



FEDERAL
Indian Hospitals
SETTLEMENT

Claim Form Guide

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Introduction

Purpose of this guide

This guide is intended to help Primary Class Members and representatives of Primary Class Members who are deceased, an Heir who is under the Age of Majority or a Person Under Disability, complete and send in the Claim Form for the Federal Indian Hospitals Settlement.

This guide explains each section of the **Claim Form** and the information you are asked to provide. It also explains important terms and topics used in the Claim Form.

This guide provides 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 or an Heir who is under the Age of Majority
- How to fill in a Claim Form for a person who has passed away
- The documents you need to send in with the Claim Form
- The last day to send in a Claim Form
- Where to get help

Claim submission timeframe

Claimants have until **July 27, 2028**, to submit a Claim Form.

If you have questions about timing or need help submitting your Claim, free support is available at www.IHSettlement.ca.

Ways to complete and submit a Claim Form

Before you get started, take a moment to think about how you would like to complete and send in your Claim Form. There are several ways to complete and submit a Claim Form. You can choose the option that works best for you.

Online Claims Portal

The fastest way to submit a Claim is by using the online Claims Portal at <https://Portal.IHSettlement.ca>. All information can be completed online, and you can check the status of your Claim at any time by calling the Info Line at **1-888-592-9101**.

Electronic Claim Form

- You can fill in the electronic version of the Claim Form on a computer, tablet or mobile phone and send it by email.
- Download the Claim Form from www.IHSettlement.ca/Claims.
- Complete the Claim Form electronically.
- Send the completed Claim Form and scans of required documents by email to the Claims Administrator at Claims@Admin.IHSettlement.ca.

Paper Claim Form

You can fill in a paper copy of the Claim Form by hand.

- Download the Claim Form from www.IHSettlement.ca/Claims.
- Print the Claim Form or request that a paper Claim Form be mailed to you by calling the Info Line at **1-888-592-9101**.

- Once completed, you can send the paper Claim Form in one of the following ways:
 - Scan the completed Claim Form and required documents and send it by email to the Claims Administrator at Claims@Admin.IHSettlement.ca.
 - Fax the completed Claim Form to 416-966-5701.
 - Mail the completed Claim Form to FIH Claims Administrator P.O. Box 5493 STN MAIN Newmarket, ON L3Y 0J4.

More information about completing and sending in the Claim Form is provided later in this guide.

This guide provides instructions on how to complete the paper/electronic version of the Claim Form.

Information on how to submit your Claim using the online Claims Portal is available on the Settlement website at <http://Portal.IHSettlement.ca>.

Eligibility and who can submit a Claim

This section explains who may be eligible for compensation under the Federal Indian Hospitals Settlement and who is allowed to submit a Claim Form. This information is provided to help you understand the Claims Process. It does not decide eligibility or the outcome of any Claim.

Who may be eligible for compensation

Primary Class Members

Only Primary Class Members may be eligible for individual compensation under the Settlement. To be eligible, a Primary Class Member must have:

- Been admitted to one of the Federal Indian Hospitals included in the Settlement, during the dates when the hospital was managed and operated by the Government of Canada, and
- Experienced abuse, including psychological, verbal, physical and/or sexual abuse, while admitted to a Federal Indian Hospital.

The Settlement does not include compensation for medical malpractice or claims connected to medical treatment.

Estates of Deceased Primary Class Members

Primary Class Members who passed away on or after January 25, 2016, may still be eligible through the Estates process. In these situations, a Claim may be submitted by an Estate Representative or, in some cases, by an Heir.

Family Class Members

Family Class Members, including spouses, former spouses, children, grandchildren or siblings of Primary Class Members, are not eligible for individual compensation under the Settlement.

Learn more about eligibility at www.IHSettlement.ca/Eligibility.

Who can submit a Claim Form

A Claim Form may be submitted by:

- A Primary Class Member submitting a Claim for themselves, or
- A person authorized to act for a Primary Class Member, including:
 - An Estate Representative or Heir submitting a Claim for a Primary Class Member who has passed away
 - A Personal Representative submitting a Claim for a Primary Class Member who is a Person Under Disability (or the representative of an Heir who is under the Age of Majority)
 - Individual Legal Counsel, meaning a practising lawyer in good standing in a Canadian province or territory, who has been hired by the Claimant or their representative to assist in submitting their Claim

The Claim Form includes specific sections and appendices for these situations. Only fill out the sections that apply to your situation. If you have questions, a Claims Helper can help you.

If you have questions about eligibility

You may have questions about whether the Settlement applies to you or the person you are submitting a Claim for. Free information and support are available:

- Call the Info Line at **1-888-592-9101**.
- Visit www.IHSettlement.ca.
- Use the interactive Eligibility Information Tool available on the website.

The Claims Administrator is available to provide general information and help you understand the Claims Process.

Important to know

- Submitting a Claim does not guarantee you will be eligible for compensation
- You are not required to hire a lawyer to submit a Claim
- Taking time to ask questions before starting is okay

Understanding the Claim Form and how it is organized

This section explains how the Claim Form is organized, what each part is for, and which sections apply in different situations.

The Claim Form is divided into numbered parts and appendices. Some parts are completed by everyone. Other parts or appendices are completed only in certain situations, such as when a Claim is submitted for someone who has passed away or for a Person Under Disability.

Each section of the Claim Form explains when it applies.

Overview of the Claim Form

The Claim Form includes:

- Part 1 and Parts 1A and 1B, which collect information about the Claimant
- Part 2 and Parts 2A and 2B, which collect information about admission to a Federal Indian Hospital and experiences of abuse/harm
- Part 3, which collects payment information
- Appendices, which apply only in specific situations

This guide explains each part and appendix in the same order as they appear in the Claim Form.

Part 1 – Privacy release, acknowledgement and retention policy

This part is required for every Claim. It explains how information provided in the Claim Form is collected, used and protected, and includes acknowledgements about the Claims Process. The Claimant or representative must read this section, then sign it.

Part 1A – Claimant details

This part is required for every Claim. It asks for basic information about the Claimant, who is the person who experienced harm. The information required includes name, date of birth and other identifying details. This information is used to identify who the Claim is for.

Part 1B – Claimant contact information

This part is required for every Claim. It asks for the Claimant's contact details, including mailing address, phone number and email address, if available. This information is used to contact the Claimant about the Claim and for the Claims Administrator's records.

- If you are submitting a Claim as an Estate Representative or Heir, you do not need to complete Part 1B, instead you will need to complete Appendix C.
- If the highest priority Heir is a Minor Child or a Person Under Disability, you will need to complete additional information in Appendix C for the Heir and provide documentation establishing that you can act on their behalf as their personal representative.
- If you are submitting a Claim as the Personal Representative for a Claimant who is a Person Under Disability you will need to complete additional information in Appendix D.
- If a lawyer helped with your Claim, the lawyer that assisted you needs to include additional information in Appendix E.

Part 2 – Admission to a Federal Indian Hospital

This part is required for every Claim. It asks the Claimant to select the Federal Indian Hospital they were admitted to when they experienced the abuse/harm and the dates they were there (approximate dates are fine). This information helps confirm that the hospital and dates fall within the Settlement.

Part 2A – Additional admission information

This part is required for every Claim. It asks the Claimant to provide additional information about their admission to a Federal Indian Hospital where they experienced abuse/harm, by answering a series of questions, such as the name of the hospital they were admitted to when they experienced abuse/harm the reason for being admitted, how they arrived, dates of admission and any other details they can remember.

If the Claimant had multiple hospital admissions where they experienced abuse/harm, including multiple admissions to the same hospital, they need complete Appendix A for each additional admission and submit them along with their complete Claim Form.

Part 2B – Additional details about your experience at a Federal Indian Hospital

This part is required for every Claim. It asks the Claimant to choose the highest level of abuse/harm that best matches their overall hospital experience. There are additional questions the Claimant is asked to answer for each harm experienced at a Federal Indian Hospital. The Claim Form provides space for up to three harms. To share additional harms experienced, please use Appendix B.

Part 2B also includes space for the Claimant to share, in their own words, any additional information they wish to add.

Part 3 – Payment information

This part is required for every Claim. It asks how payment should be issued if the Claim is approved and includes banking information.

Appendix A – Additional Federal Indian Hospital admissions

This appendix is required if the Claimant was admitted to more than one Federal Indian Hospital or had more than one admission to the same hospital and experienced abuse/harm at each. Appendix A can be copied or downloaded as many times as needed to make sure each hospital admission is included in your Claim. It is important that Appendix A is submitted with your complete Claim Form.

Appendix B – Additional details about your experience at a Federal Indian Hospital

This appendix is required if the Claimant needs more space to include harm/abuse experienced at Federal Indian Hospitals. Appendix B can be copied or downloaded as many times as needed. It is important that Appendix B is submitted with your complete Claim Form.

Appendix C – Claims for Deceased Primary Class Members

This appendix is required if the Claim is being submitted for a Claimant who has passed away on or after January 25, 2016. It asks for information about the Estate Representative or Heir who is submitting the Claim and outlines required documents that show their authority to act for the estate. If the highest priority Heir is a Person Under Disability or under the Age of Majority, the person completing the Claim will need to complete Appendix C and provide documentation establishing themselves as the personal representative.

Appendix D – Claims for a Person Under Disability

This appendix is required if the Claim is being submitted for a Claimant who cannot manage their own affairs (a Person Under Disability). It asks for information about the Personal Representative and outlines required documents that show their authority to act on behalf of the Claimant.

Appendix E – Individual Legal Counsel

This appendix is required only if a practising lawyer in Canada assists with the Claim. It asks for the lawyer's information and the Retainer Agreement. The lawyer fills out this appendix. You are not required to hire a lawyer to submit a Claim.

Appendix F – Claim Form checklist

This appendix can be used by anyone submitting a Claim. It helps confirm that all required parts of the Claim Form have been completed before submission.

Key definition

Claimant: under the Settlement Agreement, a Claimant is an individual, an Estate Representative, or a Personal Representative, who makes a Claim by completing and submitting a Claim Form to the Claims Administrator. For the purposes of this Guide, a Claimant refers to an individual who has experienced abuse/harm while admitted to a Federal Indian Hospital while it was operated by the Government of Canada.

Using this guide with the Claim Form

This guide follows the same order as the Claim Form.

You can read one section of the guide, complete the matching section of the Claim Form, and then move on to the next section.

You can stop at any time and return later, even if you are completing your Claim online.

Free resources and supports are available to help you understand the Claims Process and complete your Claim Form:

- The Claims Administrator can answer questions about the Claims Process, Claim Form and Claims Portal. They can also provide status updates on your Claim and clarify information about documentation and compensation.
- Class Counsel can answer your legal questions about the Settlement and the Claims Process.
 - You can hire your own lawyer. If you receive compensation, the lawyer who assisted you can request their legal fees be paid by the Government of Canada.
- Claims Helpers are available to help you complete your Claim Form and answer general questions about the Claims Process.

Learn more at www.IHSettlement.ca or by calling the Info Line at **1-888-592-9101**.

