Prenatal – Early Childhood Nutrition Supplement
Information for Applicants

The Prenatal – Early Childhood Nutrition Supplement (PECNS) is a benefit for low-income expectant individuals and families with children under age five. Eligible individuals receive $150 per month to assist with the cost of nutritional requirements during pregnancy and up to the child's fifth birthday. During the month of expected delivery, eligible individuals also receive a one-time payment of $150. Eligibility is based on individual/family income from the previous year.

To apply, please complete the attached **Application for the Prenatal – Early Childhood Nutrition Supplement (PECNS)** and **Applicant Consent and Release of Information** and return with the following documents:

- o Verification of **Social Insurance Number** - applicant and spouse/partner (if applicable)
- o Verification of **date of birth** - applicant and spouse/partner (if applicable)
- o Verification of **MCP** (applicant)
- o A completed **Request for Payment by Direct Deposit**
- o A medical note verifying the **expected date of delivery**
- o **Notice of Assessment** from Canada Revenue Agency - applicant and spouse/partner (if applicable)
- o If not born in Canada, verification/proof of Permanent Residency Status (e.g. photocopy of your **Permanent Residency Status Card**)

Eligibility can only be assessed once all necessary documentation has been received. Applicants will be notified of eligibility within 30 days of receipt of all required documents. To avoid delay please forward all required information and signatures to:

Prenatal – Early Childhood Nutrition Supplement
45 Tilley's Road
Clarenville, NL
A5A 1Z4
Fax: 709-729-7499
Email: NutritionSupplement@gov.nl.ca

For more information, please contact the Program Coordinator at
1-800-508-4788,
or visit our website at
https://www.gov.nl.ca/cssd/income-support/nutritionsupplement/

Received: _____
(office use only)

APPLICATION: PRENATAL – EARLY CHILDHOOD NUTRITION SUPPLEMENT (PECNS)

Applicant Name (last, first, middle): _____

Family Status: Married ☐ Single ☐ Common-law/Partner ☐ Divorced ☐

Spouse/Partner Name (last, first, middle) if applicable: _____

Spouse/Partner SIN if applicable: _____

Spouse/Partner Date of Birth if applicable: ____/____/____

Applicant SIN: _____

Applicant MCP#: _____

Applicant Date of Birth (year/month/day): ____/____/____

Address: _____
Street (house # and street name) P.O. Box

_____
Town Postal Code

Phone #: _____
Home Alternate Contact Number

Email Address (optional): _____

Are you a Canadian Citizen Yes ☐ No ☐
If you were not born in Canada, please provide verification of your/your spouse or partner's Permanent Residency Status in Canada (i.e. a copy of your Permanent Residency Card)

FINANCIAL INFORMATION

What is your combined total net family income for the previous taxation year? _____
(*Line 236 on the Notice of Assessment*) Please attach Notice of Assessment

PREGNANCY

What is your expected due date? (year/month/day): _____

Please attach a medical note (from nurse, nurse practitioner or physician) verifying your pregnancy and expected due date.

Are you expecting multiple births Yes □ No □. If yes, have the medical note indicate the number of births expected, so that a multiple birth benefit can be provided.

Do we have your permission to refer your name and contact information to your local Public Health Nurse (PHN) regarding prenatal care? The PHN can also provide you with information on pre-natal classes, Healthy Baby Clubs and Family Resource Centres in your area.

Yes □ No □

Declaration and Signature

I declare that the information and answers given on this application are true to the best of my knowledge. I understand that this information will be used to determine eligibility for the Prenatal - Early Childhood Nutrition Supplement and may be subject to verification by Departmental staff.

I agree that any changes in information contained in this application will be reported to the Client Service Officer with the Prenatal - Early Childhood Nutrition Supplement at 1-800-508-4788.

I understand that making false and misleading statements is an offence. Persons making false declarations may be subject to prosecution.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Spouse/Partner (if applicable) Date

Form # 14-1137
November 2025

Applicant Consent and Release of Information Form
Prenatal – Early Childhood Nutrition Supplement

Applicant Name: _____

Spouse/Partner Name (if applicable):_____

Mailing Address: _____

All applicants for the Prenatal – Early Childhood Nutrition Supplement (PECNS) must complete, sign, and submit this form as part of the application process.

Rights

The Department of Social Supports and Well-Being (SSWB) respects your rights to privacy. As stated in the Access to Information and Protection of Privacy Act (ATIPPA), all clients: “have the right to access their personal information that is held within the department and have the right to request the correction of their personal information if there has been an error or omission.”

Responsibilities

I agree to report any changes in my circumstances to the Prenatal – Early Childhood Nutrition Supplement (1-800-508-4788) that may affect eligibility for this benefit.

I understand that if I fail to report changes in my circumstances, my benefits may be affected. If I receive too much money, I will be required to pay it back. If I am in doubt as to whether a change in circumstances will affect eligibility, I agree to notify the PECNS program. Some examples of changes in circumstances are change in marital status, adjustments made to most recent Notice of Assessment, change in pregnancy status, changes in address, etc.

Client Consent to Release and Exchange Personal Information

I give consent to SSWB to obtain and verify information or documents required to confirm my eligibility for the Prenatal – Early Childhood Nutrition Supplement. I give consent to any department, agency or person having such information or documents to release them to SSWB employees. This information may be about income, pregnancy, births, marital status, or citizenship. Some examples of these departments, agencies or persons include Canada Revenue Agency, Vital Statistics, Citizenship and Immigration Canada, and/or Physician.

This information will be relevant to and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the Prenatal - Early

Childhood Nutrition Supplement Program. This consent is valid for the two taxation years prior to the year of signature.

Contact the program coordinator at 1-800-508-4788 if you have any questions or concerns regarding how your personal information will be used.

I understand that my consent to release personal information is required to apply for or receive benefits from the Prenatal – Early Childhood Nutrition Program. Failure to provide this consent or the withdrawal of my consent will make me ineligible for these benefits.

_____ _____

Signature of Applicant or Power of Attorney/Trustee — Date

_____ _____

Signature of Spouse or Partner or Power of Attorney/Trustee (if applicable) — Date

_____ _____

If applicant under 14 years of age Signature of Parent/Guardian **or** Power of Attorney/Trustee — Date

Newfoundland & Labrador

REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Applicant's Name: _____

Mailing Address: _____

_____

_____

Telephone #: _____ **email address (optional):** _____

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

_____ _____

Signature **Date**

Please attach a cheque marked "VOID" to support the information. If this is not possible, please have an official from your bank verify the information and sign below.

Bank or Financial Institution: _____

Branch Address: _____

_____

Bank Telephone #: _____

TRANSIT # ☐ ☐ ☐ ☐ ☐ **ID #** ☐ ☐ ☐

ACCOUNT # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

_____ _____

Signature of Official **Date**

Please return this form to:

Prenatal – Early Childhood Nutrition Supplement Program
45 Tilley's Road
Clarenville, NL
A5A 1Z4