



2024/25 ADULT HEALTH & WELLNESS FUNDING APPLICATION

MAIL OUT / PICK UP

Last Name (on Status card):		First Name (on Status card):	
Mailing Address:			Date:
City:	Province:		Postal Code:
Phone:		Email:	
Splatsin Status Number:			Birth Date:
RECREATION OR HEALTH CATEGORY (CHECK AT LEAST ONE)			
<input type="checkbox"/> Eye exams, prescription glasses, contacts		<input type="checkbox"/> Chiropractor, massage, physiotherapy	
<input type="checkbox"/> Prescription drugs		<input type="checkbox"/> Dental	
<input type="checkbox"/> Fitness fees		<input type="checkbox"/> Hearing aids, handicap parking permit	
MAXIMUM \$300.00: Attached receipts must be dated on or after April 1, 2024			
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):		Applicant signature:
FOR INTERNAL USE ONLY			
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 receipts/invoices must be dated between April 1, 2024 and March 31, 2025. Up to <u>\$300.00</u> 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 or email it to receptionist@splatsin.ca.</p>
<ul style="list-style-type: none"> • Eye exams and prescription glasses or hearing aids • User fees for chiropractic, massage, physiotherapy, and prescription drugs • User fees for Dental Work 	<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>Responsibilities of the Applicant:</p> <ul style="list-style-type: none"> • Submit a complete application on or <u>before March 31, 2025</u>. • Attach an original or copy of receipts or invoices, dated within the eligible funding period (see above). • Allow the Finance Department <u>up to 4 weeks</u> to process your application 	

Splatsin Administration Office

5775 Old Vernon Road
 PO BOX 460
 V0E 1V0

Email: receptionist@splatsin.ca

Phone: (250) 838-6496

