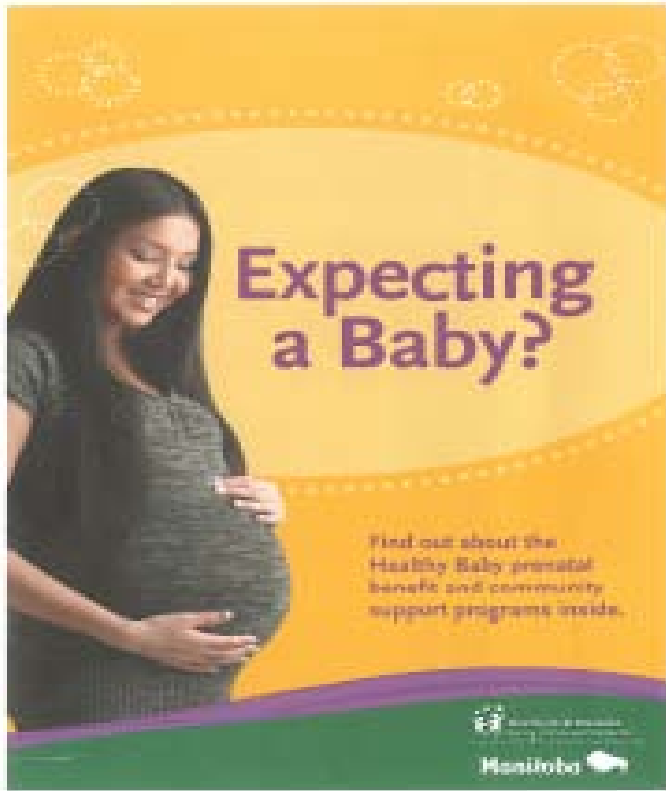


Healthy Baby:

A two part program that includes the Manitoba Prenatal Benefit and Community Support Programs.





The Manitoba Prenatal Benefit (MPB) is a financial benefit to help low income pregnant women meet their nutritional needs during pregnancy.

The benefit also acts as a mechanism to connect women to health and community resources in their area.

- Women who are pregnant, live in Manitoba and have a net family income of less than \$32,000 a year qualify for the benefit.
- The benefit starts in the 14th week of pregnancy and ends the month of the expected due date.
- The minimum benefit is \$10.00 and the maximum is \$81.41 (applicants receiving income assistance are eligible for the maximum benefit of \$81.41).
- The maximum number of benefits is 7.
- In 2005, an amendment was made to the MPB Regulation allowing eligibility status for pregnant teens that are wards under *The Child and Family Services Act*. All teens, regardless of guardianship or financial circumstances, can apply for the Prenatal Benefit.

Is Healthy Baby Making a Difference?

Summary of Manitoba Centre for Health Policy Outcomes (2010/2013)

Manitoba Prenatal Benefit

MPB was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation. MPB reaches the majority of low-income women, close to 1/3 of all births.

Community Support Program

CSPs are associated with increased prenatal care and increased breastfeeding and an unexpected decrease in continuity of care. CSPs are not reaching as many low-income women as expected.



Application Process

Healthy Baby Prenatal Benefit Application

Part 1 - Information About You File number: _____ (for office use only)

- Last name _____ First name _____ Other initials _____
Last name at birth (if different from above) _____
- Apt. # _____ Street number and name _____
Box # _____ City/Town _____ Postal Code _____
- Home telephone number _____ Other number _____
- What is your date of birth? (Month/Day/Year) _____
- We require your Manitoba Health information to confirm that you live in Manitoba.
Registration Number (6 digits) _____
PHIN (9 digits) _____
- Are you now single separated/divorced married living with a partner
partner/spouse last name _____ first name _____
- Do you have a Social Insurance Number? Yes No
If yes, please provide your number: _____
- What is your baby's due date? (Month/Day/Year) _____

NOTE: You need to attach an original signed note (not a photocopy) from your doctor (or other health care provider such as nursing station nurse, midwife, etc.) that confirms your pregnancy and due date.

- Is this your first pregnancy? Yes No

Healthy Baby hopes to reach many women in Manitoba. The following information will help us better understand who receives the benefit and determine if we are meeting this goal.

- Do you have a regular health care provider (doctor, midwife, public or community health nurse, etc.)? Yes No
- Did you complete high school? Yes No
 - If no, Less than Grade 9 Grade 9 to 11 Still in school
 - Formal education after high school Yes No

For help filling out this form, call 1-888-848-0140.

