

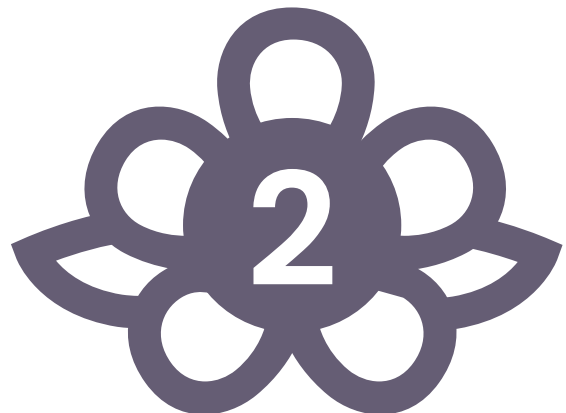


First Nations Child
and Family Services
and Jordan's Principle
Settlement

COMPANION GUIDE TO FORM C

The Removed Child Family Class Claim Form

This Claim Form is for a
**Caregiving Parent or a
Caregiving Grandparent of a
Removed Child**, or a **Personal
Representative** of a Caregiving
Parent or Caregiving Grandparent
who is a Person Under Disability



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1. INTRODUCTION

Purpose of this Guide

This Guide is intended to help Removed Child Family Class Members who are the Caregiving Parents or Caregiving Grandparents of a Removed Child and their Personal Representatives (if they are Persons Under Disability) complete and send in Claim Form C for the **First Nations Child and Family Services and Jordan's Principle Settlement**.

This Guide explains each section of the Form and the information you need to provide. It also defines some important terms (words and phrases) and topics from the Claim Form. The Guide gives tips on:

- Where to find the information you need
- How to fill in a Claim Form for yourself
- How to fill in a Claim Form for a Person Under Disability
- The documents you need to send in with the Claim Form
- Deadline for sending in the Claim Form
- Where to get help

Before you get started, think about how you would like to fill in and submit this Claim Form.

There are a few options:

- Use the online **Claims Portal** at Portal.FNChildClaims.ca. All information can be completed online, and you can also check the status of your Claim any time by logging into your portal account.
- Fill in the **electronic** version of the Claim Form on your tablet or computer and send it by email to Claims@Admin.FNChildClaims.ca. The Form can be downloaded from FNChildClaims.ca.
- **Print Claim Form C**. If you're not online, you can get a hard copy of the Claim Form mailed to you by calling the Administrator's Contact Centre toll-free at 1-833-852-0755.

Fill in the Claim Form by hand and choose **one way** to send it to the Administrator:

- Take a picture or a scan and email to Claims@Admin.FNChildClaims.ca, or
- Fax to 1-416-815-2723, or
- Mail to:
Settlement Administrator
PO Box 2500 STN MAIN
Newmarket, ON L3Y 0H9

Full details on the options for completing and sending in the Claim Form are in [section 10](#) of this Guide.

TIP: Please fill in the entire Claim Form before you send it to the Administrator. Sign it, date it, and attach copies of your documents. Sending in an incomplete Claim Form will delay any compensation you may be eligible for and could result in your Claim being denied.

2. IS FORM C RIGHT FOR ME?

Do I have the right Claim Form?

If filling out this Claim Form for **yourself** as the Caregiving Parent or Caregiving Grandparent:

- Are you a parent or grandparent who had a Child removed from your home by Child Welfare Authorities or voluntarily placed into care between April 1, 1991, and March 31, 2022?
- Was the Child a First Nations Person?
- Was the Child under the Age of Majority in your province/territory when they were removed?
- Was the Child or at least one of their Caregiving Parents or Caregiving Grandparents Ordinarily Resident on Reserve or in the Yukon when the Child was removed?

If you answered **YES** to all these questions, Form C is for you.

If filling out this Claim Form **as a Personal Representative** of a Caregiving Parent or Caregiving Grandparent who is a Person Under Disability:

- Can you answer YES to all the questions above, if asked about the Caregiving Parent or Caregiving Grandparent you represent?
- Does the Caregiving Parent or Caregiving Grandparent you represent have a mental condition that prevents them from making legal or financial decisions (a “Person Under Disability”)?
- Do you have the legal authority to make decisions and manage the financial and legal affairs of this Removed Child Family Class Member who is a Person Under Disability?

If you answered **YES** to all these questions, Form C is for you.

If the Removed Child Family Class Member you represent has passed away, you must use **Form D – the Deceased Removed Child Family Class Form** instead.

3. KEY DEFINITIONS

Removed Child: A First Nations Person who was removed from their home as a Child and taken into care by Child Welfare Authorities between April 1, 1991, and March 31, 2022. The Removed Child or their Caregiving Parent or Caregiving Grandparent must have been living (Ordinarily Resident) on a First Nations Reserve in Canada or anywhere in the Yukon when the Child was removed from the home. In addition, the removal had to be funded by Indigenous Services Canada (ISC).

