

This Claim Form is for a:



Removed Child

FORM
AFirst Nations Child
and Family Services
and Jordan's Principle
Settlement

If you are applying as a Personal Representative for a Removed Child who is a *Person Under Disability*, see [Part 5](#).

A Removed Child is someone who:

1. Is a First Nations person, and
2. Was removed from their home as a Child while the Child or their Caregiving Parent(s) or Caregiving Grandparent(s) were Ordinarily Resident on Reserve in Canada, or anywhere in the Yukon, and
3. Was placed into care by Child Welfare Authorities between April 1, 1991, and March 31, 2022.

Important eligibility requirements

- The Removed Child's placement must have been funded by Indigenous Services Canada (ISC).
- Removals from the Northwest Territories are not covered under this Settlement Agreement.



For more information about this Settlement, please see www.FNChildClaims.ca.



Resources and support are available to you at no cost. For free assistance to complete this Form and for explanations about the Claims Process, call the Administrator at **1-833-852-0755**.



Filling out this Form may be emotionally difficult or traumatic for some people. If you are experiencing emotional distress and want to talk, culturally competent counsellors are available 24 hours a day through the **Hope for Wellness Helpline** at **1-855-242-3310** or online at www.HopeForWellness.ca to provide free support and crisis intervention services.

DEADLINE TO SUBMIT THIS CLAIM FORM: **MARCH 10, 2028**Exception – If currently under the **Age of Majority**:

- This Claim Form may be submitted starting 2 years before the Removed Child reaches the **Age of Majority**.
- The deadline to submit this Claim Form is whichever comes **later**: 3 years after the date of **Age of Majority** of the Removed Child or **March 10, 2028**.

HOW TO SUBMIT THIS CLAIM FORM – Please submit this Claim Form using **one** of the following methods:

Online (Recommended)

Fill out and submit this Claim Form at:
www.Portal.FNChildClaims.ca

Email: Claims@Admin.FNChildClaims.ca
Fax: 416-815-2723

Mail:

Settlement Administrator
PO Box 2500 STN MAIN
Newmarket, ON L3Y 0H9

Part 1: Details about the Removed Child

Please fill in as much as you can to start your Claim. The Administrator may reach out for more information.

Important reminder: If you are applying **on behalf of a deceased** Removed Child Class Member, fill out **Form B - Deceased Removed Child Class Claim Form** instead of this one.

Name of Removed Child (Required) Current legal name that matches the Removed Child's identification

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (If available)	Last

Name at Birth of Removed Child (If applicable) Only if different from current legal name (e.g., maiden name)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (If available)	Last

Date of Birth of Removed Child (Required)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year			

The following information is not required but may help us process your Claim.

Indian Registration Number of Removed Child (Recommended)

Social Insurance Number (SIN) of Removed Child (Optional)

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Part 2: Your Contact Information

Please provide as much information as possible so that the Administrator can communicate with you.

Note: In case your living situation changes, it is helpful to provide your email and/or mobile telephone information so we can contact you. If you move or change any contact details, please contact the Administrator as soon as possible to update your information so we can reach you.

Mailing Address (Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number	Street name	Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
PO Box number (If applicable)	City / Town / Community	Postal Code
<input type="text"/>	<input type="text"/>	
Province / Territory	Country	

Telephone # - Mobile (If available)

 - -

Telephone # - Home/Office (If available)

 - -

Ext. # (If available)

Email Address (If available)

If your mailing address listed here is a facility (e.g., correctional or medical) or a public place (e.g., hotel or Friendship Centre), please add its name. If you are staying with someone such as a friend or family member, please add their name.

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How to receive free help:

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Part 3: Government Identification of Removed Child

 **Attach a photocopy, scan or photo of the Removed Child’s government identification (ID), such as an Indian Status Card, driver’s licence or other. ID is required and photo ID is preferred.** For more information on acceptable forms of ID, visit www.FNChildClaims.ca/identification.

Do not send any original documents – only copies (photocopy, scan or photo). Please ensure the Removed Child’s name and date of birth on the ID match the name and date of birth provided in **Part 1** of this Claim Form.

Part 4: Privacy Release & Acknowledgement

Note from Administrator: Your privacy is important to us. We are committed to protecting the information you provide to us. Your information will only be used as required for the Claims Process, and will be shared as outlined here, to assist in processing your Claim. Your information will be handled and subsequently disposed of in accordance with the terms of the Settlement Agreement.