Healthy Child Manitoba
Putting children and families first
Manitoba

Healthy Child Manitoba
Putting children and families first
Manitoba

Healthy Baby: Manitoba Prenatal Benefit
3rd floor 332 Bannatyne Avenue, Winnipeg, Manitoba R2M 0Z2
T 204-945-1201 F 204-945-2033 Toll-free 1-800-643-1142
www.manitoba.ca

DECLARATION OF INCOME FOR MINOR APPLICANTS

PERSONAL INFORMATION:
You must be 18 or under and have never filed income tax to use this form. (Please print)

Last Name: _____ First Name: _____
Date of Birth: _____ SIN: _____
Mailing Address: _____ Home telephone: _____
Postal Code: _____

APPLICANT'S DECLARATION:

Please check the box that describes your situation.

I have never worked

I have worked but made less than \$11,038.00 (basic personal income tax exemption by Canada Revenue Agency)

I understand that the information contained on this form will be added to my application for Healthy Baby: Manitoba Prenatal Benefits. I consent to Healthy Child Manitoba using this information for the general administration and enforcement of the program. Any other use or any disclosure of this information by Healthy Child Manitoba must be authorized by me or authorized under the Freedom of Information and Protection of Privacy Act of Manitoba.

I understand that I am not automatically entitled to program consideration and that the Manitoba Prenatal Benefit office will review the information I am providing on this form. The office will decide if program consideration will apply to me.

APPLICANT: (Signature is required)

Signature: _____ Date: _____

NOTE: It is in your best interest to file income tax, even if you have never worked or made less than the basic exemption. Doing so will create eligibility for other programs such as the National Child Benefit.

A partnership of
Manitoba Children and Youth Opportunities (CMYO) • Manitoba Aboriginal and Northern Affairs • Manitoba Culture, Heritage and Tourism
Manitoba Education, Skills and Labour / Bureau of Women • Manitoba Health • Manitoba Healthy Living, Seniors and Consumer Affairs • Manitoba Housing and Community Development • Manitoba Immigration and Multiculturalism • Manitoba Justice

Government of Canada / Gouvernement du Canada
SOCIAL INSURANCE NUMBER APPLICATION
APPLICATION FOR A

PROTECTED WHEN COMPLETED - A

FINDER NO. _____ DATE _____

DO NOT WRITE IN THIS AREA

FIRST SOCIAL INSURANCE NUMBER CARD
REPLACEMENT CARD
LEGAL CHANGE OF NAMES
CHANGE OF STATUS
UPDATE TO RECORD (no card will be issued)
CHANGE TO THE EXPIRY DATE
OTHER SPECIFY _____

INFORMATION CONCERNING THE APPLICANT PRINT CLEARLY IN BLUE OR BLACK INK

1 NAME TO BE ON CARD First Given Name Other Given Names (to be printed on card) Family Name
2 DATE OF BIRTH Day Month Year 3 GENDER Male Female Check if you are a M.M. TRANS, etc.

4 MOTHER'S NAME (as birth) Given Name(s) Family Name 5 FATHER'S NAME Given Name(s) Family Name

6 APPLICANT'S PLACE OF BIRTH City, Town or Village Province Country

7 APPLICANT'S FAMILY NAME AT BIRTH 8 OTHER GIVEN NAMES: PREVIOUSLY USED

9 HAVE YOU EVER HAD A SOCIAL INSURANCE NUMBER? No Yes 10 IF "YES", WRITE YOUR NUMBER HERE

11 STATUS IN CANADA Citizen Registered Foreigner Permanent Resident Other Are you currently residing in Canada? Yes No 12 Home Telephone Number Daytime Telephone Number

13 MAIL TO: Address where you want your card to be sent: Number and street City, Town or Village Province Postal Code Apartment No. Date

14 IF the applicant is under 12 years of age, the father, mother or legal guardian must sign and indicate their relationship. If you are a guardian, you must submit a document proving proof of legal guardianship. If "X" is used as a signature, have two witnesses sign here.

APPLICANT'S SIGNATURE

The name(s) formerly used will be maintained in the Social Insurance Number register. Information collected on this form is used for the purpose of issuing Social Insurance Numbers. It is reported to and authorized by the Employment Insurance Act. For more details on the uses and rights concerning collection and correction of the information, refer to the publication Info Source, Form No. HSD-0-PHY (98), available in Human Resources Centres of Canada and major public libraries.