Part 1 – Privacy release, acknowledgement and retention policy

This part of the Claim Form is required. Do not leave this section blank. This part of the Claim Form is an agreement between you and the Claims Administrator. It must be completed and signed by the person who is making the Claim.

By completing and signing this section, you are acknowledging you understand how your information will be used as part of the Claims Process.

This section does not decide your Claim. It explains roles, responsibilities and how information connected to your Claim may be shared and kept.

Who completes this part

This part must be completed by whoever is making the Claim and must include the name and signature. This part must be completed to process the Claim. It can be completed by:

- The Claimant
- An Estate Representative or Heir for a Claimant who passed away on or after January 25, 2016
- A Personal Representative for a Person Under Disability or an Heir who is under the Age of Majority

Even if a lawyer, Claims Helper or another trusted support person is helping someone complete their Claim, the Claimant, Personal Representative or Estate Representative must still complete and sign this part.

What you are acknowledging when you sign

By signing this section, you are acknowledging that:

- The Claims Administrator and the Independent Reviewer do not represent the Government of Canada or Federal Indian Hospitals
- They are not acting for you regarding this Claim
- They do not have any duties to protect your legal rights

You are also acknowledging that the information you provide in your Claim is true to the best of your knowledge.

How your information may be shared

By signing this section, you agree that the Claims Administrator may share information about you, the Claimant, and this Claim Form as needed to process the Claim.

This information may be shared with:

- The Government of Canada
- Class Counsel, the lawyers who represent the Class Members in this Settlement
- The Independent Reviewer as part of their role in Reconsideration reviews

The Exceptions Committee, who may in some circumstances review Claims as part of the Reconsideration process. Information is shared only as required to review and process Claims.

How your information is kept and destroyed

The Claims Administrator is committed to keeping the information on the Claim Form and any supporting documents safe. By signing this section, you are acknowledging that:

- The Claims Administrator will keep your information for two years after the last payment of compensation is made, and
- After that time, documents and information connected to the Claim will be destroyed.

Completing this section

To complete Part 1:

- Read the entire section carefully
- Complete the “Sign” box to confirm your agreement
 - Print your first and last name
 - Sign your name
 - Write the date when you are signing the form

If you would like help understanding this section or any other part of the Claim Form, free support is available through the Info Line and Claims Helpers.

If this section is not signed, the Claim cannot be processed.

SIGN	<input type="text"/>	<input type="text"/>
	First name (printed)	Last name (printed)
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Signature (required)	Day (DD) Month (MM) Year (YYYY)

Common mistakes to avoid

- Leaving this section blank
- Missing the signature
- Signing in the wrong place

Section checklist

Before moving on, make sure that:

- The Claim Form is signed
- The date is written clearly

Part 1A – Claimant details

This part of the Claim Form is required. Do not leave this section blank. This section of the Claim Form is where you provide information that helps the Claims Administrator confirm the identity of the Claimant.

You may be filling out this section:

- For yourself, if you are the Claimant
- For a Claimant who died on or after January 25, 2016, if you are the Estate Representative or an Heir (see Appendix C for additional information)
- For a Claimant, if you are completing the Claim Form as a Personal Representative for a Person Under Disability (see Appendix D for additional information)
- For a Claimant, as a practising lawyer in Canada who is helping with the Claim (see Appendix E for additional information)

Take your time with this section. Providing clear and accurate information helps avoid delays.

Claimant’s legal name

Enter the Claimant’s full legal name. This should be the name exactly as it appears on the government-issued identification that is being used to confirm identity.

Do not use nicknames, shortened names or preferred names.

Your name (required) Your name must match your government-issued identification (ID).
First name: <input type="text"/>
Middle name (if applicable): <input type="text"/>
Last name: <input type="text"/>

Identification

You must attach a clear copy of the front and the back of the government-issued identification you are providing for the Claimant.

Do not send original documents. Only send copies. Original documents will not be returned.

The identification must match the information you entered on the Claim Form, including the Claimant’s full legal name and date of birth. Before attaching the copy, check that the full name on the identification is the same as the full name you entered on the Claim Form.

Identification (required) <input type="checkbox"/> Please attach a copy of your Federal or Provincial government-issued ID to your application.	Examples of accepted ID: <ul style="list-style-type: none">• Certificate of Indian Status (Status Card)• Inuit Beneficiary Card• Métis Citizenship Card• Passport• Driver’s License• Provincial/Territorial Photocards
--	--

Accepted types of identification include:

- Driver’s licence
- Provincial or territorial photo identification card
- Passport

- Birth certificate
- Old Age Security card
- Firearms Possession and Acquisition Licence
- Official military identification
- NEXUS card
- Age-of-majority or “Bring Your ID” card
- United States state-issued identification card
- Certificate of Canadian Citizenship
- Indian Status Card
- Certificate of Indian Status
- Secure Certificate of Indian Status
- Métis Citizenship Card
- Inuit Land Claim Beneficiary, Land Claim Beneficiary Card, including an NTI Enrolment Card
- Provincial Services Card
- Prison or correctional identification
- First Nations or Indigenous government identification, including a Certificate of Tribal Membership
- Social Insurance Number
- Statement of Live Birth that has a raised red seal and is signed by the registrar
- Death certificates issued by a province or territory that show the full name, date of death, age at death, and date of birth
- Statements of death or internment issued by a funeral home that show the full name, date of death, age at death, and date of birth

The following are not accepted as identification:

- Library cards or other municipal cards
- Membership cards from First Nation or Indigenous organizations, unless they are issued by the federal government

If you (or the Claimant) do not have identification, or if you are unsure which documents may be accepted, you can contact a Claims Helper. Claims Helpers can provide information about identification requirements and help you find resources on how to obtain identification.

You can reach a Claims Helper by calling the Info Line at **1-888-592-9101** and pressing 2.

Other name(s)

Complete this section only if the Claimant has used another name in the past. A name may have changed because of marriage or for other reasons.

If the Claimant’s name has not changed, or if you do not know of any other names, leave this section blank.

If the Claimant’s name did change and you have a document showing the name change, include a copy of that document.

Other name(s): Did you use any other names while you were admitted to a Federal Indian Hospital? For example, a maiden name, birth name, nickname, adopted name, or an E-Disc/W-Disc name or number (for Inuit Claimants).

Yes



If yes, please provide the other name(s):

Documentation (if available)

Please attach a copy of any documents that could provide confirmation of your other names.

Examples of documents that could confirm other names:

- Legal name change order
- Marriage certificate / divorce papers
- Adoption papers
- Other documents that reference your other names

Social Insurance Number

Enter the Claimant's nine-digit Social Insurance Number if you have it. This information is optional and a Claim can be submitted without it.

Your Social Insurance Number (SIN) (optional)

 - -

Date of birth

Enter the Claimant's date of birth. The date of birth must match the date shown on government-issued identification (if the birth date is included). Use numbers only as indicated in the Claim Form.

Your date of birth (required)

Date of birth must match your government-issued ID.

 / /
Day (DD) Month (MM) Year (YYYY)

If the Claimant has passed away

Complete this section only if the Claimant is deceased. Enter the date of death. The date must match the documentation you provide to confirm the Claimant has passed away.

Acceptable documents may include:

- A death certificate
- A document from Indigenous Services Canada
- A Funeral Director's Statement of Death
- Burial certificate
- Coroner's report

Important information: If the Claimant passed away before January 25, 2016, the Claimant is not eligible for compensation under this Settlement.

Claimant date of death (if applicable)

If the Claimant has passed away, please provide the date of death on or after January 25, 2016.

 / /
Day (DD) Month (MM) Year (YYYY)

Member of a First Nation, Métis, or Inuit community

This section is optional. You can submit a Claim without completing this section. Check the box that applies, then complete the information requested. Answer this section as accurately as you can, based on the Claimant's information.

Providing First Nation, Métis or Inuit status information may be helpful and is optional.

Are you a member of a First Nation, Métis or Inuit community? (if applicable)
 If "yes", select the one that applies by placing an "X" in the box and complete all the associated questions.

<input type="checkbox"/> First Nation	Your Status Card or registration number:	<input type="text"/>
	Name of your First Nation or Band:	<input type="text"/>
	Province or Territory where your First Nation or Band is located:	<input type="text"/>
	If you cannot provide your Status Card or registration number or Band name, please explain why:	<input type="text"/>
OR		
<input type="checkbox"/> Métis	Your Métis citizenship or membership number:	<input type="text"/>
	Your issuing Métis organization:	<input type="text"/>
	Province or Territory where your Métis organization or community is located:	<input type="text"/>
	If you cannot provide your Métis citizenship or membership number or issuing organization, please explain why:	<input type="text"/>
OR		
<input type="checkbox"/> Inuit	Disc number:	<input type="text"/>
	Beneficiary number:	<input type="text"/>
	Province or Territory where your Inuit region or community is located:	<input type="text"/>
	If you cannot provide your disc or beneficiary number, please explain why:	<input type="text"/>

Common mistakes to avoid

- Using a nickname instead of the legal name
- Sending original identification instead of copies
- Forgetting to attach identification
- Completing sections that do not apply
- Entering dates that do not match identification

Section checklist

Before moving on, make sure that:

- The Claimant's legal name is entered correctly
- A clear copy of identification is attached
- Other names are listed only if applicable
- The date of birth is correct
- The date of death is completed only if the Claimant is deceased

Part 1B – Claimant contact information

This part of the Claim Form is where you provide the Claimant's contact information. The Claims Administrator uses this information to stay in contact with you and to keep records related to your Claim.

- If you are submitting a Claim as an Estate Representative or Heir, you do not need to complete Part 1B, instead you will need to complete Appendix C.
- If the highest priority Heir is a Minor Child or a Person Under Disability, you will need to complete additional information in Appendix C for the Heir and provide documentation establishing that you can act on their behalf as their personal representative.
- If you are submitting a Claim as the Personal Representative for a Claimant who is a Person Under Disability you will need to complete additional information in Appendix D.
- If a lawyer helped with your Claim, the lawyer that assisted you needs to include additional information in Appendix E.

The Claims Administrator uses your contact information to:

- Send letters asking for more information, if needed
- Send letters about eligibility and Claim decisions
- Contact you to confirm details
- Send a compensation cheque, if you are not using direct deposit

It is important that this information is accurate and kept up to date. If any of your contact information changes after you submit your Claim Form, contact the Claims Administrator as soon as possible to update your address, phone number, email address or other details.

Mailing address

This is the address where you can receive mail. This information is required. Do not leave this section blank.

The Claims Administrator will use this address to send letters and, if applicable, a compensation cheque. You must include all of the following:

- Street, name, number, unit and /or PO Box
- City, town, or community
- Province or territory
- Postal code
- Country

<input type="text"/>	<input type="text"/>		
Street number	Street name		
<input type="text"/>	<input type="text"/>		
Unit	P.O. Box (if applicable)		
<input type="text"/>		<input type="text"/>	<input type="text"/>
City / Town / Community		Postal Code	
<input type="text"/>	<input type="text"/>		
Province / Territory	Country		
<input type="text"/>			
C/O Name (if applicable)			

Temporary living situations

If you are currently living somewhere that is not a permanent home, include the details in this section. This may apply if you are staying temporarily with family, friends or in another short-term living situation. If this does not apply to you, leave this section blank.