First Nations Person: For this Settlement, a First Nations Person is someone who is registered under the *Indian Act* or entitled to be registered under the *Indian Act* or met Band membership requirements under the *Indian Act* on or before February 11, 2022. If you are not sure whether this definition applies to you or the person you represent, call the Administrator's Contact Centre toll-free at 1-833-852-0755.

Eligible/Eligibility: To be eligible or have eligibility means a Claimant is qualified or approved to be a Class Member and receive compensation in this Settlement. This means the details of how, where, and when the Child was removed from home need to match the requirements (rules) set out in the Settlement Agreement. This also means the parent or grandparent meets the requirements of a Caregiving Parent or Caregiving Grandparent as set out in the Settlement Agreement.

Claimant: A Claimant is someone who makes a Claim by submitting a Claim Form to the Administrator, or someone who has a representative make a Claim on their behalf. The person remains a Claimant until the Administrator confirms them to be an eligible Class Member (if they meet the requirements of their Class).

Class Member: In a class action settlement, a "Class" is a group of people who have had similar experiences and may be entitled to compensation for the harm done to them. When the Administrator confirms that a Claimant meets the requirements for this Settlement, they become an eligible Class Member. This Settlement has nine (9) different Classes, each with different requirements to be considered a Class Member.

Personal Representative: An individual who is named as the legal representative in a Power of Attorney, Protection Mandate, Court Order, or other legal document that says they can make legal and financial decisions for a Person Under Disability. This includes representatives from provincial/territorial Public Guardians and Trustees.

Person Under Disability: Someone who has a mental condition that prevents them from making their own legal and financial decisions.

TIP: Unless you are a Person Under Disability, you must complete and submit your own Claim Form. You can get help filling out your Claim by calling the Administrator toll-free at 1-833-852-0755.

Removed Child Family Class Member: This Class includes the parents, grandparents, and siblings (brothers and sisters) of a Removed Child. Direct compensation is available only for eligible Caregiving Parents and Caregiving Grandparents of Removed Child Class Members. There is no direct compensation for the siblings of a Removed Child. Please note, if the Child was removed because the Caregiving Parent or Caregiving Grandparent committed Abuse (as defined in the Settlement), they will not be approved for compensation as the Caregiving Parent or Caregiving Grandparent of this Removed Child.

Caregiving Parent or Caregiving Grandparent: For this Settlement, a Caregiving Parent or Caregiving Grandparent is a person who lived with and was responsible for a Removed Child Class Member. The Caregiving Parent or Caregiving Grandparent must have lived with the Child the first time they were removed from home by Child Welfare Authorities and includes the biological or adoptive parents, biological or adoptive grandparents, or First Nations Stepparents.

Stepparent: A Stepparent can be a Caregiving Parent if they are First Nations and a spouse of the biological Caregiving Parent. They must have lived with the biological Caregiving Parent of the Removed Child and contributed to the Child’s support for at least three years before the Child was removed from home by Child Welfare Authorities.

Foster parents: Foster parents are not eligible for compensation as the Caregiving Parents or Caregiving Grandparents of a Removed Child under this Settlement.

Abuse: The Settlement Agreement defines Abuse as sexual abuse (including sexual assault, sexual harassment, sexual exploitation, sex trafficking, and child pornography) or serious physical abuse causing bodily injury. A Caregiving Parent or Caregiving Grandparent whose Child was removed because they abused the Child is not eligible for compensation under this Settlement for this Child.

Under this Settlement, “Abuse” does not include neglect (ignoring the child’s needs) or emotional maltreatment (criticizing, threatening, or making the child feel unwanted).

Ordinarily Resident: A Claimant is considered Ordinarily Resident on Reserve if they are a First Nations individual who:

- Lived on a First Nations Reserve in Canada for at least half the year and doesn’t have another primary home elsewhere; or
- Lived off Reserve temporarily for school or training (with funding support from a federal, band, or Aboriginal organization) and, when not at school or working at a temporary job for training, went back to the Reserve to live in their residence or with family members; or
- Lived off Reserve to get necessary care or services that were not available on Reserve but would have lived on Reserve if the care or services were available there.

Launch Date: March 10, 2025, is the Launch Date for the Removed Child Class and Removed Child Family Class (including Deceased Class Members). As of that date, individuals in those Classes who have reached the Age of Majority, or their representatives, could begin submitting their Claim Forms to the Administrator.

Age of Majority: This is the age when a Claimant is legally considered an adult under the law of the province or territory where they live. Age of Majority is:

- 18 in Alberta, Manitoba, Ontario, Prince Edward Island, Quebec, and Saskatchewan
- 19 in British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, and the Yukon

Age of Majority is important under this Settlement because it has an impact on when a Claimant can submit a Claim Form, when their Claims Deadline is, and when they can receive compensation (if they are eligible).

- A Claim can be submitted up to two years before Claimant reaches the Age of Majority.
- Compensation may only be issued after Claimant reaches the Age of Majority.
- The Claims Deadline for Claimants who reach the Age of Majority after March 10, 2025, is three years from the date when they reached Age of Majority.

