APPLICANT GUIDE

Health Resources Project

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

Time Period & Benefit Amount: April 1st, 2026 until March 31st, 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-dayprocessing 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, Medications, Vaccines, Associated cost for Licensed Health Professionals & Assistive Devices.**

Accessing the Support

- Complete and submit application & verification declaration
- Provide your total 2025 net household income as outlined in the application.
- Provide a copy of receipt for the requested health resource/item/service.
- Provide direct deposit details from a financial institution to receive reimbursement
- Confirm whether health benefits are available and, if applicable, whether available coverage has been exhausted for the requested health resource.

Application Checklist

Please use the following checklist to ensure all required information and documentation is included for review. Providing complete documentation will help avoid delays in processing your application:

- ☐ Permission to access signed
- ☐ Receipt for requested health resource/item/service
- ☐ Direct Deposit form or void cheque from financial institution to receive reimbursement

APPLICATION

Health Resources Project

Region Map

Please submit to: **metishealth@metisnation.org**

Métis Nation of Ontario

APPLICATION

Health Resources Project

Section 1 – Citizen Applicant Information

Citizen Applicant:

First Name: Last Name:

Date of Birth: Email:

Home Phone (including area code): Work/Cell (including area code):

Gender:
☐ Man ☐ Woman ☐ Two spirit ☐ Prefer to self – describe ☐ Prefer not to say

Marital Status:
☐ Single ☐ Separated ☐ Married ☐ Widowed ☐ Common Law ☐ Divorced

Métis Citizenship Number / Expiry Date: Region Number:

City/Town:

Are you (the applicant) currently enrolled in school? ☐ Y ☐ N

Preferred Method of Contact: ☐ Email: ☐ Phone:

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

First Name: Last Name:

Date of Birth: Email:

Home Phone (including area code): Work/Cell (including area code):

Gender:
☐ Man ☐ Woman ☐ Two spirit ☐ Prefer to self – describe ☐ Prefer not to say

Marital Status:
☐ Single ☐ Separated ☐ Married ☐ Widowed ☐ Common Law ☐ Divorced

Please submit to: **metishealth@metisnation.org**

APPLICATION

Health Resources Project

Household Composition (if applicable)

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

Section 2 – Household Income

Please enter your total household's 2025 net income using the amount(s) reported on the combined relevant **2025 Notice of Assessment(s) (NOA)**. Income could be but is not limited to employment, Ontario Disability Support Program, Ontario Works, Employment Insurance, or Retirement Income. Please do not include the income of household members who are between the ages of 18 and 29 and are currently enrolled in school.

Total Net Household Income (2025):

$ _____

☐ No household income to report

Please submit to: **metishealth@metisnation.org**

Métis Nation of Ontario

APPLICATION

Health Resources Project

Section 3 – Health Resource Requested

Health resource/item/service requested:

Amount requested: $

☐ I have attached a receipt for the health resource identified above.

☐ I confirm that this health resource was recommended/prescribed by a medical professional.

Do you have health benefits available through an employer, spouse/partner, parent, or another source?
☐ Y ☐ N

If **yes**, have your available benefits been exhausted for the health resource requested above?
☐ Y ☐ N ☐ Not applicable

Section 4 - 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:

Please submit to: **metishealth@metisnation.org**

APPLICATION

Health Resources Project

Section 5 – Declaration

I hereby declare and certify that the information provided in this application 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, must be a Verified Métis Citizen by the MNO Section 35 Rights Policy.

I understand that approved reimbursements will be issued directly to me through direct deposit and that minimum processing time is 45 business days.

I (name) _____ of (DOB or address) _____ , (Citizenship #) _____ , hereby declare that the information submitted by me on the Métis Nation of Ontario Health Resources Project application form is correct, true, and valid as of (submission date) _____.

If requested by the MNO, I agree to submit any supporting documents that may aid in my application approval including proof of income and/or proof of exhausted medical benefits.

I understand that any false information given on my application and/or failure to provide requested supporting documents may result in the denial of my current application.

I understand this support is for the sole purpose of obtaining the approved health resource identified in this application.

I confidently affirm that I have reviewed the information provided in the Health Resources Project application.

Citizen/Applicant/Guardian Signature: Date:

Please submit to: **metishealth@metisnation.org**

APPLICATION

Health Resources Project

SECTION 6 - 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:

Applicant Date of Birth:

Citizen/Applicant/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

Métis Nation of Ontario