

### About the Program

#### Métis Nation of Ontario Health Resources Project

The Métis Nation of Ontario (MNO) is pleased to continue offering the Health Resources Project, supported through dedicated capacity funding. Managed by the Healing and Wellness Branch, this initiative provides verified Métis Citizens with access to supplemental health supports, in alignment with the Canada Revenue Agency's definition of Eligible Medical Expenses.

### 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:** April 1st, 2026 until March 31<sup>st</sup>, 2027 - 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 45-day processing period. Direct deposit information must be provided during the initial application.

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 copy of receipt for service or item
- Must provide direct deposit details to receive reimbursement
- Must provide proof of annual net (before tax) income for all family members aged 18+ (excluding those 18–29 attending school). Acceptable document is a Notice of Assessment (NOA) from previous tax year.
- Must be able to provide proof of exhausted benefits, such as statement of remaining coverage from provider for requested need

## 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:

- Permission to access signed
- Copy of Applicants ID with Address
- Copy of receipt for health services or items required
- Direct Deposit form or void cheque from banking institution to receive reimbursement
  
- Proof of income
- Proof of student enrollment (If applicable)
- Proof of exhausted Benefits statement from provider

Annual Net Income Eligibility	
Household Size	Annual Earnings
1	\$43,331.74
2	\$61,276.15
3	\$75,054.34
4	\$86,658.43
5	\$96,886.61
6	\$106,133.50
7	\$114,640.01
8	\$122,556.00
9	\$129,990.34
10	\$137,023.15

# 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 _____      _____
<b>Preferred Method of Contact:</b>		<b>Email</b>	<b>Phone</b>

#### 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

### Household Composition (if applicable)

Household Member First/Last Name	Relationship to Applicant	Age	In School (Y/N)	Pays Rent (Y/N)

### Section 2 - Support Person (If applicable)

For this application, please identify the person who is supporting you during this application process. By providing their name, you give us permission to communicate with them about your file when needed. Your signature below confirms that you consent to this communication.

**Support Person Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Citizen/Applicant/Guardian Signature

[metishealth@metisnation.org](mailto: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 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.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:**

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**Home Address:**

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Citizen/Applicant/Guardian Signature:

Date:

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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](mailto:info@mnoregistry.ca) Web: [www.metisnation.org](http://www.metisnation.org)