



**APPLICATION FORM  
PROGRESSIVE FAMILY GROWTH BENEFIT  
AND  
PARENTAL SUPPORT BENEFIT**

**Program Information**

The Newfoundland and Labrador Progressive Family Growth Benefit is a tax-free \$1,000 benefit. The Newfoundland and Labrador Parental Support Benefit is a tax-free \$100 monthly payment. These benefits are available to residents of the province of Newfoundland and Labrador whose child was born or placed with them for adoption on or after January 1, 2008.

**Completing this Application**

This application form should only be completed and filed with Tax Administration **if any of the following circumstances apply:**

- your child was born on or before December 31, 2012;
- you are adopting a child;
- you are a birth mother placing your child for adoption;
- you are a surrogate mother;
- you are a father with legal custody who does not live with the birth mother;
- you are a resident of NL and your child was born outside of the province;
- you are not a Canadian citizen or permanent resident; or
- in the event of still birth.

**Other than in those cases those listed above, the completion of this application form is not required.** Instead, apply by completing Section 6 of the **Birth Registration Form** and file with Vital Statistics.

Only one parent may apply for the benefits. Normally, this should be the mother, unless legal custody is with the father who is not a co-habiting spouse or there are other extenuating circumstances. If you are applying for benefits for more than one child, please complete a separate form for **each** child. The information you provide on this form will be used to assess eligibility for **both** benefits.

An incomplete or improperly completed application may delay the payment of benefits. Enquiries regarding this application, including who should complete it, can be made toll-free long distance at 1-866-990-3444 or by e-mail at [parentalbenefits@gov.nl.ca](mailto:parentalbenefits@gov.nl.ca). Please allow 6 to 8 weeks for processing your application.

Please submit applications to:

Parental Benefits Program  
Department of Finance  
Tax Administration Division  
32 Queensway  
P.O. Box 6010  
Grand Falls-Windsor, NL  
A2A 0B9

**Privacy Notice**

Under the authority of the Progressive Family Growth Benefit and the Parental Support Benefit, personal information is collected in order to assess the applicant's eligibility for the program. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy Act*.

Any questions or comments can be directed to the Tax Administration Division toll free at 1-866-990-3444

**Part 1 – Applicant Information**

Only one parent may apply for the benefits.

<b>Applicant's Name</b>	_____
	Last Name                      First Name                      (Please Print)
<b>Mailing Address</b>	_____
	Apt / Street Number                      Street Name                      P.O. Box                      R.R.
	_____
	City                      Province                      Postal Code
<b>Telephone Number</b>	_____
<b>Social Insurance Number</b>	_____
<b>Applicant's Date of Birth</b>	_____ / _____ / _____
	Year                      Month                      Day
<b>Relation to Child</b>	
<input type="checkbox"/> Birth Mother	<input type="checkbox"/> Birth Father
<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father
<input type="checkbox"/> If Other:	_____ Please Explain
<b>Spouse or Common Law Partner's Name</b>	_____
	Last Name                      First Name                      (Please Print)
<b>Social Insurance Number</b>	_____
<b>Spouse's Date of Birth</b>	_____ / _____ / _____
	Year                      Month                      Day

**Part 2 – Child's Information**

If you are applying for more than one child, please use a separate application form for each child.

<b>Child's Name</b>	_____
	Last Name                      First Name                      Middle Name(s)
	(Not required if you are applying as a result of a stillbirth or where you have placed your child for adoption)
<b>Date of Birth</b>	_____ / _____ / _____
	Year                      Month                      Day
<p>The full \$1,000 Progressive Family Growth Benefit will be paid as well as four months of the \$100 Parental Support Benefit in the event of a stillbirth.</p>	
Are you applying for these benefits as the result of a stillbirth?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part 3 – Adoption Information**

*Adoptive Parents*

Date the child was placed in your home for adoption  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Year Month Day

*Birth Mother (if Child Placed for Adoption At Birth)*

Date of consent for the child to be placed for adoption  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Year Month Day

**Part 4 – Certification**

**We are unable to process this form if it is unsigned.** If you have a spouse or common-law partner, he or she must also sign this form.