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

Email address

An email address can help the Claims Administrator contact you more quickly. If you have an email address, enter it here. Double-check the spelling before moving on.

If you do not have an email address, leave this section blank.

Your email address
(if available):

Telephone numbers

The Claims Administrator may need to call you if they need more information or need to confirm details. Include the type of phone number you are most likely to use. This can be either:

- Mobile phone
- Home phone
- Work phone

Your telephone number
(recommended):

 - - Ext.

Please select the phone number you provided: Home Mobile Work Other:

Keeping your contact information up to date

If your mailing address, email address or phone number changes after you submit your Claim Form, contact the Claims Administrator to provide the updated information.

You can contact the Claims Administrator by calling the Info Line at **1-888-592-9101**.

Common mistakes to avoid

- Leaving the mailing address section blank
- Forgetting part of your address, such as the postal code or province
- Entering an email address with spelling errors

Section checklist

Before moving on, make sure that:

- Your mailing address is complete and correct
- All required address fields are filled in
- Your email address is correct, if you provided one
- A phone number where you can be reached is included

Part 2 – Hospital admission: name and dates

The next sections ask you to remember details about your experience at a Federal Indian Hospital. For some people, this can bring up difficult memories. You can pause, take a break or come back later. You do not need to complete these sections all at once.

You are not expected to remember everything perfectly. Share what you can, to the best of your ability.

Mental health and wellness support is available anytime at the Hope for Wellness Helpline. Call **1-855-242-3310** or visit www.HopeForWellness.ca.

This part of the Claim Form is required. Do not leave it blank.

This part of the Claim Form is where you tell the Claims Administrator which Federal Indian Hospital or hospitals you were admitted to during the Claims Period, and the dates of each admission.

This section is only about identifying the hospital or hospitals and the dates you were admitted and discharged. You will be able to provide more details about each hospital admission in Part 2A.

Finding the correct hospital name

The hospitals listed in the Claim Form are organized by province.

Each hospital appears under one main name. Other names the hospital may have been known by are listed underneath in smaller print.

If you do not immediately see the hospital name you remember, check the smaller print. The hospital may be listed there under a different name.

Selecting the hospital or hospitals

Put a mark in the box next to every hospital where you were admitted during the Claims Period. If you were admitted to more than one Federal Indian Hospital, select all the hospitals that apply.

Alberta			
Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission <i>BEGAN</i>	Month (MM) / year (YYYY) your admission <i>ENDED</i>
<input checked="" type="checkbox"/> Blackfoot Indian Hospital Other name(s): Blackfoot I.N.H.S. Hospital, Blackfoot Hospital	January 1, 1936 - April 1, 1976	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Blood Indian Hospital Other name(s): Blood Agency Hospital, Blood Hospital, Blood Reserve Indian Hospital, Blood Reserve Hospital, Moses Lake Hospital	January 1, 1936 - December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input checked="" type="checkbox"/> Charles Camsell Indian Hospital Other name(s): Charles Camsell Hospital, Edmonton Indian Hospital, Edmonton Military Hospital, Indian Health Services Hospital, Jesuit College Hospital	November 1, 1945 - December 1, 1980	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Hobbema Indian Hospital Other name(s): Hobbema Hospital	January 1, 1952 - June 30, 1963	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Morley Stoney Indian Hospital Other name(s): Morley Indian Hospital, Morley Hospital, Stoney Agency Hospital, Stoney Indian Hospital, Stoney Hospital, Stony Indian Hospital, Stony Hospital	January 1, 1936 - December 31, 1960	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Peigan Indian Hospital Other name(s): Peigan Agency Hospital, Peigan Hospital	January 1, 1936 - December 31, 1954	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Entering admission and discharge dates

For each hospital you select, enter:

- The admission or beginning date, and
- The discharge or end date (of all eligible admittances to that hospital)

Use numbers to enter the month and year. Make sure the dates you enter fall within the eligible dates of operation listed for that hospital.

If you are not sure of the exact dates, provide the best information you have.

For example, if you were admitted to the Blackfoot Indian Hospital on April 6, 1970, and discharged on June 20, 1970, and were admitted to Charles Camsell Indian Hospital on January 7, 1971 and discharged on March 4, 1971, you would check each hospital and include the month and year of both admissions.

Alberta		Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
Select the hospital(s) where you were admitted	Eligible dates of operation		
<input checked="" type="checkbox"/> Blackfoot Indian Hospital Other name(s): Blackfoot I.N.H.S. Hospital, Blackfoot Hospital	January 1, 1936 - April 1, 1976	04 / 1970	06 / 1970
<input type="checkbox"/> Blood Indian Hospital Other name(s): Blood Agency Hospital, Blood Hospital, Blood Reserve Indian Hospital, Blood Reserve Hospital, Moses Lake Hospital	January 1, 1936 - December 31, 1981		
<input checked="" type="checkbox"/> Charles Camsell Indian Hospital Other name(s): Charles Camsell Hospital, Edmonton Indian Hospital, Edmonton Military Hospital, Indian Health Services Hospital, Jesuit College Hospital	November 1, 1945 - December 1, 1980	01 / 1971	03 / 1971
<input type="checkbox"/> Hobbema Indian Hospital Other name(s): Hobbema Hospital	January 1, 1952 - June 30, 1963		
<input type="checkbox"/> Morley Stoney Indian Hospital Other name(s): Morley Indian Hospital, Morley Hospital, Stoney Agency Hospital, Stoney Indian Hospital, Stoney Hospital, Stony Indian Hospital, Stony Hospital	January 1, 1936 - December 31, 1960		
<input type="checkbox"/> Peigan Indian Hospital Other name(s): Peigan Agency Hospital, Peigan Hospital	January 1, 1936 - December 31, 1954		
<input type="checkbox"/> Sarcee Indian Hospital Other name(s): Sarcee Agency Hospital, Sarcee Hospital, Sarcee Reserve Indian Hospital	January 1, 1936 - March 31, 1946		

Part 2A – Hospital admission: additional information

This part of the Claim Form is required. Do not leave this section blank.

This part of the Claim Form is where you provide more information about each hospital admission you listed in Part 2. All of the questions in this section relate to one hospital admission.

This section includes nine questions about your experience in a Federal Indian Hospital. An example of an answer is provided after each question on the Claim Form to help guide you. Answer these questions using the information you remember. If you are unsure about exact dates or details, provide your best estimate.

If you were admitted to more than one hospital , and experienced abuse/harm at each during the Claims Period, you will answer the same questions for each additional hospital admission. If you need more space or you were admitted to the same hospital more than once, you can complete that information in Appendix A. You can download or copy Appendix A as many times as you need to complete your Claim.

Please review your submission and make sure that you provide the information for each hospital admission. There is a place to enter the name and duration of admission that you checked off in Part 2. Please ensure the name of the hospital you enter matches the hospital you selected in Part 2.

<p>1. What is the name of the hospital you were admitted to? <i>Example: Charles Camsell Hospital.</i></p> <input type="text"/>
<p>2. For how long were you admitted to the hospital? <i>Example: 3 months.</i></p> <input type="text"/>
<p>3. What was the reason for your admission? <i>Example: Tuberculosis treatment.</i></p> <input type="text"/>
<p>4. Where did you live before being admitted to the hospital (including address if known)? <i>Example: St. Mary's Indian Residential School.</i></p> <input type="text"/>
<p>5. Why did you go to this particular hospital (instead of another)? <i>Example: It was the closest hospital to my community.</i></p> <input type="text"/>
<p>6. How did you get to and from the hospital at the beginning and end of your admittance? <i>Example: By ship.</i></p> <input type="text"/>
<p>7. What are the names of any of the doctors, nurses, or other staff who assisted you? <i>Example: Dr. Smith, Nurse Johnson.</i></p> <input type="text"/>
<p>8. What types of medical treatment did you receive? <i>Example: Antibiotics, physical therapy.</i></p> <input type="text"/>
<p>9. Were you transferred to/from another hospital or medical facility before/after being admitted to the Federal Indian Hospital? <i>Example: Transferred to a Tuberculosis (TB) Sanitorium after admission.</i></p> <input type="text"/>

More than one hospital admission

If you were admitted to more than one hospital during the Claims Period:

- Complete questions 1 to 9 for the first hospital in Part 2A, and
- Complete questions 1 to 12 for each additional hospital in Appendix A

For example, if you were admitted to and experienced abuse/harm at three hospitals, you would complete questions 1 to 9 once in Part 2A and then complete questions 1 to 12 in Appendix A two more times (i.e., complete Appendix A for each additional hospital).

Additional details about hospital admissions

This section is not required, but it is recommended. It gives you space to include any additional information about your hospital admission or admissions that you have not already included. Focus on information about your time at the hospital itself, such as details about admission, transfer, or discharge.

Do not include information about abuse/harm experienced in this section. You will be asked about that in the next part of the Claim Form.

If you do not have any additional information to include, leave this section blank.

Additional details (recommended)

This section is for you to share any other details you can remember about your admission at the Federal Indian Hospital. For example, other patients' names or a description of the hospital. Please fill in what you feel comfortable sharing. Do not include information about any eligible abuse/harm you may have experienced here. You will be asked about this later in **Part 2B** of the Claim Form.

Relevant documents related to hospital admission

This section asks whether you have documents related to your hospital admission. If you do not have documents related to your hospital admission, leave this section blank.

If you have documents, check the box on the left. On the right side of the Claim Form is a list of possible documents you might have. This list is provided only as a guide.

If you choose to include documents:

- Include copies only, not originals
- Write your first and last name and date of birth on each copy

Documentation (if available)

Please attach a copy of any document that might help support your Claim.

Examples of documents that might help support your Claim:

- **Hospital admission confirmation** – Documents confirming your hospital admission (e.g., medical records with visit dates, treatments, doctor's notes).
- **Medical records / discharge summaries** – Medical records or discharge summaries from your hospital admission.
- **Appointment confirmation** – Appointment confirmation letters or other documents showing hospital or doctor appointments.
- **Other** – Any other documents that support your claim but do not fit the categories above.

Part 2B – Hospital admission: abuse/harm experienced

This section asks about abuse and harm experienced while you were admitted to a Federal Indian Hospital. Reading and writing about these experiences can be very difficult.

You do not have to do this alone.

You can stop at any time, take breaks and return to this section when you feel ready. You do not need to complete it all at once, and you are not expected to remember everything perfectly.

Claims Helpers are available to help you understand what this section is asking and to support you as you complete the Claim Form. Claims Helpers cannot tell you what to write, but they can help explain the process and your options.

You can reach a Claims Helper by calling the Info Line at **1-888-592-9101** and pressing 2.