Claims Period: The Claims Period is the three-year period when Claim Forms may be submitted to the Administrator. The beginning of the Claims Period will vary for Claimants depending on their age on Launch Date but will start no earlier than the Launch Date. The Claims Period expires (ends) on the Claims Deadline.

Class Period: For the Removed Child and Removed Child Family Classes, April 1, 1991, to March 31, 2022, is the Class Period. A Child who was removed during this timeframe (and meets all of the other Removed Child requirements and rules listed above) may qualify as a Removed Child Class Member.

Claims Deadline – Removed Child Family Class: For the Removed Child Family Class, the following deadlines apply:

- For Claimants who reached the Age of Majority on or before March 10, 2025, the deadline is **March 10, 2028**.
- For Claimants who were under the Age of Majority on March 10, 2025, the deadline is three years after the date they reach the Age of Majority. For example, if the Caregiving Parent or Caregiving Grandparent lives in Saskatchewan and turns 18 on September 20, 2026, their Claims Deadline would be September 20, 2029.

Deadline Extension: Claimants and their Personal Representatives can ask for a Claims Deadline extension of up to 12 months if they were not able to send in their Claim Form by the Claims Deadline because of certain personal circumstances; for example, if they were ill, if there was a flood or other natural disaster in their community, if they were in jail, or if there was another emergency. The *Request for Deadline Extension Form: Removed Child Family Class* will be available at [FNChildClaims.ca](https://fnchildclaims.ca) or from the Administrator's Contact Centre before the March 10, 2028, deadline. This extension must be approved by the Administrator.

Administrator: The Administrator is appointed by the Court to carry out the terms of the Settlement Agreement. The Administrator receives and processes Claims and provides support to Claimants during the administration process in accordance with the Settlement Agreement.

Now, on to the Claim Form!

The first page of the Claim Form has information about the requirements and rules to qualify as a Removed Child Family Class Member, along with information on where to get help, and the Claims Deadline. We'll start at Page 2 where you begin to fill in the information the Administrator needs to process this Claim.

4. FILLING OUT FORM C – PART 1

Part 1: Details about the Caregiving Parent or Caregiving Grandparent

This section of the Claim Form is where you fill in all the information you have that can help the Administrator confirm the identity of the Removed Child Family Class Claimant. You may be filling this out **for yourself** (this means you are a Caregiving Parent or Caregiving Grandparent) or you may be filling this out **for a Caregiving Parent or Caregiving Grandparent** who is a Person Under Disability because you are their Personal Representative.

Name of the Caregiving Parent or Caregiving Grandparent

| | | |
|--|-----------------------|----------------------|
| Name (Required) <i>Current legal name that matches the Caregiving Parent's or Caregiving Grandparent's identification</i> | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Middle (if available) | Last |
| Name at Birth (if applicable) <i>Only if different from current legal name (e.g., maiden name)</i> | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Middle (if available) | Last |

Current Legal Name: The name on the Caregiving Parent's or Caregiving Grandparent's identification. This must be identification issued by the provincial, territorial, or federal government (e.g., Certificate of Indian Status Card). This information is required. Please don't leave this section blank.

Name at Birth: The name the Caregiving Parent or Caregiving Grandparent was given when they were born. It may be a different name now because of adoption, marriage, or for other reasons. Knowing their birth name can help the Administrator find the records for the right person. If the Caregiving Parent's or Caregiving Parent's name didn't change after birth, or if you don't know what it was at birth, you can leave this section blank.

Date of Birth for the Caregiving Parent or Caregiving Grandparent

| | | | | | | | | |
|---------------------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|
| Date of Birth (Required) | | | | | | | | |
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | Day | | | Year | | | | |

Month, Day, Year: Fill in the month, day, and year the Claimant was born, in that order. **Use only numbers** when filling in dates on this Claim Form. Make sure to check that the date of birth you fill in here matches the date of birth on the Caregiving Parent's or Caregiving Grandparent's identification. This information is required. Please do not leave this section blank.

TIP: Any time you fill in a date on this Claim Form, it should be in number format. For example, Caregiving Parent or Caregiving Grandparent was born on August 17, 1986, you would fill in the date as:

0 8 - 1 7 - 1 9 8 6
Month Day Year

| | | | |
|-------------|----------|--------------|-------------|
| 01-January | 04-April | 07-July | 10-October |
| 02-February | 05-May | 08-August | 11-November |
| 03-March | 06-June | 09-September | 12-December |

Helpful Information about the Caregiving Parent or Caregiving Grandparent

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

Indian Registration Number (Recommended)

