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ᐃᖅᑲᖅᑐᐃᕕᓕᐊᕈᔾᔨᓂᖏᑦ

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ᐱᔾᔪᑎᖏᑦ ᐊᑐᐊᒐᖃᕐᓂᖏᓐᓄᑦ
ᑖᓐᓇ ᐊᑐᐊᒐᐅᓇᓱᐊᖅᑐᖅ ᐃᑲᔫᑎᐅᒐᓱᐊᖅᑐᓂ ᐃᓕᓐᓂᐊᕆᐊᕐᕚᓪᓗᖅᓯᒪᔪᓂᒃ ᐃᓚᒋᔭᐅᔪᓂᒃ ᐊᒻᒪᓗ ᑭᒡᒐᖅᑐᐃᔨᓄᑦ ᓯᐃᓕᓐᓂᐊᕆᐊᕐᕚᓪᓗᖅᓯᒪᔪᓂᒃ ᐃᓚᒋᔭᐅᔪᓂᒃ ᐃᓅᒍᓐᓃᖅᑐᒥᓂᕐᓄᑦ, ᕿᒪᐃᕕᐅᔪᖅ ᐅᑭᐅᑭᓐᓂᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᕐᓂᖅᑲᑦ, ᐱᔭᕇᖅᓯᒋᐊᓖᑦ ᑐᔫᑕᐅᓗᑎᑦ ᑐᔅᓯᕋᐅᑎᐅᔪᒥᑦ ᒐᕙᒪᑐᖃᒃᑯᓐᓄᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᓕᕆᓂᕐᒧᑦ ᑐᔅᓯᕋᐅᑎᓂᒃ.
ᑖᓐᓇ ᐊᑐᐊᒐᖅ ᐅᓂᒃᑳᓕᒃ ᐊᑐᓂ ᐊᕕᑦᑐᖅᓯᒪᔪᓂᒃᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᒻᒪᓗ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑐᓂᓯᒋᐊᖃᖅᑐᑎᑦ. ᐅᓂᒃᑳᓖᑦ ᐱᒻᒪᕆᐅᔪᓂᒃ ᐅᖃᐅᓯᕐᓂᑦ ᐅᓂᒃᑳᕆᔭᐅᔪᓂᓪᓗ ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᒻᒥᑦ.
ᑖᓐᓇ ᐊᑐᐊᒐᖅ ᐃᒪᐃᑦᑐᓂᒃ ᐃᓗᓕᓕᒃ:
• ᓇᑭᑦ ᑐᑭᓯᒋᐊᕈᓐᓇᕐᒪᖔᖅᐱᑦ
• ᖃᓄᖅ ᑕᑕᑎᕆᐊᖃᕐᒪᖔᖅᐱᐅᒃ ᐱᓇᓱᐊᕈᑎᒃ ᓇᒻᒥᓂᖅ
• ᖃᓄᖅ ᐱᓇᓱᐊᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᒃ ᑎᑎᕋᕆᐊᖃᕐᒪᖔᖅ ᐃᓄᓐᓄᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᓐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓯᕗᓂᖓᑦᑕ ᕿᒻᒪᑯᖏᓐᓂ
ᐅᑭᐅᑭᓗᐊᖅᑐᓂᒃ
• ᖃᓄᖅ ᑎᑎᕋᕆᐊᖃᕐᒪᖔᖅᐱᐅᒃ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒧᑦ
• ᑎᑎᖅᑲᐃᑦ ᑐᔫᑎᒋᔭᕆᐊᓕᑦᑎᑦ ᐱᖃᓯᐅᑎᓗᒋᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ
• ᑭᖑᓪᓕᖅᐹᒥ ᑐᔪᐃᕕᔅᓴᖅ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ
• ᓇᑭᑦ ᐃᑲᔪᖅᑕᐅᔪᓐᓇᕐᒪᖔᖅᐱᑦ

ᖃᖓᒃᑯᓪᓗ ᑐᓂᓯᒪᒋᐊᓖᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ
ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᐱᕕᖃᖅᑐᑦ ᔪᓚᐃ 27−ᕈᕋᓱᓐᓂᖓᓐᓂ, 2028−ᒥ, ᑐᓂᓯᒍᒪᓐᓂᕈᕕᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ
ᐊᐱᖅᑯᑎᔅᓴᖃᕐᓂᕈᕕᑦ ᖃᖓᒃᑰᒋᐊᕐᓂᖓᓐᓂ ᐅᕝᕙᓘᓐᓃᑦ ᐃᑲᔪᖅᑕᐅᔪᒪᓐᓂᕈᕕᑦ ᑐᓂᓯᒍᒪᑎᓪᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᒥᑦ, ᐃᑲᔪᖅᑕᐅᔪᓐᓇᑦᑎᐊᖅᑐᑎᑦ ᐅᕙᓂ www.IHSettlement.ca.

