

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; Hearing 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) such as a Notice of Assessment for the previous tax year, T4 tax form, minimum 2 Pay Stubs or confirmation of annual income
- 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

Please use the following checklist to ensure all information and documentation is provided for review in order to avoid any delay 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
- ☐ Proof of income as listed above
- ☐ Proof of exhausted Benefits statement from provider

APPLICATION

Health Resources Project

Region Map



APPLICATION

Health Resources Project

SECTION 1 - CITIZEN APPLICANT INFORMATION:

CITIZEN APPLICANT:

First Name:		Last Name:	
Home Telephone (including area code):		Work/Cell Telephone (including area code):	
Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Two spirit <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to say	Email Address: _____		Date of Birth: ____/____/____ MM DD YYYY
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced	Metis Citizenship number _____		Region Number City/Town _____

Parent/Guardian Details (for applicants under the age of 16):

First Name:		Last Name:	
Home Telephone (including area code):		Work/Cell Telephone (including area code):	
Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Two Spirit <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to say	Email Address: _____		Date of Birth: ____/____/____ MM DD YYYY
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced	Metis Citizenship number (if applicable) _____		

APPLICATION

Health Resources Project

SECTION 2 - SUPPORT REQUEST

For this application, please identify which area of health this financial benefit will support.

<input type="checkbox"/>	Dental Care
<input type="checkbox"/>	Hearing Care
<input type="checkbox"/>	Vision Care
<input type="checkbox"/>	Fee for Health Testing such as lab tests or other diagnostics
<input type="checkbox"/>	Assistive Device
<input type="checkbox"/>	Medications/Vaccines
<input type="checkbox"/>	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

APPLICATION

Health Resources Project

SECTION 3 – DECLARATION Part 1

I hereby declare and certify that the above information is correct and true.

☐ I understand that this is an application for support under the Health Resources Project administered through the Métis Nation of Ontario - Healing & Wellness Branch.

☐ 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 through direct deposit and that minimum processing time is 30 business days.

☐ I understand failure to provide receipts from a previous application will result in ineligibility to apply for the remainder of the fiscal.

☐ 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 that apply

☐ I, the applicant, currently receive no medical benefits through an employer/spousal/partner/parent or other

☐ I have currently exhausted my employer/spousal/partner/parent or other medical benefits for the year pertaining specifically to the item or service specified in this application and am able to provide proof of this through a benefits statement.

☐ I meet the qualifying family unit net income requirements and am able to provide proof of accuracy

☐ I am between the ages of 18-29 and currently enrolled in school

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

APPLICATION

Health Resources Project

SECTION 4 - 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.metsnation.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.metsnation.org