If you need emotional support right now, free and confidential help is available 24 hours a day through the Hope for Wellness Helpline at **1-855-242-3310** or at www.HopeForWellness.ca. Counselling is available in English, French, Cree, Ojibway and Inuktitut upon request.

This part of the Claim Form is required. Do not leave this section blank.

This part of the Claim Form is where you identify the level of abuse/harm that best matches your experience while you were admitted to a Federal Indian Hospital, and where you provide details about what happened.

This section includes space to share your experience for up to three experiences of abuse/harm you experienced while admitted to a Federal Indian Hospital. If you have additional information to include, you can use Appendix B. You can download or copy Appendix B as many times as you need to complete your Claim.

Overview of this section

Part 2B has four required steps:

- Choose the highest level of harm that best matches your overall experience
- Confirm the selected level by writing it in the box provided
- Confirm age and lack of consent (if applicable). If this section does not apply to you, you can leave it blank.
- Provide details about your experience by answering six questions

There is also an optional section at the end where you can include additional details, if you wish. This is completely up to you.

Step 1 – Choose one level of harm

There are five levels of harm. Each level includes a detailed description of the types of abuse/harm it covers.

Read all five levels carefully and select the highest level that best matches your overall experience while you were admitted to the hospital or hospitals.

Understanding levels of harm

The information below includes examples of harms. It can be difficult to read. Take your time and ask for help if you need it.

Claims are assessed based on the exact wording in the Compensation Grid in the Settlement Agreement. The examples are provided to help you understand the levels and recognize your experiences if you choose to share them. This is not a complete list.

The Settlement does not include compensation for medical malpractice or claims connected to medical treatment.

Compensation levels

The information below includes plain language examples of harms intended to be compensated if they occurred while a Claimant was admitted to a Federal Indian Hospital during the period it was managed by the Government of Canada. It is based on the Compensation Grid in the Settlement Agreement.

Claims will be assessed based on the exact wording in the Compensation Grid as seen on the left side of the table. The right side of the table provides additional information to help Class Members share their experiences in the Claim Form. The examples provided are only meant to help people understand the Grid and recognize their own experiences if they choose to share them. This is not meant to be a complete list, please include your experiences in your own words. The Settlement does not include compensation for medical malpractice or claims connected to medical treatment.

Wellness and support reminder

Reading about harms and abuse can be very difficult. Please take your time, go at a pace that feels right for you, and take breaks if you need to. Support is available 24 hours a day through the Hope for Wellness Helpline at **1-855-242-3310** or www.HopeForWellness.ca, with counselling in English, French, Cree, Ojibway and Inuktitut upon request.

Compensation Grid in the Settlement Agreement	This could mean
Level 1 (\$10,000)	
<p>Sexual comments or sexualized provocation; OR</p> <p>Unreasonable or disproportionate acts of discipline or punishment; OR</p> <p>One or more incidents of mocking, denigration (e.g. belittling or abusive language), or humiliation (e.g. shaming); OR</p> <p>Threats of violence or intimidating statements or gestures; OR</p> <p>One or more incidents of abuse, such as:</p> <ul style="list-style-type: none"> • Unreasonable confinement unrelated to medical treatment and interventions; OR • Being forced to consume alcohol and/or illegal substances, excluding the administration of necessary medication including narcotics 	<p>This level covers experiences that may have been frightening or harmful, even if there was no physical contact.</p> <p>Harms and/or injuries that relate to, or result from, medical treatment and interventions are not included.</p> <p>Your experience might include one or more incidents of:</p> <ul style="list-style-type: none"> • People making sexual jokes or comments about your body • Being looked at or leered at in a sexual way that made you uncomfortable • Being called derogatory names meant to embarrass, shame or degrade you • Being threatened with violence, or intimidating statements or gestures • Being locked in a room or area for non-medical reasons • Being hit, strapped or injured physically • Being tied down, strapped in, or held/restrained somewhere as punishment (being tied down, strapped in or held/restrained when receiving medical treatment is not included) • Being forced to eat, drink or consume alcohol or drugs that was not part of your medical care

Level 2 (\$50,000)

One or more incidents of:

- Nude photographs taken of the primary Class Member with no medical purpose (such as for medical treatment or interventions including X-rays); OR
- Non-patients exposing their genitals or other private parts to primary Class Member; OR
- Touching genitals or other private parts (directly or through clothing), excluding touching for a medical purpose (e.g. with a thermometer, scope, or other medical device); OR
- Fondling or kissing; OR
- Simulated intercourse through clothing;

OR

One or more incidents of physical assault causing:

Minor impairment or disfigurement that was not permanent (e.g. loss of consciousness, broken bones, loss of or damage to teeth, black eye, bruise, abrasion, laceration, fracture) excluding extractions of teeth or minor impairment or disfigurement that is the result of medical treatment or interventions

This level covers experiences that involved sexual touching, sexual exposure, or physical assault that caused harm, but did not result in permanent injury.

Harms and/or injuries that relate to or result from medical treatment and interventions are not included.

Your experience might include:

One or more incidents of sexual abuse or sexualized behaviour:

- Someone took nude photos of you even though there was no medical reason to do so
- A person who was not a patient exposed their genitals (i.e. vagina or penis) or private parts to you
- Someone touched your genitals or private areas, either on top of clothing or underneath, when it was not for medical care
- Someone kissed you or touched you in a sexual way, including patting or touching meant to arouse themselves
- Someone simulated, acted out or tried to have sexual intercourse with you through clothing

This level also includes being physically attacked one or more times in a way that caused minor, temporary injuries, such as:

- Losing consciousness
- Broken bones
- Damage to teeth
- Black eyes, bruises, cuts, or scrapes
- Any similar injury that later healed

Level 3 (\$100,000)

One incident of:

- Masturbation; OR
- Oral or attempted oral intercourse; OR
- Attempted penetration (including vaginal or anal, digital penetration or penetration with an object) excluding attempted penetration for a medical purpose (e.g. with a thermometer, scope, or other medical device); OR

Recurring (pattern or repetitive) physical assaults causing:

- Minor impairment or disfigurement that was not permanent (e.g. loss of consciousness, broken bones, loss of or damage to teeth, black eye, bruise, abrasion, laceration, fracture) excluding extractions of teeth or minor impairment or disfigurement that is the result of medical treatment or interventions

This level covers experiences that involved sexual abuse or repeated physical assaults.

Harms and/or injuries that relate to or result from medical treatment and interventions are not included.

Your experience may include:

One incident of sexual abuse

- Someone made you take part in masturbation activity, including using any part of your body to masturbate themselves, or using any part of their body to masturbate you
- Someone did, or tried to, make you take part in oral sex, or put their mouth on your genitals, or tried to make you put their genitals on your mouth
- Someone tried to penetrate your body with a body part or object, when it was not for medical care

Recurring physical assaults:

- You were physically hurt more than once, or in repeated attacks where you were hit, smacked, or otherwise injured, and
- These assaults caused temporary injuries such as:
 - Losing consciousness
 - Broken bones
 - Damage to teeth
 - Black eyes, bruises, cuts, or scrapes
 - Other injuries that later healed

Level 4 (\$150,000)

One incident of penetration (including vaginal or anal, digital penetration or penetration with an object) excluding penetration for a medical purpose (e.g. with a thermometer, scope, or other medical device); OR

Two or more incidents of:

- Attempted oral intercourse; OR
- Attempted penetration (including vaginal or anal, digital attempted penetration or attempted penetration with an object) excluding attempted penetration for a medical purpose (e.g. with a thermometer, scope, or other medical device); OR

One or more physical assaults causing permanent or long-term mental or physical impairment, injury, or disfigurement.

This level covers sexual abuse or physical assaults that caused long-term or permanent harm. These experiences may have happened more than once.

Harms and/or injuries that relate to or result from medical treatment and interventions are not included.

Your experience may include:

Sexual abuse

- Someone penetrated your body sexually with a body part or an object, when it was not for medical care
- You experienced two or more incidents where someone tried to make you take part in oral sex, or put their mouth on your genitals, or tried to make you put their genitals on your mouth
- You experienced two or more attempts at penetration with a body part or an object when it was not for medical care

One or more physical assaults causing lasting harm

- You were physically attacked in a way that caused long-term or permanent mental /emotional, psychological or physical injury
- This may include injuries that changed how your body works, how you move, or how the trauma has impacted your mental health and wellbeing, even after healing

Level 5 (\$200,000)

Two or more incidents of:

- Masturbation; OR
- Oral intercourse; OR
- Penetration (including vaginal or anal, digital penetration or penetration with an object) excluding penetration for a medical purpose (e.g. with a thermometer, scope, or other medical device); OR

Any pregnancy resulting from an incident of sexual assault (including pregnancy that is interrupted by miscarriage or therapeutic abortion); OR

One or more physical assaults causing permanent loss of mobility or brain injury

This level covers the most severe forms of sexual abuse and physical assault.

Harms and/or injuries that relate to or result from medical treatment and interventions are not included.

Your experience may include:

Sexual abuse

- You experienced two or more incidents where someone made you take part in masturbation
- You experienced two or more incidents where someone made you take part in oral sex, or put their mouth on your genitals, or made you put their genitals on your mouth
- You experienced two or more incidents of vaginal or anal penetration, or penetration with a finger or object, when it was not for medical care
- You became pregnant because of a sexual assault, including pregnancies that ended or were not carried to term (miscarriage or an abortion)

Severe physical assault

- You were attacked in a way that caused permanent loss of speech/memory, impaired use of a body part or mobility or a permanent brain injury.
- These injuries may have changed your body's ability to move, including requiring a prosthetic limb or wheelchair, or how you think, or effectively process information.

Step 2 – Confirm your selected level

You must confirm the level you selected in Step 1 by writing the number of that level, from 1 to 5, in the box provided. If you had multiple hospital admissions, select the highest level of harm you have experienced.

Once you send in your Claim Form, you cannot change the level of harm. Take your time to make sure you select the level that best applies to your experience.

> **Step 2 – Confirm your selected level in writing from the options above (1, 2, 3, 4 or 5) (required)**

I select level:

Step 3 – Age and consent declaration

If you experienced sexual abuse/harm and were over the age of 18 when the abuse/harm occurred, please confirm this and that you did not provide consent. If this section does not apply to you, you can leave it blank.

Please place an "X" in this box if you were over the age of 18 and incidents of a sexual nature were unwanted or you did not provide consent.

Step 4 – Provide details about your experience

You must complete this part. This section includes six questions about the abuse/harm you experienced during the hospital admission.

You must answer all six questions for each hospital admission. An example of an answer is provided for each question to help guide you.

These questions ask about details such as:

- When the abuse/harm occurred
- Where it happened
- Who was involved
- What happened
- Any other details you remember

Answer in your own words. You do not need to use legal or medical language.

You must answer all six questions for each type of abuse/harm you experienced. If there were more experiences of abuse/harm than space allows, use Appendix B to continue. You can download or copy Appendix B as many times as you need.

For each section, please ensure the hospital(s) you name in Question 2 match the name of the hospital(s) you checked off in Part 2.

