



## Splatsin

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5775 Old Vernon Road

Tel: 250-838-6496  
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Pick Up \_\_\_\_ Mail Out \_\_\_\_

### 2023/24 Adult Health and Wellness Application

Last Name (on status card):		First Name (on status card):	
Mailing Address (P.O. Box):		Date:	
City:	Province:	Postal Code:	
Phone:	E-mail Address:		
Splatsin Status Number: 6000		Birth Date:	
<u>RECREATION OR HEALTH USER FEE CATEGORIES (CHECK ONE)</u>			
<input type="checkbox"/> Eye Exam, Prescription Glasses, Contacts		<input type="checkbox"/> Professional Medical Services	
<input type="checkbox"/> Prescription Drugs		<input type="checkbox"/> Dental	
<input type="checkbox"/> Fitness Fees		<input type="checkbox"/> Hearing Aid, Handicap Parking Permit	
<b>Maximum \$300.00 <u>ORIGINAL</u> Receipts or Invoices must be dated <b>ON</b> or <b>AFTER</b> April 1, 2023</b>			
<b>All expenses claimed must <u>not</u> be eligible under First Nations Health Benefits, Social Assistance, Employee Health Benefits, Veteran's Benefits, or other resources available to the applicant.</b>			
Description of expense claimed:		<input type="checkbox"/> <b><u>ORIGINAL</u></b> receipt or invoice attached	
Amount: \$	Payable to:	<b>Applicant Signature:</b>	

Finance (10-78350-050)		Administration	
Annual Funding Balance: \$			
Approved Amount: \$			
Finance Initials:	Date:	SEA Initials:	Date:

## Splatsin 2023/24 Health and Wellness Program Adult Fund

<b>Eligibility</b> 	<b>How to Apply</b> 
<ul style="list-style-type: none"> <li>✓ Ages 19+ years</li> <li>✓ <b><u>Splatsin Band member with a status number</u></b></li> </ul>	<ol style="list-style-type: none"> <li>1. Applicants complete the Adult 2023/24 application form</li> <li>2. Attach <b><u>ORIGINAL</u></b> receipts or invoices and note payee.</li> <li>3. Bring the application to <b><u>Splatsin Administration Office</u></b></li> <li>4. Expect a four week waiting period for funding approval.</li> </ol> <p><b>*All cheques that are not reimbursements</b> will be mailed to the service provider or organization.</p> <p><b>**INCOMPLETE APPLICATIONS</b> Will not be processed. Please ensure applications are complete before submitting</p>
<p>Applications with <b><u>ORIGINAL</u></b> receipts or invoices dated from <b>April 1, 2023 until March 31, 2024</b>. Funding is subject to change.</p>	
<p style="text-align: center;"><b>\$300.00 for 2023/24</b></p>	
<ul style="list-style-type: none"> <li>✓ Eye exams and prescription glasses or hearing aids</li> <li>✓ User fees for chiropractor, massage, physio-therapy, prescription drugs</li> <li>✓ User fees for Dental Work</li> </ul>	
<p>Out-of-town applicants may mail completed applications to the Splatsin address above.</p> <ul style="list-style-type: none"> <li>• Applications will be accepted beginning, April 1, 2023. Funding is subject to change.</li> </ul>	

### ***Responsibilities of the Applicant:***

1. *Submit a complete application.*
2. *Attach an original or copy of receipts or invoices, dated within the funding year to the application.*
3. *Allow the Finance Department **4 weeks to process a cheque.***