APPLICANT GUIDE

Health Resources Project



About the Program

Métis Nation of Ontario Announces New Health Resources Project

The Métis Nation of Ontario (MNO) is pleased to announce the launch of a new Health Resources Project, made possible through funding capacity. This project, which will be managed by the Healing and Wellness Branch, is designed to provide Métis Citizens (verified) with easy access to supplemental health support within the definition of Eligible Medical Expenses from the Canada Revenue Agency.

Program Details

- Application Process: Applications can be submitted as needed by each citizen within the fiscal year (April 1st March 31st) accompanied by the required documents including income statements meeting the minimum requirements as laid out in the Health Resources FAQ page.
- Time Period & Benefit Amount: Now (2025) until March 31st, 2026 up to \$1,250.00 per Verified MNO Citizen.
- **Payment Process:** Funds will be disbursed through direct deposit by the MNO Finance Branch within a 30-day processing period. Direct deposit information must be provided during the initial application.
- **Follow-Up:** Receipts for health services or items identified in the application must be submitted after receiving the services or items in order to receive future reimbursement.

This project aims to provide a simplified process to accessing financial support for health services, ensuring that Verified MNO Citizens can receive the care they need. Eligible medical expenses include: **Dental Care**; **Vision Care**, **Fees for Health Testing such as lab tests or other diagnostics, Medications, Vaccines, & Assistive Devices.**

Accessing the Support

- · Complete and submit application & verification declaration
- Must provide a quote of services or items requested at the time of initial application
- · Must provide a copy of receipt for service or item
- Must provide direct deposit details to receive reimbursement
- Must be able to provide proof of monthly net (before tax) earnings for family unit aged 18+ (excluding those 18-29 currently attending school) in the form of a Notice of Assessment for the previous tax year
- Must be able to provide proof of exhausted benefits, such as statement of remaining coverage from provider for requested need
- Expected timeline: Please allow up to 7 business days for application processing

Application Checklist

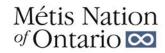
e use the following checklist to ensure all information and documentation is provided for review in order to avoid elay in acknowledging your application:
Copy of MNO Citizenship Card
Copy of Applicants ID with Address
Copy of quote or receipt for health services or items required
Direct Deposit form or void cheque from banking institution
to receive reimbursement
Copy of Notice of assessment as proof of income
Proof of exhausted Benefits statement from provider

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Region Map



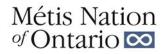
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SECTION 1 - CITIZEN APPLICANT INFORMATION:

CITIZEN APPLICANT:			
First Name:		Last Name: Work/Cell Telephone (including area code):	
Home Telephone (including area code):			
Gender: Man Woman Two spirit Prefer to self-describe:	Email Address:		Date of Birth: —//
Prefer not to say Marital Status: Single Separated Married Widowed Common Law Divorced	Metis Citizenship number		Region Number City/Town
Parent/Guardian Details (for applican	its under the age of :		
First Name:		Last Name:	
Home Telephone (including area code):		Work/Cell Telephone (including area code):	
Gender: Man Woman Two Spirit Prefer to self-describe: Prefer not to say	Email Address:		Date of Birth: //
Marital Status: Single Separated Married Widowed Common Law Divorced	Metis Citizenship number (if applicable)		
Household Composition:			
Please indicate how many individual in y	our family unit fall into	o each category:	
Under 18 years old:	Age	ed 18 or older and not in scho	ol
Aged 18-29 and currently in school	Tot	al number of people in house	hold

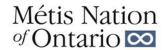
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SECTION 2 - SUPPORT REQUEST

For this application, please identify which area of health this financial benefit will support.			
Dental Care			
Hearing Care			
Vision Care			
Fee for Health Testing such as lab tests or other diagnostics			
Assistive Device			
Medications/Vaccines			
Other			
Please Specify:			
Please email all requested documents as an attachment to:			
metishealth@metisnation.org			
In the email subject line, if not auto populated, please be sure to include Health Benefits Application – Your Name			

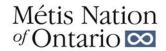
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SECTION 4 – DECLARATION Part 1

I hereby declare and certify that the above information is corr	cet and true.			
I understand that this is an application for support the Métis Nation of Ontario - Healing & Wellness Branch	under the Health Resources Project administered through n.			
I understand that the applicant, I, must be a Verified Métis Citizen by the MNO Section 35 Rights Policy.				
I understand the project will pay me directly throu processing time is 30 business days.	igh direct deposit and that minimum			
I understand failure to provide receipts from a prevermainder of the fiscal.	vious application will result in ineligibility to apply for the			
I understand this support is for the sole purpose of	receiving identified health resource support.			
Applicant Signature	_ Date			
DECLARATION Part 2 - Please check only those boxes				
DECLARATION Part 2 - Please Clieck Only those boxes	that apply			
	fits through an employer/spousal/partner/parent or other			
I, the applicant, currently receive no medical benef	fits through an employer/spousal/partner/parent or other partner/parent or other partner/parent or other medical benefits for the year			
I, the applicant, currently receive no medical beneful. I have currently exhausted my employer/spousal/pertaining specifically to the item or service specified in this a	fits through an employer/spousal/partner/parent or other partner/parent or other partner/parent or other medical benefits for the year application and am able to provide proof of this through a			
I, the applicant, currently receive no medical benefication of the currently exhausted my employer/spousal/pertaining specifically to the item or service specified in this abenefits statement.	fits through an employer/spousal/partner/parent or other partner/parent or other medical benefits for the year application and am able to provide proof of this through a ements and am able to provide proof of accuracy			
I, the applicant, currently receive no medical benefication of the currently exhausted my employer/spousal/pertaining specifically to the item or service specified in this abenefits statement. I meet the qualifying family unit net income require	fits through an employer/spousal/partner/parent or other partner/parent or other medical benefits for the year application and am able to provide proof of this through a ements and am able to provide proof of accuracy			
I, the applicant, currently receive no medical benefication of the currently exhausted my employer/spousal/pertaining specifically to the item or service specified in this abenefits statement. I meet the qualifying family unit net income require	fits through an employer/spousal/partner/parent or other partner/parent or other medical benefits for the year application and am able to provide proof of this through a ements and am able to provide proof of accuracy polled in school			

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SECTION 5 - PERMISSION TO ACCESS

I consent to and authorize the MNO Programs & Services branch Healing & Wellness to confirm my MNO Citizenship file status with the Métis Nation of Ontario Registry (i.e., whether or not my file is complete and meets the MNO's current requirements for MNO citizenship) for the purpose of applying for and determining my eligibility to potentially access programs, services, and/or supports subject to MNO Policy #2021-001: Eligibility for Direct Benefits Programs and Services Policy, https://www.metisnation.org/news/mno-announces-policy-updates/. I understand that if my citizenship file is not complete, I do not qualify for this benefit. However, I may update or attempt to complete my citizenship file and then re-apply.

Applicant Name:	 	
Home Address: _		
Citizen/Guardian		
Signature: _	 	
Date:		

Disclaimer: This document is for the sole purpose of confirming an applicant Métis family line in order to qualify for the Métis Nation of Ontario Health Benefit Support Program. This Permission to access form does not replace the Métis Nation of Ontario citizenship application. If you have any questions regarding Metis Citizenship, please contact the Registry at:

Tel: 613-798-1006 Toll-Free: 855-798-1006

E-mail: info@mnoregistry.ca Web: www.metisnation.org