1. What was the abuse/harm that you experienced while admitted to a Federal Indian Hospital? Provide a brief description.

2. What was the name of the Federal Indian Hospital where you experienced abuse/harm? If you do not know the name, please provide the best description you can of the location.

3. Who was responsible for the abuse/harm? If you're not sure, provide the best description you can (example: a doctor, a nurse, another patient, or a visitor).

4. As best as you can remember, when did the abuse/harm occur? If you're not sure, you can provide your age when the abuse/harm occurred (example: I was 16 years old). You can also provide your best estimate as a range (example: sometime between 1971 and 1973 or when I was between 23 and 27 years old).

5. How many times did the abuse/harm happen to you? If you're not sure, you can provide a range (example: 4-5 times). You can also provide an answer that is not specific (example: many times or more than twice).

6. Please describe the impact that this abuse/harm has had on you. The impact of physical or sexual abuse could include black eyes, bruises, cuts, being knocked unconscious, broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, long-term or permanent physical disability/injury/impairment, long-term or permanent mental disability/injury/impairment (for example, depression, anxiety, or post-traumatic stress disorder (PTSD)), permanent loss of mobility or brain injury.

Additional details about abuse/harm (optional)

This section is optional. Include only what you feel comfortable sharing.

You may use this space to include any additional information about abuse/harm experienced during the hospital admission that you have not already included elsewhere in the Claim Form.

If you do not have additional details to include, you may leave this section blank.

Additional details (optional)

You can share any additional details about the abuse/harm you experienced, if you feel comfortable. This section is entirely optional. We recognize that relating your experiences can be difficult and may bring up strong feelings. Please know that your experiences and your truth are respected here. You may choose to include information in your own words and in the way that feels right for you.

A large rectangular area with horizontal dashed lines, intended for writing additional details about abuse/harm. The area is light gray and contains 15 horizontal dashed lines.

Important reminders

- Select only one level of harm
- Choose the highest level that applies
- The level cannot be changed after submission
- Answer all required questions
- Use Appendix B if you need more space

Part 3 – Payment details

This part of the Claim Form is where you tell the Claims Administrator how compensation should be paid if your Claim is approved.

If you are completing the Claim Form as a lawyer or a representative on behalf of a Claimant, do not enter your payment details. This part is for the Claimant's payment details as compensation will be issued directly to the Claimant. Take your time with this section. Choosing the correct payment option and providing accurate information helps avoid delays.

Your payment options

You can choose **one** of the following payment options:

- Payment by cheque, or
- Payment by direct deposit

Payment by cheque

If you choose payment by cheque, the cheque will be mailed to the Claimant's address provided in Part 1B – Claimant contact information.

If you are submitting a Claim as an Estate Representative, the cheque will be made out to the Estate of the deceased Claimant and mailed to the Estate Representative's address provided in Appendix C.

If you are submitting a Claim as an Heir, the cheque will be made out to you and mailed to your address provided in Appendix C.

If you are submitting a Claim as a Personal Representative for a Person Under Disability (under Power of Attorney), the cheque will be made out to the Claimant and mailed to your address provided in Appendix D.

If you are submitting on behalf of an Heir who is under the Age of Majority the payment will be provided in trust for the Heir.

Make sure the mailing address you provided earlier in the Claim Form is complete and correct.

If your address changes after you submit your Claim Form, contact the Claims Administrator as soon as possible to update your information.



Please select this option if you would like to receive compensation by cheque.

Payment by direct deposit

If you choose direct deposit, payment will be deposited directly into a bank account.

If you choose direct deposit, you must complete the banking information section on the form. The banking information you provide depends on who is submitting the Claim.

Banking information details

Enter the banking information exactly as it appears on the Claimant's or Estate's banking documents. This usually includes:

- The branch or transit number
- The institution number
- The account number

You can often find this information on a cheque, a direct deposit form from your bank, or through online banking.

Changing your payment information

If your payment preference or banking information changes after you submit your Claim Form, contact the Claims Administrator as soon as possible.

You can contact the Claims Administrator by calling the Info Line at **1-888-592-9101**.

Common mistakes to avoid

- Selecting more than one payment option
- Providing banking information for the wrong person or account
- Entering incorrect transit or account numbers
- Not updating payment information if it changes

Section checklist

Before moving on, check that:

- You selected only one payment option
- The mailing address is correct if you chose payment by cheque
- The correct banking information is provided for your situation if you choose direct deposit
- All banking numbers are clear and accurate

Appendices – Additional sections you may need to complete

You have now reached the end of the main part of the Claim Form. Depending on your situation, there are Appendices that you must complete, or may need to complete, before sending in your Claim.

Not everyone needs to complete every Appendix. Each Appendix applies only in certain situations.

The next sections of this guide explain each Appendix in detail.

Appendix A – Additional hospital admissions

This Appendix is required if you experienced abuse/harm at more than one hospital admission during the Claims Period. This may include admissions to the same hospital more than once, or admissions to different hospitals. Use Appendix A to provide the same hospital admission information that was requested earlier in the form, for each additional admission. You can download or copy Appendix A as many times as you need to complete your Claim.

Appendix B – Additional details about your experience at a Federal Indian Hospital

This Appendix is required if you need more space to include experiences of abuse/harm during your hospital admission or admissions. This may include abuse or harm that occurred at the same hospital or at different hospitals. For each additional experience, answer the questions in this section. You can download or copy Appendix B as many times as you need to complete your Claim.

Appendix C – Claims for Deceased Claimants

This Appendix is required if you are submitting a Claim as an Estate Representative, an Heir, or a Liquidator (Quebec only) for a Claimant who has passed away. This Appendix collects information needed to confirm your role and authority to submit the Claim on behalf of the deceased Claimant. If the highest priority Heir is a Person Under Disability or under the Age of Majority, the person completing the Claim will need to complete Appendix C and provide documentation establishing themselves as the personal representative.

Appendix D – Claims for a Person Under Disability

This Appendix is required if you are submitting a Claim as a Personal Representative or Power of Attorney for a Claimant who is a Person Under Disability. This Appendix collects information about your authority to act on the Claimant's behalf.

Appendix E – Individual Legal Counsel

This Appendix is required if you are a lawyer helping a Claimant with their Claim. This Appendix records information about the lawyer involved.

Appendix F – Claim Form checklist

This Appendix is a checklist to help you make sure you have completed everything required in the Claim Form before sending it in. Use this checklist to review your Claim carefully. If information is missing or required sections have not been completed, it may take longer for the Claim to be assessed. Taking time now to review the checklist can help avoid delays.

Appendix A – Additional hospital admissions

This Appendix is required if you experienced abuse/harm at **more than one hospital admission** during the Claims Period.

This can include:

- More than one admission to the same Federal Indian Hospital
- Admissions to more than one Federal Indian Hospital
- A combination of both

If you are only including one hospital admission earlier in your Claim Form, you do not need to complete this Appendix.

This Appendix asks you to continue sharing information about hospital admissions. For some people, remembering these details can be tiring or stressful. You can take breaks and return to this Appendix when you are ready. You do not need to complete it all at once.

Claims Helpers are available to help you understand what information is being requested and where to record it. You can reach a Claims Helper by calling the Info Line at **1-888-592-9101** and pressing 2.

Appendix A gives you extra space to provide the same type of hospital admission information that was requested earlier in Part 2A. Each set of questions in Appendix A relates to one hospital admission. You will repeat the same type of information for each additional admission.

For each additional hospital admission:

- Complete one full set of questions
- Move on to the next set for the next admission

If you still need more space after completing all sections in Appendix A, you can download another copy of Appendix A or you can use additional paper and attach it to your Claim Form. It is important that Appendix A is submitted with your complete Claim Form.

Information to provide for each admission

For each additional hospital admission, provide the same information requested earlier in the form, including:

- The name of the hospital
- The admission or beginning date
- The discharge or end date
- Details about the hospital admission, using the questions provided

Answer each question to the best of your ability. If you are unsure about exact dates or details, provide your best estimate.

Multiple admissions to the same hospital

If you were admitted to the same hospital more than once and experienced abuse/harm during every admission, list each admission separately. Each admission should have its own set of answers.

Additional details

Appendix A also includes space to provide additional information about the hospital admission. Use this space only to describe details about the hospital admission itself. Do not include information about abuse/harm in Appendix A. Abuse/harm is described in Part 2B and, if needed, Appendix B.

Relevant documents

If you have documents related to the hospital admissions listed in Appendix A, you may include copies. If you do not have documents, you can still complete Appendix A.

If you include documents:

- Provide copies only, not originals
- Write your first and last name and date of birth on each copy

Additional Hospital	
Information about your admission (required)	
For <u>each Federal Indian Hospital</u> admission, answer the following questions as best as you can. Please provide as much information as you are comfortable sharing. <i>Example answers are provided as guidance only to assist you.</i>	
1. Province/Territory. <i>Example: Alberta.</i>	<input type="text"/>
2. What is the name of the hospital you were admitted to? <i>Example: Charles Camsell Hospital.</i>	<input type="text"/>
3. Month (MM) / year (YYYY) admission began. <i>Example: 03/1965.</i>	<input type="text"/> / <input type="text"/>
4. Month (MM) / year (YYYY) admission ended. <i>Example: 06/1965.</i>	<input type="text"/> / <input type="text"/>
5. For how long were you admitted to the hospital? <i>Example: 3 months.</i>	<input type="text"/>
6. What was the reason for your admission? <i>Example: Tuberculosis treatment.</i>	<input type="text"/>

7. **Where did you live before being admitted to the hospital (including address if known)?** *Example: St. Mary's Indian Residential School.*

8. **Why did you go to this particular hospital (instead of another)?** *Example: It was the closest hospital to my community.*

9. **How did you get to and from the hospital at the beginning and end of your admittance?** *Example: By ship.*

10. **What are the names of any of the doctors, nurses, or other staff who assisted you?** *Example: Dr. Smith, Nurse Johnson.*

11. **What types of medical treatment did you receive?** *Example: Antibiotics, physical therapy.*

12. **Were you transferred to/from another hospital or medical facility before/after being admitted to the Federal Indian Hospital?** *Example: Transferred to a Tuberculosis (TB) Sanitorium after admission.*

Additional details (recommended)

This section is for you to share any other information about your admission at the Federal Indian Hospital for example other patients' names or a description of the hospital. Please fill in what you feel comfortable sharing. Do not include information about any eligible abuse/harm you may have experienced here (see **Appendix B** for details).

Common mistakes to avoid

- Combining multiple admissions into one set of answers
- Skipping an admission because details are unclear
- Including abuse details instead of hospital admission details
- Forgetting to list admissions

Appendix A checklist

Before moving on, make sure that:

- Each additional hospital admission is listed separately
- Hospital name matches the one selected in Part 2
- Dates are provided for each admission, if known
- Information matches what you remember as closely as possible
- Abuse/harm details are saved for Part 2B or Appendix B

Appendix B – Additional details about your experience at a Federal Indian Hospital

This Appendix is required if you have more experiences of abuse/harm than can be completed within Part 2B of the Claim Form. It is important that Appendix B is submitted with your complete Claim Form.