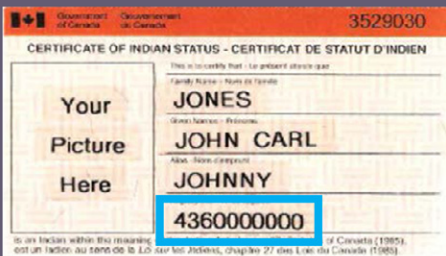
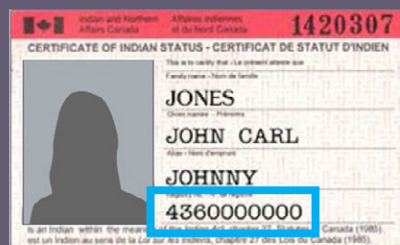
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Social Insurance Number (SIN) (Optional)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Indian Registration Number: This number is on the front of the Deceased Caregiving Parent’s or Caregiving Grandparent’s Certificate of Indian Status (CIS) card (also called a “status card” or Secure Certificate of Indian Status card). There are different types of status cards issued by the Canadian government. Any of these will be accepted. If you do not have this number, you can leave this section blank.

TIP: Here are some examples showing where to find the Indian Registration Number on different types of status cards. Look for the number in a **blue box** in the examples below.



Social Insurance Number (SIN): This nine-digit number was on the front of Social Insurance cards (they were phased out starting in 2014). You can find the Caregiving Parent’s or Caregiving Grandparent’s SIN on employment and tax records. Visit canada.ca/en/employment-social-development/services/sin/apply.html to find out how to get your SIN. If you don’t have a SIN or can’t find it, you can leave this space blank.

5. FILLING OUT FORM C – PART 2

Part 2: Your Contact Information

The Administrator needs a way to get in touch with you in case they have questions about your Claim. If your contact information changes after you send in your Claim Form, please contact the Administrator to update your address, phone number, email address, or other details. If the Administrator does not have your current information on file, the Administrator might not be able to reach you to send out a compensation payment.

If you are the Personal Representative for a Claimant who is a Person Under Disability, please fill in **your own** contact information so the Administrator can get in touch with you.

Mailing Address

| | | | | | |
|-----------------------------------|-------------------------|--|----------------------|----------------------|--|
| 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 | | |

Your Mailing Address: An address where you can get your mail. The Administrator will use this address to send you letters to ask for additional information, letters about eligibility, and (if you're not using direct deposit) the compensation cheque. This information is required. Please don't leave this section blank.

TIP:

- If your address is General Delivery, write that in the box for "Street name."
- If you have a PO Box, be sure to include it in the space provided. Your street address alone may not be enough.

Telephone Numbers and Email Address

| | | |
|-------------------------------------|--|-----------------------|
| Telephone # - Mobile (If available) | Telephone # - Home/Office (If available) | Ext. # (If available) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address (If available) | | |
| <input type="text"/> | | |

Telephone # Mobile/Home/Office: The Administrator may need to call you if they need more information or need to confirm information. Please include both types of phone numbers if you have a cell phone and a landline. You can also include an extension if you have one. If you don't have a phone number, you can leave this section blank.

Email Address: Having your email address on file will help the Administrator get in touch with you if they can't reach you by phone or if letters get returned in the mail. If you send an email to the Administrator, they can check their records to make sure the email is from the address you put on your Claim Form and not from someone else. If you include your email address, please make sure you double-check the spelling. If you don't have an email address, you can leave this section blank.

Temporary Living Situations

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.

Facilities, public places, friends, and family: If your mail is currently going to a place that isn't your permanent home, include the details here. If this is not applicable to your living situation, you can leave this section blank.

TIP: Decisions on most Removed Child Family Class Claim Forms (whether from living or deceased Claimants) will be made after the Claims Deadline and Deadline Extension period have passed. This may be four years after the Claim Form is submitted. That's why it's so important to let the Administrator know if your contact information changes.

6. FILLING OUT FORM C – PART 3

Part 3: Government Identification of Caregiving Parent or Caregiving Grandparent

The Administrator will need a copy of the Caregiving Parent's or Caregiving Grandparent's identification (ID) to confirm their identity.



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 [FNChildClaims.ca/identification](https://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.

Government-issued identification: You must include a copy of the Caregiving Parent's or Caregiving Grandparent's government-issued ID with the Claim Form. Check to make sure that the information on the ID is the same as the information you provided in Part 1 of the Claim Form. The Administrator will accept most forms of ID issued by:

- First Nations governments (like a Certificate of Tribal Membership)
- Provincial/territorial governments (like a driver's licence)
- Federal government (like a Certificate of Indian Status card or passport)
- Identification issued by foreign governments (like a U.S. State Identification card)

A list of acceptable forms of ID can be found at [FNChildClaims.ca/identification](https://fnchildclaims.ca/identification), or you can call the Administrator's Contact Centre toll-free at 1-833-852-0755.

Remember, this document is required and must be provided with the Claim Form.

TIP: If you don't have any government-issued ID, you may be able to get a photo ID card from your provincial or territorial government with a Guarantor Declaration. This is a document signed by a Band Councillor or Chief, a doctor, lawyer, police officer, or other registered/certified professional saying that they know you and can confirm your name, date of birth, and other key information. Contact your provincial or territorial government to find out how to apply for a photo ID card. If you need advice about getting ID, please call the Administrator's Contact Centre toll-free at 1-833-852-0755.