I declare that I am a resident of the province of Newfoundland and Labrador.

I declare that the information provided above is true and correct to the best of my knowledge.

I hereby authorize the Department of Finance to access relevant information to confirm my residency from my personal income tax return as filed with the Canada Revenue Agency, to verify my eligibility for the Parental Family Growth Benefit and the Parental Support Benefit.

I hereby authorize the Department of Finance to access relevant information from Vital Statistics for the purposes of confirming the birth and verifying my eligibility for the Parental Family Growth Benefit and the Parental Support Benefit.

\_\_\_\_\_  
Applicant's Signature Date

I hereby authorize the Department of Finance to access relevant information to confirm my residency from my personal income tax return as filed with the Canada Revenue Agency, to verify my eligibility for the Parental Family Growth Benefit and the Parental Support Benefit.

\_\_\_\_\_  
Spouse or Common-Law Partner's Signature Date

**Part 5 – Payment/Direct Deposit**

Direct deposit is completely confidential. Direct deposit payments are less likely to be lost, stolen, or damaged than cheques. Funds for a direct deposit payment will be available in your account on the same day that we would have mailed your cheque. This means that you will have access to your payments earlier.

In order to receive your payments:

- Complete the **Applicant Setup and Maintenance Form** following the instructions provided and return to the Office of the Comptroller General, Department of Finance as indicated in the form's instructions. Attach a void cheque or include certification from your financial institution. This form

may be downloaded [here](#) or is available by contacting the Parental Benefits Program toll-free long distance at 1-866-990-3444 or by e-mail at [parentalbenefits@gov.nl.ca](mailto:parentalbenefits@gov.nl.ca).

### **Required Documentation**

Attach legible photocopies of all sides of all pages of the following applicable documents for proof of placement of the child with you for adoption:

- In the case of **provincial adoptions** - a copy of the placement letter as provided by the Department of Health and Community Services for purposes of obtaining an MCP card for the child.
- In the case of **international adoptions, inter-provincial adoptions** and **relative adoptions** - a copy of the adoption order for the adoption. Relative adoptions are defined as adoptions by a grandparent, aunt, uncle or sibling by birth or adoption.

If you are having difficulty obtaining required documentation, or need clarification on the appropriate documentation to submit, please contact the Tax Administration Division toll free at 1-866-990-3444.

### **Deadline for Applications**

The deadline for filing an application is 3 years after the baby is born, or in the cases of adoption, 3 years after the child has been placed with you.

### **Verification of Residency**

If you have not filed a Newfoundland and Labrador personal income tax return for the previous tax year, additional evidence verifying residency in the province of Newfoundland and Labrador at the time a child is born or placed for adoption may be required.

### **Notification of Changes**

If at any time while you are receiving these benefits you no longer reside in Newfoundland and Labrador, or you are the parent of a qualified child, but no longer reside with and care for the child, please notify the Tax Administration Division, Department of Finance toll free at 1-866-990-3444 or by email to [parentalbenefits@gov.nl.ca](mailto:parentalbenefits@gov.nl.ca). If you have a change of name, address, or banking information, please notify the Office of the Comptroller General, Department of Finance by fax to (709) 729-2098 or email to [vendormaintenancefms@gov.nl.ca](mailto:vendormaintenancefms@gov.nl.ca) in order to ensure the continued receipt of payment(s).

### **Checklist**

We want to process your application as soon as we can. Please be sure to:

- Complete all of the Parts of the Application that apply to you and your spouse or common-law partner.
- Attach legible photocopies of all required documents.
- Complete the Applicant Setup and Maintenance Form and attach a void cheque or include certification from your financial institution.
- Sign and date the application form. If you are married, or living common-law, your spouse or common-law partner also needs to sign the form.