If you described all experiences of abuse/harm earlier in Part 2B and do not need additional space, you do not need to complete this Appendix.

This Appendix asks you to continue sharing information about abuse/harm you experienced. This can be very difficult. You do not have to do this all at once. You can stop, take breaks and return to this Appendix when you are ready.

Claims Helpers are available to help you understand what is being asked and where to record information. They cannot tell you what to write, but they can support you through the process. You can reach a Claims Helper by calling the Info Line at **1-888-592-9101** and pressing 2.

If you need emotional support, free and confidential help is available 24 hours a day through the Hope for Wellness Helpline at **1-855-242-3310** or at www.HopeForWellness.ca.

Each set of questions in Appendix B relates to one experience of abuse/harm. You will answer the same six questions for each additional experience. For each additional experience of abuse/harm:

- Complete one full set of questions 1 to 6
- Move on to the next set for the next experience of abuse/harm

You can download or copy Appendix B as many times as you need to complete your Claim. For each additional experience of abuse/harm, answer questions 1 to 6 to the best of your ability. These questions ask about details such as:

- When the abuse/harm occurred
- Where it happened
- Who was involved
- What happened
- Any other details you remember

Examples of an answer are provided after some questions on the Claim Form to help guide you. Answer in your own words. You do not need to use legal or medical language.

Linking to the selected level of harm

The information you provide in Appendix B should support the level of harm you selected in Part 2B. After you have recorded all the experiences of abuse/harm in Part 2B and Appendix B, take time to review if the level you selected in Part 2B reflects all these harms collectively. You cannot change your selected level after you've submitted your Claim.

Multiple hospitals or admissions

Each experience should be described separately. If the additional experiences of abuse/harm occurred:

- At different hospital, or
- During different admissions

Relevant documents

You are not required to provide documents to complete Appendix B. If you do not have documents, you can still complete Appendix B. If you do have documents related to abuse/harm and choose to include them:

- Include copies only, not originals
- Write your first and last name and date of birth on each copy

Additional Abuse/Harm

1. What was the abuse/harm that you experienced while admitted to a Federal Indian Hospital? *Provide a brief description.*

2. What was the name of the Federal Indian Hospital where you experienced abuse/harm? *If you do not know the name, please provide the best description you can of the location.*

3. Who was responsible for the abuse/harm? *If you're not sure, provide the best description you can (example: a doctor, a nurse, another patient, or a visitor).*

4. As best as you can remember, when did the abuse/harm occur? *If you're not sure, you can provide your age when the abuse/harm occurred (example: I was 16 years old). You can also provide your best estimate as a range (example: sometime between 1971 and 1973 or when I was between 23 and 27 years old).*

5. How many times did the abuse/harm happen to you? *If you're not sure, you can provide a range (example: 4-5 times). You can also provide an answer that is not specific (example: many times or more than twice).*

6. Please describe the impact that this abuse/harm has had on you. *The impact of physical or sexual abuse could include black eyes, bruises, cuts, being knocked unconscious, broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, long-term or permanent physical disability/injury/impairment, long-term or permanent mental disability/injury/impairment (for example, depression, anxiety, or post-traumatic stress disorder (PTSD)), permanent loss of mobility or brain injury.*

Common mistakes to avoid

- Skipping an experience of abuse/harm because details are hard to remember
- Forgetting to review the level of harm you selected in Part 2B
- Feeling pressure to share more than you are comfortable sharing

Appendix B checklist

Before moving on, make sure that:

- Questions 1 to 6 are answered for each experience of abuse/harm
- Hospital name matches the one selected in Part 2
- The information supports the level selected in Part 2B
- You used Appendix B only for experiences not already fully described

Appendix C – Claims for deceased Claimants

This Appendix is required if you are submitting a Claim on behalf of a Claimant who has passed away. This Appendix is where you provide your own information and explain your authority to submit the Claim for the deceased Claimant. If the highest priority Heir is a Person Under Disability or under the Age of Majority, the person completing the Claim will need to complete Appendix C and provide documentation establishing themselves as the personal representative.

Different rules and documents apply depending on whether you are an Estate Representative, a Liquidator in Québec, or an Heir Claimant. Read this section carefully and complete only the parts that apply to your situation.

Your information as the person submitting the Claim

This section asks for the personal information of the Estate Representative or Heir, not the deceased Claimant's information. If you are a Personal Representative of an Heir who is a Person Under Disability or an Heir who is under the Age of Majority, you will use your information and provide documents demonstrating your ability to act as their representative.

Your legal name

Enter your full legal name. This must match the name on your government-issued identification. This information is required. Do not leave this section blank.

Your name (required)	
Your name must match your government-issued identification (ID).	
First name:	<input type="text"/>
Middle name (if applicable):	<input type="text"/>
Last name:	<input type="text"/>

Identification document

You must attach a clear copy of your government-issued identification. Do not send original documents. Only send copies. Before attaching the copy, check that the full name on the identification matches the name you entered on the Claim Form. A list of accepted identification is available on page 11 of this guide.

Identification (required)	Examples of accepted ID:
<input type="checkbox"/> Please attach a copy of your Federal or Provincial government-issued ID to your application.	<ul style="list-style-type: none">• Certificate of Indian Status (Status Card)• Inuit Beneficiary Card• Métis Citizenship Card• Passport• Driver's License• Provincial/Territorial Photocards

Mailing address

Enter an address where you can receive mail. This information is required. Do not leave this section blank.

The Claims Administrator will use this address to send letters requesting additional information, letters about eligibility, and, if applicable, a compensation cheque. Include all of the following:

- Street name, number, unit, and/or PO Box
- City, town, or community
- Province or territory
- Postal code
- Country

Your mailing address (required)

<input type="text"/>	<input type="text"/>
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Street number

Street name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Unit

P.O. Box (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City / Town / Community

Postal Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Province / Territory

Country

<input type="text"/>

C/O Name (if applicable)

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

<input type="text"/>

**Your email address
(if available):**

<input type="text"/>

**Your telephone number
(recommended):**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Ext.	<input type="text"/>
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Please select the phone number you provided: Home Mobile Work Other:

<input type="text"/>

Temporary living situations

If your mail is currently going to a place that is not a permanent home, include those details here. If this does not apply to you, leave this section blank.

Email address

An email address can help the Claims Administrator contact you more quickly. Double-check the spelling before moving on. If you do not have an email address, leave this section blank.

Telephone numbers

The Claims Administrator may need to call you to confirm information or request documents. Include a phone number where you are most likely to be reached, such as a mobile, home or work number.

Your authority to submit the Claim

You must tell the Claims Administrator what type of authority you have to submit the Claim by checking one box and providing copies of the required documents.

Supporting documentation (required)

Please select the category that applies to you and provide copies of the required document(s) with your Claim Form and Claimant's Death Certificate as proof of your authority to act as Estate Representative.

Check the category that applies		Required document(s)
<input type="checkbox"/> Grant of Authority (All Provinces and Territories except for Québec)	Will – You are named as Estate Representative in a valid Will pursuant to applicable federal, provincial, or territorial legislation.	- Death Certificate; AND - Will signed by the deceased and at least two witnesses; OR - Holographic Will, drafted and signed <u>only</u> by the testator (not valid in British Columbia or Prince Edward Island).
	Other Grant of Authority – You have been officially appointed as Estate Executor or Administrator by a court or government authority.	- Death Certificate; AND - Grant of Probate; OR - Appointment of Trustee; OR - Other official Grant of Authority document (e.g. Letters of Administration from INAC, ISC or CIRNAC).
OR		
<input type="checkbox"/> Grant of Authority (Québec)	Will – You are named as Liquidator in a valid Will.	- Death Certificate; AND - Notarial Will; OR - Holographic or witnessed Will accompanied by the homologation (probate) judgment.
	Appointment of Liquidator – You are designated as the Liquidator by the Heirs to administer the Estate.	- Death Certificate; AND - Appointment of Liquidator; AND - Certificate of Will Search from both the Chambre des Notaires and the Barreau du Québec ; AND - Revenu Québec forms LM-14-V or LM-14.1-V ; AND - Revenu Québec form MR-14.A-V .
OR		
<input type="checkbox"/> Heir (Only if NONE of the above exist, i.e., no Grant of Authority, an Heir may submit a Claim Form)	Heir – The deceased did not have a valid Will, and no Grant of Authority by a court or government exists. You are an Heir (for example, spouse, common-law partner, child, grandchild, parent, sibling, or grandparent).	- Death Certificate; AND - Document(s) showing proof of your relationship to the deceased (e.g., Long Form Birth Certificate, Marriage Certificate) - Note: For “Indians” as defined under the Indian Act, who lived on reserve, the Indian Act applies in all provinces and territories including Québec upon intestacy.

Grant of Authority – All provinces and territories except Québec

Complete this section if you are an Estate Representative outside Québec. If you are named as Estate Representative in a valid will, you must provide:

- A copy of the Death Certificate, and
- A copy of the complete will, signed by the deceased and two witnesses, or written entirely by the deceased
- If you are appointed as Estate Representative by a court or government authority, you must provide:
- A copy of the Death Certificate, and
- A copy of the Grant of Probate, Letters of Administration, or other official document showing your appointment

Grant of Authority – Québec

Complete this section if the estate is administered under Québec law. If you are named as Liquidator in a valid will in Québec, you must provide:

- A copy of the Death Certificate, and
- A copy of the complete notarial will, or a complete holograph or witnessed will with a probate judgment
- If you are designated as Liquidator to administer the estate in Québec, you must provide:
 - A copy of the Death Certificate
 - A copy of the Appointment of Liquidator
 - A copy of the Certificate of Will search from both the Chambre des notaires du Québec and the Barreau du Québec
- Copies of Revenu Québec forms LM-14-V or LM-14.1-V and MR-14.A-V

Heir Claimant

Complete this section only if there is no Grant of Authority and you are submitting the Claim as an Heir. If you are submitting on behalf of an Heir who is a Person Under Disability or under the Age of Majority, you must also provide proof of your ability to represent the Heir. You must provide:

- A copy of the Death Certificate, and
- Documents showing your relationship to the deceased Claimant

You must also complete Steps 1 to 3 in the Heir section of the form. If you are submitting on behalf of an Heir who is a Person Under Disability or under the Age of Majority, you must also provide proof of your ability to represent the Heir.

> Step 1 – Place an “X” in this box if the statement is true (required)

- To the best of your knowledge, there is no Grant of Authority in place (such as a Will or Letter of Administration from Indigenous Services Canada). The deceased did not leave a Will, and no Executor, Administrator, Liquidator, or Trustee has been appointed by the court or the Government of Canada or a provincial/territorial government or legislation. All reasonable efforts have been made to locate a Will or other Grant of Authority.

> Step 2a – Identify your relationship to the deceased Claimant (required)

The priority of Heirs is determined by identifying the living Heir with the highest priority based on the list below.