7. FILLING OUT FORM C – PART 4

Part 4: Privacy Release and Acknowledgement

This part of the Claim Form is an agreement between you and the Administrator. When you sign at the bottom of the page, you are confirming that you understand this agreement and give the Administrator your permission to use the information you provide to process this Claim.

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.

Note from Administrator: The Administrator is committed to keeping the information on the Claim Form and any supporting documentation safe. They will only share it with the people and groups who may need it to help process the Claim. These people and groups are described in this part of the Claim Form. For information on how your information is kept safe, visit FNChildClaims.ca/privacy-policy/.

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.

Representations by Caregiving Parent or Caregiving Grandparent or their Personal

Representative: If you are filling out this Claim Form for yourself, you are confirming that you believe you are a Removed Child Family Class Member. If you are filling out this Claim Form for a Person Under Disability, you are confirming that you believe they are a Removed Child Family Class Member and that you are allowed to represent this person.

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 the Administrator to disclose: You agree that, if necessary, the Administrator can share information about you/the Claimant you represent and this Claim Form with:

- Canada
- Class Counsel (the lawyers who represent the Plaintiffs)
- Third-Party Assessor(s) (independent reviewers for appeals)

- The Settlement Implementation Committee (a court-appointed committee that includes First Nations and Class Counsel representatives and oversees the administration of this Settlement)
- Claims Helpers (members of the administration team whose role is to help Claimants and Representatives fill out Claim Forms)
- Child Welfare Authorities
- Other people who submit a Claim as a Personal Representative for this Removed Child Family Class Member or as a Caregiving Parent or Caregiving Grandparent for their Removed Child or Children so that any competing Claims can be resolved

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 authorize Child Welfare Authorities: You agree that, if necessary, Child Welfare Authorities can share with the people and groups in the following list, information about you/the Claimant you represent, including child welfare records and time spent in care for the Claimant's Removed Child or Children :

- The Administrator
- Canada
- Class Counsel
- Third-Party Assessor(s)
- The Settlement Implementation Committee
- Claims Helpers

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 that in certain limited circumstances: You understand that there may be individuals submitting Claims as part of the Removed Child Family Class, claiming to be the Caregiving Parent or Caregiving Grandparent of the Removed Child in this Claim Form. There may also be someone else submitting a Claim Form saying they are the Personal Representative of this Caregiving Parent or Caregiving Grandparent. If this happens, you agree that the Administrator or Child Welfare Authorities may have to share information about you with these other Claimants, their family members, and/or their representatives.

If you are the Personal Representative of a Removed Child Family Class Member who is a Person Under Disability, you agree on behalf of this Claimant that the Administrator may need to share this information as described above.

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).

I acknowledge, understand and agree that: In this section, you confirm that you understand four key points.

1. You agree to be contacted for more information.
2. You understand that the Administrator, Claims Helpers, and Third-Party Assessor(s) do not give legal advice and are not acting for or representing Canada or any other group.
3. You confirm that to the best of your knowledge the information in the Claim Form is true, whether you filled it out yourself or had someone help you.
4. You understand you may be asked to give the Administrator permission to get more information and records from other organizations to process this Claim.

| | | |
|------------------|---|--|
| SIGN HERE | <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| | Your Signature (Caregiving Parent or Caregiving Grandparent must sign unless there is a Personal Representative in Part 5) | Date (date you signed this Form) Month Day Year |

Sign Here: You must sign and include the date when you signed the Form. This is required. Please do not leave this section blank.

If you're filling out a paper Claim Form, write your signature in the "Your Signature" box. If you're using the fillable PDF Claim Form, you can fill in the "Your Signature" box by:

- Typing your name
- Inserting a picture of your signature
- Using the E-Sign option in Adobe Acrobat or another application like DocuSign

TIP: Any time you fill in a date on this Claim Form, it should be in number format. For example, if today's date is March 11, 2025, you would fill in the date as:

03 - 11 - 2025
Month Day Year

| | | | |
|-------------|----------|--------------|-------------|
| 01-January | 04-April | 07-July | 10-October |
| 02-February | 05-May | 08-August | 11-November |
| 03-March | 06-June | 09-September | 12-December |

TIP: Signature and Date are required. Your Claim cannot be processed if you don't sign and date your Claim Form.

8. FILLING OUT FORM C – PART 5

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

This part of the Claim Form is where you show that you are entitled to be the Personal Representative for this Removed Child Family Class Member who is a Person Under Disability. If you are filling out this Claim Form for yourself as the Caregiving Parent or Caregiving Grandparent, you can leave this page blank.

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 need to include copies of documents that show you were chosen by a court or legal process to manage this Caregiving Parent's or Caregiving Grandparent's property and/or finances.

Information and Documents to send in with the 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 [FNChildClaims.ca/identification](https://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.

