



## 2022/23 ADULT HEALTH & WELLNESS FUNDING APPLICATION

PICK UP

MAIL OUT

Last Name (on Status card):		First Name (on Status card):	
Mailing Address:			Date:
City:	Province:	Postal Code:	
Phone:		Email:	
Splatsin Status Number: 6000			Birthdate:
<b>RECREATION OR HEALTH CATEGORY (CHECK AT LEAST ONE)</b>			
<input type="checkbox"/> Eye exams, prescription glasses, contacts		<input type="checkbox"/> Professional medical services (chiropractic, massage, physiotherapy, footcare & more)	
<input type="checkbox"/> Prescription drugs		<input type="checkbox"/> Dental	
<input type="checkbox"/> Fitness fees		<input type="checkbox"/> Hearing aids, handicap parking permit	
<b>MAXIMUM \$300.00: Attached receipts must be dated on or after April 1, 2022</b>			
All expenses claimed must not be eligible under First Nations Health Benefits, Social Assistance, Employee Health Benefits, Veteran's Benefits, or other resources available to the applicant.			
Description of expenses claimed:			<input type="checkbox"/> Original receipt or invoice attached
Amount \$:	Payable to (Full Name & Address):	Applicant signature:	
<b>FOR INTERNAL USE ONLY</b>			
Finance (10-78350-050)		Administration	
Annual Funding Balance: \$			
Approved Amount: \$			
Finance Initials:	Date:	Administrator Initials:	Date:





# Administration

ELIGIBILITY	HOW TO APPLY
<p>Applicants must be age 19 or older and be a current, registered Splatsin band member.</p>	<p>1. Complete the above application form. Incomplete applications will not be processed. Please ensure your application is complete before submitting.</p>
<p>Submitted original receipts/invoices must be dated between April 1, 2022 and March 31, 2023. Up to \$300.00 per applicant is available.</p>	<p>2. Attach applicable receipts or invoices.</p> <p>3. Drop off or mail the completed application to the Splatsin Administration Office at the address below.</p>
<ul style="list-style-type: none"> <li>• Eye exams and prescription glasses or hearing aids.</li> <li>• User fees for professional medical services and prescription drugs</li> <li>• User fees for dental work.</li> </ul>	<p>4. Wait up to 4 weeks to receive your cheque. <i>Note: All cheques that are not reimbursements will be mailed to the service provider or organization.</i></p>
<p><b>Responsibilities of the Applicant:</b></p> <ul style="list-style-type: none"> <li>• Submit a complete application on or <u>before March 31, 2023</u>.</li> <li>• Attach <u>original</u> receipts or invoices, dated within the eligible funding period (see above).</li> <li>• Allow the Finance Department <u>up to 4 weeks</u> to process your application</li> </ul>	

**Splatsin Administration Office**  
 5775 Old Vernon Road  
 PO BOX 460  
 V0E 1V0

Email: [receptionist@splatsin.ca](mailto:receptionist@splatsin.ca)

Phone: (250) 838-6496