Select only one category of relation

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Surviving spouse (legally married or common-law) at the time of Claimant’s death | 3. <input type="checkbox"/> Grandchild (or grandchild’s legal guardian) | 4. <input type="checkbox"/> Parent |
| 2. <input type="checkbox"/> Child (or child’s legal guardian) | 6. <input type="checkbox"/> Child of sibling (niece/nephew) | 7. <input type="checkbox"/> Other |
| 5. <input type="checkbox"/> Sibling (brother/sister) | | |

> Step 2b – Place an “X” in this box if the statement is true (required)

- I declare that to the best of my knowledge and belief there are no living family members who are a higher priority Heir Claimant than me.

> Step 2c – Written consent from other higher priority Heir(s) (if applicable)

Documentation (if applicable)

- Please attach a copy of any written consents from the non-applying higher priority Heir(s).

If there are living family member(s) who are higher priority Heir(s), please provide written consent(s) of the non-applying higher-priority Heir(s).

If you do not have documentation that proves your relationship to the deceased Claimant, you can provide a Sworn Declaration. This part must be signed by a Guarantor.

The Guarantor does not need to read the Claim Form or verify the accuracy of the harm described. The Guarantor may be a:

- Notary Public
- Commissioner of Oaths (including Northern Villages' Secretary Treasurer)
- Chief, Councilor, or Inuit Community Leader
- Lawyer
- Doctor or Physician
- Accountant (CPA)
- Police officer
- Other accepted professionals listed in the Claim Form

The Guarantor will:

- Witness the Heir signing the page (in person or virtually)
- Complete their own section of the Claim Form with name, title, contact details, and signature

Heir Claim Only

> **Step 3 – Please provide proof of your relationship to the deceased Claimant if available
If proof is not available, provide an Attestation / Sworn Declaration (required)**

Documentation (if available)

Please attach a copy of any document that might help confirm your relationship to the deceased. Please **do not** submit documents such as family photographs, letters or unofficial records.

Examples of documentation:

- **Marriage** – Record of Solemnization / Marriage Certificate
- **Parent-child relationship** – Birth Certificate of the child
- **Parent and legally adopted child** – Adoption Order
- **Other** (describe):

- **Attestation / Sworn Declaration**

Sworn Declaration

You must complete the following Sworn Declaration only if you are an Heir and you do not have the supporting documentation to prove your relationship to the deceased (i.e. Marriage Certificate, Birth Certificate, etc.).

A Sworn Declaration is a statement signed by the Claimant and any one of the following Guarantors, with Titles:

- Notary Public or Commissioner of Oaths including Northern Villages' Secretary Treasurer
- Elected Official or Community leader (e.g. Chief, Councilor, Inuit Community Leader)
- Other Professional (e.g. Lawyer, Doctor/Physician, Accountant (CPA), Police Officer)

Sworn Declaration by Heir:

I declare that the information I have provided regarding the relationship to the deceased is true to the best of my knowledge.

SIGN	<input type="text"/>	<input type="text"/>
	Heir first name (printed)	Heir last name (printed)
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Signature of Heir (required)	Day (DD) / Month (MM) / Year (YYYY)

Above declaration must be witnessed by a Guarantor (virtually or in person) in accordance with the applicable provincial/territorial requirements. The Guarantor only needs to see the Claimant sign this page. As Guarantor, you are not required to read or verify the accuracy of the events described in this Claim Form. **Guarantor must complete all fields below.**

<input type="text"/>	<input type="text"/>	
Guarantor first name	Guarantor last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantor title	Guarantor position	Guarantor employer/organization
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number	Street name	Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City / Town / Community	Postal Code	
<input type="text"/>	<input type="text"/>	
Province / Territory	Country	
<input type="text"/>	<input type="text"/>	
Telephone number	Email address (if available)	
SIGN	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Signature of Guarantor (required)	Day (DD) / Month (MM) / Year (YYYY)

Common mistakes to avoid

- Submitting Appendix C without selecting a type of authority
- Sending original documents instead of copies
- Not including required documents for your role
- Completing the Heir section when a Grant of Authority exists
- Not attaching proof of relationship when required

Appendix C checklist

Before moving on, make sure that:

- Your personal information is complete and accurate
- A copy of your identification is attached
- The correct authority box is checked
- All required documents for your role are attached
- Copies are clear and readable

Appendix D – Claims for a Person Under Disability

A Personal Representative can submit a Claim for someone else if the Claimant is a Person Under Disability: someone who cannot manage their own affairs.

A Personal Representative can be a family member, caregiver or formally appointed decision-maker, as long as they are legally authorized to act or make decisions on behalf of the Claimant.

This Appendix is where you provide your own information and explain your legal authority to act on behalf of the Claimant.

If you are completing this Claim Form for an Heir Claimant who is a Person Under Disability or who is under the Age of Majority, you will need to complete this Appendix. If you are completing this for a Claimant who is living and was admitted to a Federal Indian Hospital, you complete this Appendix and NOT Appendix C.

Your information as the person submitting the Claim

This section asks for your information, not the Claimant's information.

Your legal name

Enter your full legal name. This must be the name exactly as it appears on your government-issued identification. This information is required. Do not leave this section blank.

Identification document

You must attach a clear copy of both front and back of your government-issued identification. Do not send original documents. Only send copies. Before attaching the copy, check that the full name on the identification matches the name you entered on the Claim Form. A list of accepted identification is available on page 11 of this guide.

Identification (required)



Please attach a copy of your Federal or Provincial government-issued ID to your application.

Examples of accepted ID:

- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Métis Citizenship Card
- Passport
- Driver's License
- Provincial/Territorial Photocards

Mailing address

Enter an address where you can receive mail. This information is required. Do not leave this section blank.

The Claims Administrator will use this address to send letters requesting additional information, letters about eligibility, and, if applicable, the compensation cheque. Include all of the following:

- Street name, number, unit and/or PO Box
- City, town, or community
- Province or territory
- Postal code
- Country

Temporary living situations

If your mail is currently going to a place that is not a permanent home, include those details here. If this does not apply to you, leave this section blank.

Email address

An email address can help the Claims Administrator contact you more quickly. Double-check the spelling before moving on. If you do not have an email address, leave this section blank.

Telephone numbers

The Claims Administrator may need to call you to confirm information or request documents. Include a phone number where you are most likely to be reached, such as a mobile, home or work number.

Your authority to submit the Claim

You must tell the Claims Administrator what type of authority you have to submit the Claim by checking one box and providing the required documents.

<input type="checkbox"/> Personal Representative	You have the legal authority to act on behalf of the Claimant who cannot manage their own legal, financial or personal matters due to a disability.	<ul style="list-style-type: none">- Provincial/Territorial Appointment Order (including appointment of Public Guardian and Trustee); OR- Federal Appointment Order (e.g., Indigenous Services Canada Administrator for Property); OR- Letters of Appointment for property/finances; OR- Court Order appointing a Personal Representative.
OR		
<input type="checkbox"/> Power of Attorney (POA)	You have the legal authority to manage the Claimant's financial and property matters.	<ul style="list-style-type: none">- Power of Attorney Document signed by the grantor with two witnesses; AND- Relevant court order (if POA was contested or clarified by a court).

Personal Representative

Complete this section if you are the Personal Representative for the Claimant who is a Person Under Disability. You must provide a copy of at least one of the following documents showing that you are authorized to act on the Claimant's behalf:

- A provincial or territorial Appointment Order
- A federal Appointment Order
- Letters of Administration
- A Certificate or Court Order appointing a Personal Representative

The document must clearly show that you are authorized to act for the Claimant. Attach a clear copy of the document. Do not send originals.

Power of Attorney

Complete this section if you are acting under a Power of Attorney.

You must provide:

- A copy of the signed Power of Attorney, and
- A copy of any relevant court order, if one exists

The Power of Attorney must be valid and applicable to the Claimant.

Attach clear copies only. Do not send originals.

Common mistakes to avoid

- Completing appendix D without legal authority
- Sending original documents instead of copies
- Attaching documents that do not clearly show authority
- Providing banking information not in the Claimant's name
- Leaving required contact fields blank

Appendix D checklist

Before moving on, make sure that:

- Your personal information is complete and accurate
- A copy of your identification is attached
- The correct authority box is checked
- All required authority documents are attached
- Copies are clear and readable

Appendix E – Individual Legal Counsel

If you are a lawyer who completed a Claim Form on behalf of a Claimant, or assisted a Claimant, you must complete this Appendix.

Claimants are not required to hire a lawyer to submit a Claim. Free supports are available through the Claims Administrator and Claims Helpers.

This Appendix records information about the lawyer involved and supports a request for payment of legal fees, if applicable.

Information about the lawyer

This section records identifying information about the individual lawyer who assisted with your Claim. The lawyer is responsible for completing their information as required on the Claim Form.

Required documents for legal fee requests

If a lawyer is requesting payment of legal fees under the Settlement, all of the following are required:

- A completed Appendix E in the Claim Form
- A written retainer agreement between the Claimant and the lawyer
- A completed Individual Legal Fees Request Form, submitted in accordance with the Individual Legal Fees Protocol

The written retainer agreement is required.

The lawyer is responsible for ensuring all required documents are completed and submitted.

A written retainer agreement is a document that confirms:

- That you agreed to have the lawyer assist you with your Claim, and
- The terms under which the lawyer provided services

The retainer agreement must meet the requirements set out in the Individual Legal Fees Protocol.

If you have questions about the retainer agreement, you may wish to discuss them directly with the lawyer.

Legal fees are governed by specific rules

If a Claimant receives compensation, the lawyer who assisted them can make a request to the Claims Administrator for legal fees, which will be paid by the Government of Canada if approved.

The Government of Canada, in accordance with the Settlement Agreement and Individual Legal Fees Protocol, will pay a practicing lawyer in good standing in a Canadian province or territory an amount up to 5 per cent inclusive of disbursements, plus applicable taxes, of the value of the compensation amount for their assistance with an Approved Claimant's Claim. This payment will not be deducted from the Approved Claimant's compensation payment.

Deducting any fees from the Claimant's compensation payment is prohibited by the Court. If counsel believes that they should be entitled to an amount greater than 5 per cent, they may apply to the Court for an amount up to 10 per cent. If approved, this additional amount will be paid directly by the Government of Canada. It cannot be deducted from the Claimant's compensation.

Lawyers working with a Claimant or Representative who is not approved for compensation will not be able to submit a request for legal fees to be paid by the Government of Canada.

If the requirements of the Settlement Agreement and the Individual Legal Fees Protocol are met, the lawyer is paid separately after the Claims Administrator receives the required documents.

The lawyer is paid only after the Claims Administrator receives:

- A written retainer agreement
- Confirmation of the Final Compensation Determination
- The completed Individual Legal Counsel Payment Request Form
- The required funding from the Government of Canada

Final Compensation Determination means the Claims Administrator has reviewed the Claim and confirmed the payment amount.

A lawyer who does not meet the requirements of the Settlement Agreement or the Individual Legal Fees Protocol will not be eligible for payment.