Government-issued ID of the Representative: You must include a copy of **your** government-issued ID with the Claim Form. This will help the Administrator confirm your identity.

Check to make sure that the full name on the ID is the same as the full name you will provide in the next part of the Claim Form. The Administrator will accept most forms of ID issued by:

- First Nations governments (like a Certificate of Tribal Membership)
- Provincial/territorial governments (like a driver's licence)
- Federal government (like a Certificate of Indian Status card)
- Identification issued by foreign governments (like a U.S. State Identification card)

A list of acceptable forms of ID can be found at [FNChildClaims.ca/identification](https://fnchildclaims.ca/identification), or you can call the Administrator's Contact Centre toll-free at 1-833-852-0755 for more information.

Remember, this document is required and must be provided with the Claim Form.

TIP: If you don't have any government-issued ID, you may be able to get a photo ID card from your provincial or territorial government with a Guarantor Declaration. This is a document signed by a Band Councillor or Chief, a doctor, lawyer, police officer, or other registered/certified professional saying that they know you and can confirm your name, date of birth, and other key information. Contact your provincial or territorial government to find out how to apply for a photo ID card. If you need advice about getting ID, please call the Administrator's Contact Centre toll-free at 1-833-852-0755.

Personal Representative's Name and Organization

| | | |
|--|-----------------------|----------------------|
| <input type="checkbox"/> Name of the Personal Representative and Organization (If applicable) | | |
| Personal Representative's Full Name (Required) <i>Current legal name that matches your identification provided in #2.</i> | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Middle (if available) | Last |
| Personal Representative's Organization (If applicable) | | |
| <input type="text"/> | | |

Personal Representative's Full Name: Your current legal name. This is the name on your driver's licence, CIS card, or other identification issued by the provincial, territorial, or federal government. This is required even if you are a provincial/territorial Public Guardian and Trustee or an Administrator for Property appointed by ISC. If you are filling out this Claim Form for yourself, you can leave this section blank.

Your Organization: If representing this Claimant is part of your job, please fill in the name of the organization you work for (e.g., Public Guardian and Trustee) in this space. If you are filling in this Claim Form for a friend or relative for whom you have been appointed as the Personal Representative, leave this space blank.

9. FILLING OUT FORM C – PART 6

Part 6: Information about each Removed Child's placement

This is the final part of Form C. On this page, provide details about the Caregiving Parent's or Caregiving Grandparent's Removed Child or Children. The Claim Form includes two (2) copies of this page for two (2) different Children that were removed from the Claimant's care.

TIP: If there are more than two (2) Removed Children, you can make copies of this page, or download extra Part 6 pages from [FNChildClaims.ca](https://fnchildclaims.ca), or write out all of the required information on a blank sheet of paper for each additional Child and send it in with this Claim Form.

At the top of each copy of these pages, write a number for each additional Child, e.g., 3 for the third Child, 4 for the fourth Child, etc.

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

Parent

Grandparent

First Nations Stepparent

The Caregiving Parent or Caregiving Grandparent is: The Administrator needs to know how the Class Member was related to the Removed Child. This is important in case other parents or grandparents send in Claim Forms about the same Removed Child. If that happens, the Administrator has to figure out which individuals were the Child's Caregivers the first time the Child was removed from home during the Class Period. This information is required. Please do not leave it blank. Remember to only select **one** of the three boxes.

Name of Child at time of Removal (Required)

First

Middle (if available)

Last

Date of Birth of Child (Required)

Month

Day

Year

Name of Child: The Administrator needs the full name that the Removed Child was using when they were first removed from home. This is necessary for the Administrator to find the Removed Child's records. Providing the name of the Child when they were removed is very important in situations where the Child had a different name at birth or changed their name as an adult. This information is required. Please don't leave this section blank.

Date of Birth of Child: With the Child's date of birth, the Administrator can more easily confirm their identity and find their records. This information is required. Please don't leave this section blank.

TIP: Any time you fill in a date on this Claim Form, it should be in number format. For example, if the Removed Child was born on June 14, 2002, you would fill in the date as:

06 - 14 - 2002
 Month Day Year

| | | | |
|-------------|----------|--------------|-------------|
| 01-January | 04-April | 07-July | 10-October |
| 02-February | 05-May | 08-August | 11-November |
| 03-March | 06-June | 09-September | 12-December |

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

Indian Registration Number of Child (Recommended)

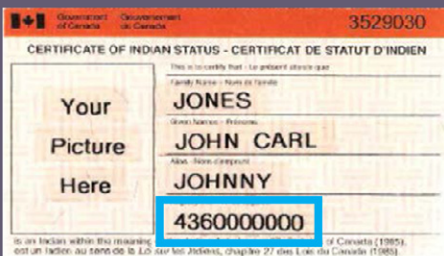
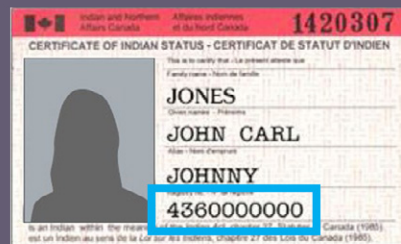
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Social Insurance Number (SIN) of Child (Optional)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Indian Registration Number: This number is on the front of the Removed Child’s Certificate of Indian Status (CIS) card (also called a “status card” or Secure Certificate of Indian Status card). There are different types of status cards issued by the Canadian government. Any of these will be accepted. If you do not have this number, you can leave this section blank.

