheque marked "VOID" to support the information. If this is not possible, please have an official from your bank verify the information and sign below.

Bank or Financial Institution: _____

Branch Address: _____

Bank Telephone #: _____

TRANSIT # ID #

ACCOUNT #

Signature of Official _____ Date _____

Please return this form to:

**Mother Baby Nutrition Supplement Program
P.O. Box 8700
St. John's, NL
A1B 4J6**