

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 D.**
Do not send this page to the Administrator without a completed Claim Form.

Removed Child - Information about this Removed Child

The Deceased 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 Deceased 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 Deceased Caregiving Parent or Caregiving Grandparent is First Nations and the biological parent or grandparent of Removed Child:</p> <ul style="list-style-type: none"> 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. 	<p>If the Deceased Caregiving Parent or Caregiving Grandparent is NOT the First Nations biological parent or biological grandparent of Removed Child,</p> <ul style="list-style-type: none"> Please attach a copy of one or more of the following documents, as applicable <input type="checkbox"/> Long Form Birth Certificate of Removed Child (that names the biological parents) <input type="checkbox"/> Adoption Papers of Removed Child (verifiable provincial, territorial or custom Adoption) <input type="checkbox"/> Marriage documents or evidence of Common-law relationship (for First Nations Stepparent only) <input type="checkbox"/> Other documents, please specify: <input type="text"/>

IMPORTANT: THIS PAGE IS NOT A COMPLETE CLAIM FORM. Only send this extra page with a **completed Claim Form D.** 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