TIP: Here are some examples showing where to find the Indian Registration Number on different types of status cards. Look for the number in a **blue box** in the examples below.



Social Insurance Number (SIN): This nine-digit number was on the front of Social Insurance Cards until they were phased out starting in 2014. You can leave this part blank if you don't have the Removed Child's SIN.

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

When was this Child Removed? Where was this Child taken to when they were placed in Care? Was this Child placed in Care with a family member? The Administrator needs this information to confirm whether the Caregiving Parent or Caregiving Grandparent may be eligible for compensation.

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 First Nations and the biological parent or grandparent of Removed Child #1:</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 Caregiving Parent or Caregiving Grandparent is NOT the First Nations biological parent or biological grandparent of Removed Child #1,</p> <ul style="list-style-type: none"> Please attach a copy of one or more of the following documents, as applicable: <ul style="list-style-type: none"> <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"/> |

Option A – First Nations & Biological: If the Caregiving Parent or Caregiving Grandparent is First Nations and related to the Removed Child by blood, no additional information is needed to show how they are related. The Administrator will search the available records to confirm the Claimant's relationship to the Removed Child. The Administrator will contact you if they are unable to find these records and will ask for documentation that shows relationship to the Removed Child.

Option B – All other types: You will need to send in additional documents with this Claim Form if the Claimant is not First Nations or not related to the Removed Child by blood. For example, if the Claimant adopted the Removed Child, you would provide copies of the official adoption paperwork.

You have now filled in all of Form C!
Keep reading to find out how to send in the Claim Form, and learn about the Settlement and where to get help.

10. SENDING IN YOUR CLAIM FORM



Option 1 – Online Claims Portal

You can complete your Claim Form online through the Claims Portal at Portal.FNChildClaims.ca. The Claims Portal lets you set up an account and fill in all the information needed for your Claim using a computer, tablet, or mobile phone. Please note you will need to be able to receive text messages or voice calls to be able to activate the Multi-Factor Authentication (security features) of the Claims Portal.

The Claims Portal is the recommended way to submit your Claim Form because you will be able to track the progress of your Claim any time without contacting the Administrator. There are useful features that help you find your way around the Form and make sure your Claim Form is complete before you submit it. The Claims Portal also allows you to start, save, and come back to the Claim Form later if you are not ready to complete it all at one time. The Form will be waiting for you to continue from where you left off, when you are ready to continue. *Just don't forget to finish and send in your Claim Form before your Claims Deadline.*

You can also use this secure website to upload pictures of the front and back of your ID and other documents.

The portal will send you an instant email confirmation when you have successfully submitted your Claim Form to the Administrator.



Option 2 – Electronic

Visit FNChildClaims.ca/ClaimForms and download **Form C – The Removed Child Family Class** and save it on your computer/tablet. The Claim Form is a fillable PDF file. This means you can type your information directly into the document.

Once the Claim Form is complete, save the file on your device. Then you can **email it** with pictures of the front and back of your ID and other documents to Claims@Admin.FNChildClaims.ca.

You will get a letter in the mail confirming that the Administrator received your Claim Form.

TIP: If you are the Representative for more than one Claimant and are sending multiple Claim Forms at once, please send each Claim Form in a separate attachment. You can send one email, but please create a separate file for each Claimant you represent.



Option 3 - Print and Email

Visit FNChildClaims.ca/ClaimForms, print **Claim Form C** and fill it in by hand. You can then scan or take a picture of the Claim Form, the front and back of your ID, and any other documents. Make sure to scan every page (some scanners don't scan double-sided pages), count the pages, check page numbers, and check that the quality of the images is good (words can be read and pictures are clear). Email the scans or pictures of your Claim Form and documents to: Claims@Admin.FNChildClaims.ca.

You will get a letter in the mail confirming that the Administrator received your Claim Form.



Option 4 - Print and Fax

Visit FNChildClaims.ca/ClaimForms and either download **Claim Form C**, fill it in on your device and print it, or you can print **Claim Form C** and fill it in by hand. Once complete, you can fax the Claim Form, along with the front and back of your ID and other documents, to **1-416-815-2723**. Check the number of pages on the fax confirmation sheet to make sure the whole Claim Form and all of your documents went through. It is important to make sure that all pages were sent. Count the pages, check page numbers, and look for any double-sided pages (for some fax machines, you have to flip over double-sided pages to get them scanned in), and check that the quality of the images is good (words can be read and pictures are clear).

You will get a letter in the mail confirming that the Administrator received your Claim Form.