IT IS AN OFFENSE TO FURNISH FALSE INFORMATION FOR MORE THAN ONE SOCIAL INSURANCE NUMBER AND TO GIVE OR LEND YOUR CARD TO ANYONE.

DO NOT WRITE BELOW - FOR LOCAL OFFICE USE ONLY

A ALL NAMED ON PRIMARY DOC. Given Names Family Name
B DATE OF BIRTH (RE-BORN) Day Month Year C PRIMARY DOCUMENT BEEN SUBMITTED Abreviation D NUMBER ON DOCUMENT

E SUPPLEMENTARY DOCUMENT BEEN SUBMITTED Abreviation F LOCAL OFFICE FILE NO. CERTIFICATION STAMP

G FEE PAID Amount \$ Receipt No.
H REASONS / REASON FOR PRIORITY REQUEST

MAN-2120-01-041 (Internet version)

Canada

Forms that need to be completed

Teen Application Scenarios

Teens that have not filed an Income Tax return but have a Social Insurance Number:

- An application form needs to be completed.
- Include a medical note with the expected date of delivery.
- Include a completed Declaration of Income form.

Teens that don't have a Social Insurance Number:

- An application form needs to be completed.
- Include a medical note with the expected date of delivery.
- Include a completed Declaration of Income form.
- Include a copy of a completed and signed SIN application form (need a Birth Certificate to apply for a SIN).

Teens receiving Income Assistance or a ward of CFS that don't have a Social Insurance number:

- An application form needs to be completed, making sure that part 2, section B (consent to confirm that you receive income assistance) is filled in.
- Include a medical note with the expected date of delivery.
- Include a copy of a completed and signed SIN application form.

Teens living with a partner:

- An application form needs to be completed.
- Include a medical note with the expected date of delivery.
- Include a Change in Family Status form and if they are working, include 2 consecutive paystubs for both applicant and partner. If they are not working, check off that they are not working.

Healthy Child Manitoba
A Child Protection and Services Unit

Manitoba

Healthy Baby: Manitoba Prenatal Benefit
200-221 Manitoba Avenue, Winnipeg, Manitoba R3A 0B2
T 204-945-1201 F 204-945-2303 Toll-Free 1-888-660-0140
2016-2017/18

PRENATAL BENEFIT - CHANGE IN EMPLOYMENT OR FAMILY STATUS

PERSONAL INFORMATION - PLEASE PRINT

Last Name: _____ First Name: _____
Date of Birth: _____ SIN: _____

CHANGE IN FAMILY INCOME - You must complete this section to tell us why your income has changed. Please use the back of the form if you need more space.

Please list place of employment (in current year) and provide at least 2 pay stubs from each job for you and your spouse, if applicable. If you received other income such as rental income, EI benefits, Worker's Compensation or income assistance, you must also provide that information. Please use the reverse side of this form if you require more space.

<input type="checkbox"/> EMPLOYMENT OR <input type="checkbox"/> OTHER INCOME	START DATE	END DATE
_____	_____	_____
_____	_____	_____

CHANGE IN MARITAL STATUS - You may be eligible for an increase in benefits if your marital status has changed. Please tell us when this change happened.

Separated Divorced Widowed Date: _____

DECLARATION - Applicant and spouse (if you have one) must date and sign this form to request a change in benefits.

I understand the information contained on this form will be added to my Manitoba Prenatal Benefit application. To the best of my knowledge, the information I have given on this form is true, complete and correct. I understand that all personal information I provide to the Healthy Baby program will remain confidential and will be used for: determining program eligibility; calculating benefit levels; preventing and detecting fraud; and for program planning and evaluation purposes.

I understand that I am not automatically entitled to program consideration and that the Manitoba Prenatal Benefit office will review the information I am providing on this form. The Prenatal Benefit office will decide if program consideration will apply to me.

Applicant Signature: _____ Date: _____
Spouse Signature: _____ Date: _____

A member of
Health Services and Seniors, Aboriginal and Northern Affairs, Culture, Heritage and Tourism, Education, Family Services and
Community Affairs, Health, Justice, Labour and Immigration / Status of Women

Questions?



Thank You!

