



# For Minor Removed Child Class Member with Terminal or Severe Degenerative Life-threatening Condition

## EARLY PAYMENT APPLICATION FORM



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

### About the Exceptional Early Payment Process available under the Settlement Agreement

For a living **Approved Removed Child Class Member** who is **under the Age of Majority**, the Administrator may, **in exceptional circumstances only**, approve the payment of compensation, if the Claimant is eligible to receive a **reimbursement** for the cost of a life-changing or end-of-life wish experience or need. The Removed Child must have been diagnosed with a **terminal or severe degenerative life-threatening condition**, (supported by medical documentation) to be considered for exceptional early payment.

The Administrator must receive a complete copy of this Form to determine whether the Claimant is eligible for an exceptional early payment of compensation under the Settlement Agreement terms.

**INSTRUCTIONS** for Legal Guardian of Removed Child:

1. Complete the **Removed Child Class Claim Form (Form A)**.
2. Complete this **Early Payment Application Form**.
3. **Submit both Claim Form A** and this **Early Payment Application Form** to the Administrator and **attach supporting documentation** listed in Steps 2, 3, and 4 of this Early Payment Application Form.



For more information about this Settlement, please see [www.FNChildClaims.ca](http://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](http://www.HopeForWellness.ca) to provide free support and crisis intervention services.

### WHAT WILL HAPPEN AFTER YOU SUBMIT THIS FORM?

To determine eligibility for exceptional early payment, the Administrator will assess the following considerations. The Claimant must:

- Be eligible as an Approved Removed Child Class Member.
- Be a Minor (has not reached the **Age of Majority**).
- Be diagnosed with a terminal or severe degenerative life-threatening condition that has placed their life in jeopardy, confirmed by medical document(s).
- Have a life-changing or end-of-life wish experience or need.

The Administrator will review the Removed Child Class Claim Form, this Early Payment Application Form, and supporting documentation provided to assess whether the Claimant is approved and whether payment may be issued on an exceptional basis, prior to the Claimant reaching Age of Majority.

**If additional information is required to assess this request, the Administrator may contact you.**

## STEP 1 – Information about the Removed Child

### Removed Child – Full Name (Required):

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

### Removed Child – Date of Birth (Required):

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

## STEP 2 – Information about the Person Submitting this Form (Legal Guardian) for Removed Child

### Person submitting this Form for Removed Child (e.g., Legal Guardian) (Required):

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

### Relationship to Removed Child (Required) I am the Removed Child's:

### Claim ID number (If available)

### Mailing Address (Required):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number	Street name	Unit (If applicable)

<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 # - Home/Mobile (If available)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Email Address (If available)

### List and attach proof of relationship to Removed Child (Required)

Attach documents to this Form that confirm your relationship to the Removed Child (e.g., Long Form Birth Certificate, evidence of Legal Guardianship)

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**STEP 3 – Description of Medical Condition and Medical Records**

**A) Describe the terminal or severe degenerative life-threatening medical condition that has placed the Removed Child Claimant’s life in jeopardy (Required)**

If you need more space, please attach extra pages and submit them with this Form.


**B) Provide records for the medical condition (Required)**

If you need more space, please attach extra pages and submit them with this Form.

**List the Removed Child’s medical record(s) you are including with this Form:**

- 1.
- 2.
- 3.

**Attach copies of the Removed Child’s medical record(s) for this condition.**

**STEP 4 – Details of the Removed Child’s Wish or Need**

**A) Information about the life-changing or end-of-life wish experience or need that the Removed Child has chosen**

If you need more space, please attach extra pages and submit them with this Form.

**Describe the Wish/Need (Required)**


**Estimated Cost or Incurred Cost of the Wish/Need in Canadian dollars (Required)**

\$

**Dates of the Wish/Need (If available)**

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

## STEP 4 (Continued) – Details of the Removed Child’s Wish or Need

### B) Supporting documentation for the Wish/Need the Removed Child has chosen (Required)

Please provide reasonable proof to support the chosen life-changing or end-of-life Wish/Need experience.

For example, a copy of the brochure or an advertisement of the experience, quoted cost for the experience, or details about the experience that has already happened after the diagnosis.

If you need more space, please attach extra pages, and submit them with this Form.

#### List/Describe the supporting document(s) you are including with this Form

1.

2.

3.

#### Attach copies of the supporting document(s)

## STEP 5 – Consent and Acknowledgement (Required)

By signing this Form, I acknowledge, understand, and agree that:

- I am the legal representative (Legal Guardian or Public Guardian) of the Minor Removed Child.
- The information contained in this Early Payment Application Form and any attached pages / documents are true to the best of my knowledge.
- The Administrator and Claims Helpers may contact me as part of the Claims Process for further information about this Early Payment Application Form.
- The Administrator or Claims Helpers **do not** represent Canada; **do not** act as an agent or legal counsel for any party; and **do not** offer legal advice.

SIGN HERE

Your Signature (individual submitting this Form for Removed Child)

Month - Day - Year  
Date (date you signed this Form)

## STEP 6 – Send Early Payment Application Form to Administrator

**Reminder:** Submit together with completed Removed Child Claim Form A and all required documentation

**Email:**  
[Claims@Admin.FNChildClaims.ca](mailto:Claims@Admin.FNChildClaims.ca)

**Fax:**  
416-815-2723

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