Option 5 – Print and Mail

Visit FNChildClaims.ca/ClaimForms and print **Claim Form C** or call the Administrator's Contact Centre toll-free at **1-833-852-0755** and ask for a Claim Form to be mailed to you.

1. Fill in the Claim Form by hand
2. Get paper copies of your ID and other documents (and keep a photocopy of the Claim Form package for yourself)
3. Mail it to:

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

DO NOT SEND ORIGINAL DOCUMENTS – ONLY COPIES (PHOTOCOPY, SCAN, OR PHOTO).

You will get a letter in the mail confirming that the Administrator received your Claim Form.

TIP: Please fill in the entire Claim Form before you send it to the Administrator. Sign it, date it, and attach copies of your documents. Sending in an incomplete Claim Form will delay any compensation you may be eligible for and could result in your Claim being denied.



Deadline

The Administrator **MUST** receive this Claim Form by the deadline for the Claim to be considered for compensation.

- For Removed Child Family Class Members who reached the Age of Majority on or before March 10, 2025, the deadline is **March 10, 2028, 11:59 p.m. PT.**
- For Removed Child Family Class Members who were under the Age of Majority on March 10, 2025, the deadline is three years after the date they reach the Age of Majority.

11. ADDITIONAL INFORMATION

Where to Get Help

Having trouble filling out your Claim Form, need support, or have questions? Help is available.

- 1. The Contact Centre:** If you aren't sure how to fill in any part of this Claim Form, or if you have other questions, call the Administrator's Contact Centre toll-free at **1-833-852-0755**.
- 2. Claims Helpers:** The Administrator has a team ready to provide one-on-one help with your Claim Form. Claims Helpers can help you fill out your Claim Form on the phone, by video chat, or in person (where possible). They can provide information about getting supporting documents or ID. They can also tell you where to find other support for wellness and financial information. The first step to connecting with a Claims Helper is to call the the Administrator's Contact Centre toll-free at **1-833-852-0755**.
- 3. Emotional Help:** You may find that filling out this Claim Form brings up difficult memories or emotions. If you want to talk, counsellors are available 24 hours a day at the Hope for Wellness Helpline: **1-855-242-3310** or visit [HopeForWellness.ca](https://www.hopeforwellness.ca) for free support and crisis intervention.
- 4. Legal Support:** You do not need to pay a legal professional (e.g., lawyer, paralegal, or other legal professional) to help you with your Claim. For legal information about the Settlement, the Administrator's Contact Centre will, if necessary, refer legal questions to Class Counsel, who will provide further information at no cost.

If you choose to hire a lawyer to help you with your Claim, the lawyer needs to follow the rules set out by the Court. (Visit [FNChildClaims.ca/Documents](https://www.fnchildclaims.ca/Documents) to see the [Protocol for Legal Professionals](#).) This includes explaining to you that you do not need to hire a legal professional to help you with your Claim and confirming that you will pay the legal professional for their services, if you choose to hire one.

About the Settlement

On April 19, 2023, the Assembly of First Nations (AFN), the Moushoom and Trout Class Action plaintiffs, reached a final Settlement Agreement, totalling \$23.3 billion. This agreement intends to compensate those harmed by discriminatory underfunding of the First Nations Child and Family Services program and those impacted by the federal government's narrow interpretation of Jordan's Principle.

This Settlement includes nine Classes. In a settlement, a "Class" is a group of people who have had similar experiences and may be entitled to compensation for the harm done to them. They are called "Class Members."

First Nations Children who were removed from home on Reserve or in the Yukon (Removed Child Class) and their Caregiving Parents or Caregiving Grandparents (Removed Child Family Class) are the first two Classes to have their Claims Process approved by the Court. This Claims Process launched on March 10, 2025.

For more information about the Settlement, and to read the [Settlement Agreement](#), please visit [FNChildClaims.ca](https://fnchildclaims.ca).

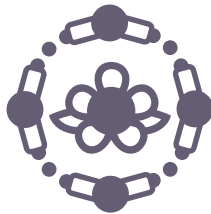
About the Claims Process

The Claims Process (available at [FNChildClaims.ca](https://fnchildclaims.ca)) is based on the Settlement Agreement and is approved by the Federal Court. It sets out the guidelines (rules) for deciding if someone is eligible and approved for compensation. After you send in the Claim Form and required documents, the Administrator will follow this Claims Process to check if you are eligible for compensation under the Settlement. The Administrator may contact you if they need additional information.

If you meet the requirements, you will get a letter telling you the compensation you will receive and asking you to decide if you want your payment by cheque or direct deposit. If you don't meet the requirements, the Administrator will send you a letter saying that the Claim is denied and explaining whether your Claim can be appealed and how to request an appeal.



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



COMPANION GUIDE

Form C: The Removed Child Family Class Claim Form

This Claim Form is for
a Caregiving Parent or a Caregiving Grandparent of a Removed
Child, or a Personal Representative of a Caregiving Parent or
Caregiving Grandparent who is a Person Under Disability