

## Part 6: Information about each Removed Child's placement

**Important:** Please complete Part 6 for **each** Removed Child. **Only send this extra page with a completed Claim Form C.**  
Do not send this page to the Administrator without a completed Claim Form.

### Removed Child - Information about this 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	OPTION B - All other types
<p>If the Caregiving Parent or Caregiving Grandparent is <b>First Nations and the biological parent or grandparent of Removed Child:</b></p> <ul style="list-style-type: none"> <li>You do not need to submit additional supporting documentation with this Claim Form at this time.</li> <li>The Administrator will attempt to confirm the relationship OR contact you for supporting documentation.</li> </ul>	<p>If the Caregiving Parent or Caregiving Grandparent is <b>NOT</b> the First Nations biological parent or biological grandparent of Removed Child,</p> <ul style="list-style-type: none"> <li>Please attach a copy of one or more of the following documents, as applicable:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Long Form Birth Certificate of Removed Child (that names the biological parents)</li> <li><input type="checkbox"/> Adoption Papers of Removed Child (verifiable provincial, territorial or custom Adoption)</li> <li><input type="checkbox"/> Marriage documents or evidence of Common-law relationship (for First Nations Stepparent only)</li> <li><input type="checkbox"/> Other documents, please specify: <input type="text"/></li> </ul> </li> </ul>

**IMPORTANT: THIS PAGE IS NOT A COMPLETE CLAIM FORM.** Only send this extra page with a **completed Claim Form C.** Do not send this page to the Administrator without a completed Claim Form.

**How to receive free help:**  
**Claim Form Assistance: 1-833-852-0755**  
**Hope for Wellness: 1-855-242-3310**