



## Splatsin

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5775 Old Vernon Road

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Pick Up \_\_\_\_ Mail Out \_\_\_\_

### 2023/24 Child & Youth 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:		
<b>Splatsin Status Number: 6000</b>			
Birth Date:		Parent/Guardian:	
<u>RECREATION OR HEALTH USER FEE CATEGORIES (CHECK ONE)</u>			
<input type="checkbox"/> Recreational fees (sport, art, drama, music lessons)		<input type="checkbox"/> Extra-curricular fees (sport teams or field trips)	
<input type="checkbox"/> Cultural or traditional activities (Canoe Journey, Gathering Our Voices, other identified regional/provincial youth activities)			
<input type="checkbox"/> Health User Fees (Dentist, Eye Exam, Prescription Glasses, Physio/Speech/Massage Therapy, Chiropractor, Prescription Drugs, Podiatrist)			
<b>Maximum \$500.00 <u>ORIGINAL</u> Receipts or Invoices must be dated <b>ON</b> or <b>AFTER</b> April 1, 2023</b>			
<b><i>All expenses claimed must <u>not</u> be eligible through First Nations Health Benefits or other funding sources.</i></b>			
Description of expense claimed:		<input type="checkbox"/> Copy of invoice/registration/ <b><u>ORIGINAL</u></b> receipt attached	
Amount: \$	Payable to:	<b>Parent/Guardian signature:</b>	

Finance (10-78450-050)		Administration	
Annual Funding Balance: \$			
Approved Amount: \$			
Finance Initials:	Date:	SEA Initials:	Date:

## Splatsin 2023/24 Health and Wellness Program Child and Youth Fund

Eligibility 	How to Apply 
<ul style="list-style-type: none"> <li>✓ Ages 0 - 18</li> <li>✓ <b><u>Splatsin Band member with a valid status number</u></b></li> </ul>	<ol style="list-style-type: none"> <li>1. Parents or guardians complete the Child and Youth 2023/24 application form.</li> </ol>
<p>Applications with <b><u>ORIGINAL</u></b> receipts or invoices dated <b>from April 1, 2023 until March 31, 2024.</b></p> <p>Funding is subject to change.</p>	<ol style="list-style-type: none"> <li>2. Attach <b><u>ORIGINAL</u></b> receipts or registration form or invoice.</li> <li>3. Bring the application to <b><u>Splatsin Administration Office.</u></b></li> </ol>
<p><b>\$500.00 for 2023/24</b></p>	<ol style="list-style-type: none"> <li>4. Expect a four-week waiting period for funding approval.</li> </ol>
<ul style="list-style-type: none"> <li>✓ Extra-curricular activities (sports or field trip fees)</li> <li>✓ Recreational fees (sports, music, drama, art, clubs)</li> <li>✓ Cultural/traditional activity fees (Canoe Journey, Gathering Our Voices, other identified provincial and regional youth activities)</li> <li>✓ Health User Fees (Eye Exam, Prescription Glasses, Prescription Drugs, Physio/Speech/Massage Therapy, Chiropractor, Podiatrist)</li> </ul>	<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>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 Parent or Guardian:***

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 cheque.***