Appendix E checklist

Before moving on, check that:

- Appendix E is completed only if a lawyer assisted with the Claim
- The lawyer completed the required information
- A copy of the written retainer agreement is included
- The correct Legal Fees Request Form is used when payment is being asked for and the request follows the Individual Legal Fees Protocol

Appendix F – Claim Form checklist

This Appendix is a checklist to help you review your Claim Form before sending it to the Claims Administrator.

Taking time to complete this checklist can help avoid delays. If information is missing or required sections are not completed, it may take longer for your Claim to be assessed.

Step 1 – Confirm your basic information

Check that you have completed the following:

Part 1A – Claimant details

- Your legal name matches your identification
- A clear copy of identification is attached

Part 1B – Claimant contact information

- Your mailing address is complete
- Phone numbers and email address are correct, if provided

Step 2 – Confirm hospital admission information

Check that you have completed:

Part 2 – Hospital admission: name and dates

- All hospitals you were admitted to are selected
- Admission and discharge dates are entered, if known

Part 2A – Hospital admission: additional information

- All nine questions are answered for each hospital admission
- If you have experienced more than one hospital admission, check that Appendix A is completed.

Step 3 – Confirm abuse/harm information

Check that you have completed:

Part 2B – Abuse/harm experienced

- One level of harm is selected
- The level number is written in the confirmation box
- The age and consent declaration is checked if applicable
- All six required questions are answered for each harm experienced
- If you need more space, use Appendix B

Step 4 – Confirm payment information

Check that you have completed:

Part 3 – Payment details

- Only one payment option is selected
- Banking information is complete and correct if you chose direct deposit

If the Claim is for a deceased Claimant or a Person Under Disability or Minor, check that the payment information matches the rules explained earlier in the guide.

Step 5 – Confirm required Appendices

Complete only the Appendices that apply to your situation.

- Appendix A – completed if you had more than one hospital admission
- Appendix B – completed if you had multiple experiences of abuse/harm either at the same hospital or at multiple hospitals
- Appendix C – completed if the Claim is for a deceased Claimant
- Appendix D – completed if the Claim is for a Person Under Disability
- Appendix E – completed by a lawyer who helped complete a Claim on behalf of a Claimant.

For Appendices C, D or E, check that:

- Copies of required documents are attached
- Originals are not sent
- Documents are clear and readable

Step 6 – Confirm signatures and declarations

Check that:

- All required signatures are included
- All required boxes are checked
- The Claim Form is signed and dated where required

Step 7 – Final review before sending

Before sending your Claim, confirm that:

- All required sections are complete
- Copies of documents are attached
- Your name and date of birth appear on any attached documents
- You kept a copy of everything for your records

If anything is missing, take the time to complete it now.

Getting help before you send your Claim

If you are unsure whether your Claim is complete, or if you want help reviewing it, free support is available.

You can contact the Claims Administrator or a Claims Helper by calling the Info Line at **1-888-592-9101** and pressing 2.

You can also find information at www.IHSettlement.ca.

Sending in your Claim Form

Once you have completed your Claim Form and any required Appendices, you can send it to the Claims Administrator using one of the options below. Choose the option that works best for you. All options are accepted.

Option 1 – Online Claims Portal

You can complete and submit your Claim Form online through the Claims Portal <https://Portal.IHSettlement.ca>.

The Claims Portal allows you to:

- Create an account.
- Fill out the Claim Form using a computer, tablet or mobile phone.
- Upload pictures of the front and back of your identification and other documents.
- Save your progress and come back later.

To use the Claims Portal, you must be able to receive text messages or voice calls. This is required to activate the multi-factor authentication security features.

The Claims Portal is the recommended way to submit your Claim because it helps guide you through the Claim Form and checks that required sections are completed before submission.

Once you successfully submit your Claim through the portal, you will receive an instant email confirmation.

Option 2 – Electronic (fillable PDF by email)

You can complete the Claim Form electronically without using the portal.

- Visit www.IHSettlement.ca and download the Claim Form.
- Save the Claim Form to your computer, tablet or mobile phone.
- Fill in the Claim Form by typing directly into the fillable PDF.
- Save the completed Claim Form.
- Email the completed Claim Form, along with clear pictures or scans of:
 - The front and back of your identification, and
 - Any other required documents

Send by email to: Claims@Admin.IHSettlement.ca.

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

Option 3 – Print and email

You can complete the Claim Form on paper and send it by email.

- Visit www.IHSettlement.ca and print the Claim Form.
- Fill in the Claim Form by hand.
- Scan or take clear pictures of:
 - Every page of the Claim Form
 - The front and back of your identification
 - Any other documents you are including
- Before emailing, check that:
 - Every page is included
 - Page numbers are visible
 - Double-sided pages are fully scanned
 - The images are clear and readable
- Email the scans or photos to Claims@Admin.IHSettlement.ca.

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

Option 4 – Print and fax

You can complete the Claim Form on paper and send it by fax.

Visit www.IHSettlement.ca and either:

- Download the Claim Form, complete it electronically, and print it, or
- Print the Claim Form and fill it in by hand
- Fax the completed Claim Form, along with:
 - The front and back of your identification
 - Any other documents

Fax number: 1-416-966-5701

After faxing, check the fax confirmation sheet to make sure:

- All pages were sent
- The number of pages matches your Claim Form and attachments
- Double-sided pages were faxed correctly
- The images are clear and readable

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

Option 5 – Print and mail

You can complete the Claim Form on paper and send it by mail.

- Visit www.IHSettlement.ca and print the Claim Form or call the Info Line at **1-888-592-9101** to request a paper copy be mailed to you.
- Fill in the Claim Form by hand.
- Make paper copies of:
 - Your identification
 - Any other documents
- Keep a copy of the full Claim Form package for your records.
- Mail your Claim Form and copies of documents to:

FIH Claims Administrator
P.O. Box 5493 STN MAIN
Newmarket, ON L3Y 0J4

Do not send original documents. Only send copies.

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

Important reminders for all submission options

- Send copies only, not original documents
- Make sure your name and date of birth are written on attached documents
- Keep a copy of everything you send for your records

Claim submission deadline

The Claims Administrator must receive your Claim Form by the deadline for it to be considered for compensation.

The deadline to submit a Claim is July 27, 2028.

What happens after you submit your Claim Form

After you submit your Claim Form, it is reviewed in several steps to determine whether you are eligible and, if eligible, how much compensation you may receive.

You do not need to take action at every step. You will be contacted if information is missing or if a decision requires your response.

Step 1: The Claims Administrator reviews your Claim

After your Claim is submitted, the Claims Administrator reviews it to make sure all required information and documents are included.

If anything is missing, the Claims Administrator will contact you.

You will have up to one year to provide missing information. During this time, the Claims Administrator will send reminders at several points along the way.

If the Claims Administrator needs to verify the details on your Claim Form, they will contact you directly from a number that will appear as **"FedIndHospSA"** or **"613-209-4286"** on call display. This is a verified call from the Claims Administrator.

Please do not call this number directly. If you miss a call and need to contact the Claims Administrator, call **1-888-592-9101** and press #1.

The Claims Administrator may also use email to contact you. Emails from **"GeneralInfo@Contact.IHSettlement.ca"** which appears as **"IH Settlement General Info"** in the sender line or: **"No-Reply@Portal.IHSettlement.ca"**, are from the Claims Administrator.

Step 2: Eligibility decision

Once your Claim is complete, the Claims Administrator sends the Claim to the Government of Canada to review the eligibility information.

The Government of Canada does not review information related to abuse/harm. If the Government of Canada has documents or information related to your Claim, they will be provided to the Claims Administrator. The Government of Canada may make an eligibility recommendation, but it does not make eligibility decisions.

Eligibility decisions are made only by the Claims Administrator.

The Claims Administrator will make an eligibility decision and notify you in writing.

If you agree with the eligibility decision, you do not need to do anything. Your Claim will move to the next step, which is compensation review.

Step 2a: Eligibility Reconsideration

If you disagree with the eligibility decision, you can request an Eligibility Reconsideration by an Independent Reviewer. Information on how to request Reconsideration is provided along with the decision. The Government of Canada can also request Reconsideration.

The Independent Reviewer is a neutral decision-maker appointed by the Court. The Independent Reviewer reviews requests for Reconsideration of eligibility to take another look at an eligibility decision and make a final decision.

In some cases, the Independent Reviewer may ask the Exceptions Committee to review the Claim. The Exceptions Committee provides guidance on special or unusual Claims. It is asked to review a Claim under Reconsideration only when something is unclear or not covered by the usual rules.

An eligibility decision made by the Independent Reviewer or the Exceptions Committee is final.

Step 3: Compensation review

If your Claim is eligible, the Claims Administrator will review the information in your Claim Form and determine the level of compensation using the Claims Protocol.

Compensation ranges from \$10,000 to \$200,000, depending on the type and level of harm described in your Claim.

If you agree with the compensation level decided by the Claims Administrator, you do not need to do anything. Your payment will be processed.

Step 3a: Compensation Reconsideration

If you disagree with the level of compensation decided by the Claims Administrator, you can request a compensation Reconsideration by an Independent Reviewer. Information on how to request Reconsideration is provided along with the decision.

The Independent Reviewer reviews requests for Reconsideration of compensation to take another look at a compensation decision and make a final decision.

In some cases, the Independent Reviewer may ask the Exceptions Committee to review the Claim when something is unclear or not covered by the usual rules.

A compensation decision made by the Independent Reviewer or the Exceptions Committee is final.

Step 4: Payment

Once the compensation level is final, the Claims Administrator will process your payment using the method you selected, either by cheque or direct deposit. You do not need to take any additional steps to receive your compensation.

If you submitted a Claim on behalf of a Claimant who has passed away, payment will be made to the estate.

If a lawyer helped you with your Claim, you will receive your compensation payment directly. There is a separate process for lawyers to request payment of legal fees.

If your address or contact information changes, contact the Claims Administrator as soon as possible to make sure you receive all letters and your payment without delay.

Final reminders and supports

Completing a Claim Form can take time, especially as you share details about your experience. You can move at your own pace and can get help along the way.

You do not have to go through this process alone.

Free help is available

- The Claims Administrator can provide status updates on a Claim, answer questions about the Claims Portal, and connect you to other resources, including Class Counsel.
- Class Counsel is available to answer your legal questions about the Settlement Agreement.
- Claims Helpers can help you understand the Claim Form, explain letters you receive, and talk through next steps. They cannot tell you what to write, but they can help explain what information is being requested and where to find it.
- You can reach a Claims Helper by calling the Info Line at **1-888-592-9101** and pressing 2.
- Up-to-date information, resources, and answers to common questions are available at www.IHSettlement.ca

Some parts of this process may bring up difficult memories or feelings. It is okay to take breaks, pause or step away and return later.

Free, confidential emotional support is available at any time through the Hope for Wellness Helpline at **1-855-242-3310** or at www.HopeForWellness.ca.

Counselling is available in English, French, Cree, Ojibway and Inuktitut upon request.



www.IHSettlement.ca