Representations by Removed Child or their Personal Representative:

By signing this Claim Form, I believe to the best of my knowledge that the Removed Child identified in this Claim Form is a Class Member and meets the qualifications outlined in the Settlement Agreement. If submitting this Claim Form on behalf of the Removed Child, I acknowledge that I am legally authorized to represent this Class Member.

Privacy – for the purposes of processing this Claim Form or other related Claims under the Settlement:

I authorize the Administrator to disclose, if required in accordance with the Claims Process, information about me and/or this Claim to: Canada; Class Counsel; the Third-Party Assessor(s); the Settlement Implementation Committee; Claims Helpers; Child Welfare Authorities; and if applicable, for the purposes of resolving competing Claim(s), to any others claiming to be Personal Representatives of the Removed Child. If applicable, the appointment of a Personal Representative may be shared with others claiming to be a Personal Representative of the Removed Child for the purposes of resolving any competing Claim(s).

I authorize Child Welfare Authorities, if required in accordance with the Claims Process, to disclose information about the Removed Child, including child welfare records and any time the Removed Child spent in care to: the Administrator; Canada; Class Counsel; the Third-Party Assessor(s); the Settlement Implementation Committee; and Claims Helpers. My authorization remains in place for the duration of the term of the Settlement Agreement and may be revoked only upon my written request to the Administrator.

I acknowledge that in certain limited circumstances, it may be required for the Administrator or Child Welfare Authorities to share information about this Claim with Caregiving Parents or Caregiving Grandparents who submit a Claim as part of the Removed Child Family Class Claims Process, and/or share information about this Claim and the Removed Child’s personal information with other persons/Representatives who may submit a Claim with respect to this Removed Child, including their family members. I consent to the Removed Child’s information being shared as described in this paragraph.

I acknowledge, understand and agree that:

1. The Administrator, Claims Helpers, or the Third-Party Assessor(s) may, as part of the Claims Process, contact me to obtain information.
2. The Administrator, Claims Helpers, or the Third-Party Assessor(s) **do not** represent Canada; **do not** act as an agent or legal counsel for any party; and **do not** offer legal advice.
3. All the information provided in this Claim Form is true to the best of my knowledge. Where someone (including Claims Helpers) helped me complete this Claim Form, that person has read to me everything they wrote and included with this Claim Form.
4. I may be asked for other releases to process this Claim and to access other records (e.g., child welfare records).

SIGN HERE

Your Signature (Removed Child must sign unless there is a Personal Representative in **Part 5**)

Date (date you signed this Form)

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Part 5: Complete ONLY IF the Removed Child is a Person Under Disability

Please fill out this page only if you are the **Personal Representative** of the living Removed Child who is a **Person Under Disability**.

A **'Person Under Disability'** is a person who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity AND for whom a Personal Representative has been appointed pursuant to the applicable provincial, territorial or federal legislation.

A **'Personal Representative'** is a person appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation, to manage or make reasonable judgments or decisions in respect of the affairs of a **Person Under Disability** who is an eligible Claimant and includes an Administrator for Property.

You must provide the following information with this Claim Form:

1. **Document(s)** that show you have been legally appointed as the Removed Child's Personal Representative over their property/finances.

This may be either: a signed Power of Attorney (POA) or Protection Mandate, **OR**
 a Provincial or Territorial appointment order (including appointment of a Public Guardian and Trustee), or a Federal appointment order for the administration of property by ISC (Administrator for Property)

2. **Government-issued ID of the Personal Representative** (Not required for the Public Guardian and Trustee or Administrator for Property).

- Attach a photocopy, scan or photo of your government identification (ID), such as an Indian Status Card, driver's licence, or other. For more information on acceptable forms of ID, visit www.FNChildClaims.ca/identification. ID is required, and photo ID is preferred. Please ensure your name on the ID matches the name you provide in #3.

3. **Name of the Personal Representative and Organization (If applicable)**

Personal Representative's Full Name (Required) *Current legal name that matches your identification provided in #2*

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (if available)	Last

Personal Representative's Organization (If applicable)

Please do not send any original documents – only copies (photocopy, scan or photo).

Note: Payments issued for an eligible Removed Child who is a Person Under Disability will be made payable to the Removed Child and sent to the attention of the Personal Representative. You must have a bank account in the name of the Removed Child for compensation to be issued, unless otherwise prescribed by the applicable appointment order.

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