

This Claim Form is for a:



Caregiving Parent or Caregiving Grandparent of a Removed Child



First Nations Child
and Family Services
and Jordan's Principle
Settlement

If you are applying as a Personal Representative of a Caregiving Parent or Caregiving Grandparent who is a *Person Under Disability*, see **Part 5**.

A Caregiving Parent or Caregiving Grandparent of a Removed Child is a:

1. Biological or adoptive Parent; or
2. Biological or adoptive Grandparent; or
3. Stepparent who is First Nations.

Important eligibility requirements

Caregiving Parent or Caregiving Grandparent:

- must have lived with, assumed, and exercised parental responsibilities over the Removed Child at the time of removal of the Removed Child;
- was the one from whom the Removed Child was **first removed**;
- must not be a Foster parent;
- must not have committed Abuse, as defined under the Settlement Agreement, that led to the removal of the Child.

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 Caregiving Parent or Caregiving Grandparent 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 Caregiving Parent or Caregiving Grandparent 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 Caregiving Parent or Caregiving Grandparent

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 Family Class Member, fill out **Form D - Deceased Removed Child Family Class Claim Form** instead of this one.

Name (Required) Current legal name that matches the Caregiving Parent's or Caregiving Grandparent's identification

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

Name at Birth (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 (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 (Recommended)

Social Insurance Number (SIN) (Optional)

 - -

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"/>	<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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Part 3: Government Identification of Caregiving Parent or Caregiving Grandparent



Attach a photocopy, scan or photo of the Caregiving Parent’s or Caregiving Grandparent’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 Caregiving Parent’s or Caregiving Grandparent’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 Caregiving Parent or Caregiving Grandparent, or their Personal Representative:

By signing this Claim Form, I believe to the best of my knowledge that the Caregiving Parent or Caregiving Grandparent 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 Caregiving Parent or Caregiving Grandparent, 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 the Caregiving Parent or Caregiving Grandparent of the Removed Child or Children identified in this Claim Form or the Personal Representative of the Caregiving Parent or Caregiving Grandparent. If applicable, the appointment of a Personal Representative may be shared with others claiming to be a Personal Representative of the Caregiving Parent or Caregiving Grandparent 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 Caregiving Parent or Caregiving Grandparent, including child welfare records and any time a Removed Child identified in this Claim Form 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 Caregiving Parent’s or Caregiving Grandparent’s personal information with other persons/Representatives who may submit a Claim with respect to the Removed Child or Children identified in this Claim Form, including their family members. I consent to the Caregiving Parent’s or Caregiving Grandparent’s, and the identified Removed Child’s or Children’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, child abuse registries).

SIGN HERE

Your Signature

(Caregiving Parent or Caregiving Grandparent must sign unless there is a Personal Representative in **Part 5**)

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Month Day Year

Date (date you signed this Form)

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Part 5: Complete ONLY IF the Caregiving Parent or Caregiving Grandparent is a Person Under Disability

Please fill out this page only if you are the **Personal Representative** of the living Caregiving Parent or Caregiving Grandparent 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 Caregiving Parent's or Caregiving Grandparent'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.

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 Caregiving Parent or Caregiving Grandparent who is a Person Under Disability will be made payable to the Caregiving Parent or Caregiving Grandparent and sent to the attention of the Personal Representative. You must have a bank account in the name of the Caregiving Parent or Caregiving Grandparent for compensation to be issued, unless otherwise prescribed by the applicable appointment order.

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Part 6: Information about each Removed Child's placement

Important: Please complete Part 6 for **each** Removed Child. **If more than two Children were removed, please add extra page(s).**

Removed Child #1 - Information about first Removed Child

The Caregiving Parent or Caregiving Grandparent is this Child's (Select only one): Parent Grandparent First Nations Stepparent

Name of Child at time of Removal (Required)

First Middle (if available) Last

Date of Birth of Child (Required) - -

Month Day Year

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

Indian Registration Number of Child (Recommended)

Social Insurance Number (SIN) of Child (Optional)

- -

Information about this Child's First Removal

1. When was this Child Removed? -

Month Year

2. Where was this Child taken to when they were placed in care? Select one box: ON Reserve OR OFF Reserve

3. Was this Child placed in care with a parent, stepparent, grandparent, adult sibling, aunt, uncle or adult first cousin? Select one box: Yes OR No

Evidence of Caregiving Parent's or Caregiving Grandparent's Relationship to this Removed Child

Please select Option A OR Option B, and provide the following:

OPTION A - First Nations & Biological

If the Caregiving Parent or Caregiving Grandparent is **First Nations and the biological parent or grandparent of Removed Child #1:**

- You do not need to submit additional supporting documentation with this Claim Form at this time.
- The Administrator will attempt to confirm the relationship OR contact you for supporting documentation.

OR

OPTION B - All other types

If the Caregiving Parent or Caregiving Grandparent is **NOT** the First Nations biological parent or biological grandparent of Removed Child #1,

- Please attach a copy of one or more of the following documents, as applicable:
 - Long Form Birth Certificate of Removed Child (that names the biological parents)
 - Adoption Papers of Removed Child (verifiable provincial, territorial or custom Adoption)
 - Marriage documents or evidence of Common-law relationship (for First Nations Stepparent only)
 - Other documents, please specify:

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Part 6: Information about each Removed Child's placement

Important: Please complete Part 6 for *each* Removed Child. **If more than two Children were removed, please add extra page(s).**

Removed Child #2 – Information about second Removed Child

The Caregiving Parent or Caregiving Grandparent is this Child's (Select only one):

Parent

Grandparent

First Nations Stepparent

Name of Child at time of Removal (Required)

First

Middle (If available)

Last

Date of Birth of Child (Required)

 - -

Month

Day

Year

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

Indian Registration Number of Child (Recommended)

Social Insurance Number (SIN) of Child (Optional)

 - -

Information about this Child's First Removal

1. When was this Child Removed?

 -

Month

Year

2. Where was this Child taken to when they were placed in care? Select one box:

ON Reserve

OR

OFF Reserve

3. Was this Child placed in care with a parent, stepparent, grandparent, adult sibling, aunt, uncle or adult first cousin? Select one box:

Yes

OR

No

Evidence of Caregiving Parent's or Caregiving Grandparent's Relationship to this Removed Child

Please select **Option A OR Option B**, and provide the following:

OPTION A – First Nations & Biological

If the Caregiving Parent or Caregiving Grandparent is **First Nations and the biological parent or grandparent of Removed Child #2:**

- You do not need to submit additional supporting documentation with this Claim Form at this time.
- The Administrator will attempt to confirm the relationship OR contact you for supporting documentation.

OR

OPTION B – All other types

If the Caregiving Parent or Caregiving Grandparent is **NOT** the First Nations biological parent or biological grandparent of Removed Child #2,

- Please attach a copy of one or more of the following documents, as applicable:

- Long Form Birth Certificate of Removed Child (that names the biological parents)
- Adoption Papers of Removed Child (verifiable provincial, territorial or custom Adoption)
- Marriage documents or evidence of Common-law relationship (for First Nations Stepparent only)
- Other documents, please specify:

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