ᐱᔭᕆᕈᓐᓇᖅᑕᐃᑦ ᐊᒻᒪᓗ ᑐᓂᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ
ᐱᒋᐊᓚᐅᓐᖏᓂᓐᓂᑦ, ᖃᓄᖅ ᐱᔭᕇᕈᒪᒻᒪᖔᖅᐱᐅᒃ ᐃᖅᑲᓴᖅᑳᕐᓗᑎᑦ ᐊᒻᒪᓗ ᑐᔫᑎᒋᑦᑕᓕᖅᑲᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ ᖃᓄᑐᐃᓐᓇᖅ
ᐱᔭᕇᕋᓱᐊᕐᕕᔅᓴᐅᒻᒪᑦ ᑐᓂᓗᒍᓗ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ. ᓂᕈᐊᕈᓐᓇᖅᑐᑎᑦ ᐃᓕᓐᓄᑦ ᓈᒻᒪᓛᒥᑦ.

ᖃᕋᓴᐅᔭᒃᑯᑦ ᑕᑕᑎᕆᓗᑎᑦ

ᓱᒃᑲᓕᓂᖅᐹᖅ ᑐᓂᒍᕕᐅᒃ ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑎᑎᕋᕐᓗᑎᑦ ᐅᕙᓂ www.IHSettlement.ca/Claims. ᑐᑭᓯᒋᐊᕈᑎᓕᒫᑦ ᐱᔭᕇᖅᓯᒪᒋᐊᓖᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ, ᖃᐅᔨᓴᕐᓗᕈᓐᓇᕐᒥᔭᑎᑦ ᖃᓄᐃᓕᖓᓕᕐᓂᖏᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᒥᓂᖅᑎᑦ ᖃᖓᑐᐃᓐᓇᑦᑎᐊᖅ ᐅᖄᓚᓗᑎᑦ ᐅᕗᖓ 1-888-592-9101.

ᖃᕋᓴᐅᔭᒃᑯᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ

• ᓇᕿᑦᑕᕐᓗᒋᑦ ᑲᕋᓴᐅᔭᒃᑯᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᖃᕋᓴᐅᔭᕋᓛᓐᖑᐊᒃᑯᑦ ᐅᖄᓚᐅᑎᕋᓛᒃᑯᓪᓘᓐᓃᑦ ᑐᔪᑎᒋᓕᕐᓗᒋᑦ
ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ.
• ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ ᐅᕙᓐᖓᑦ www.IHSettlement.ca/Claims.

• ᖃᕋᓴᐅᔭᒃᑯᑦ ᓇᕿᑦᑕᕐᕕᒋᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ
• ᐱᔭᕇᖅᓯᒪᔪᖅ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ ᑐᔫᑎᒋᓗᒍ ᐊᔾᔨᓕᐅᕐᓗᒍ ᐊᒥᓲᓕᖅᑎᑦᑎᔾᔪᑎᒧᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᑐᒧᐃᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓄᑦ
ᐊᓪᓚᕕᓕᕆᔨᒃᑯᖏᓐᓄᑦ ᐅᕗᖓ Claims@Admin.IHSettlement.ca.

ᐸᐃᑉᐹᑎᒍᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᒃ
ᑕᑕᑎᕆᔪᓐᓇᖅᑐᑎᑦ ᐸᐃᑉᐹᖅᑎᒍᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.
• ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ ᐅᕙᓐᖓᑦ www.IHSettlement.ca/Claims.
• ᐸᐃᑉᐹᕐᒨᕐᓗᒋᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐸᐃᑉᐹᒥ ᑐᔅᓯᕋᕐᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᒃ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐅᕗᖓ ᐅᖄᓚᓗᑎᑦ
1-888-592-9101.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 5

• ᐱᔭᕇᖅᓯᒪᓕᖅᑲᑕ, ᐸᐃᑉᐹᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᒃ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐃᒫᒃ ᑐᓂᒍᓐᓇᖅᑕᑎᑦ:
º ᐊᒥᓲᓕᖅᑎᑦᑎᔾᔪᑎᒧᑦ ᐊᔾᔨᓕᐅᕐᓗᒋᑦ ᑕᑕᑎᖅᓯᒪᔪᑦ ᐊᓯᖏᓪᓗ ᐸᐃᑉᐹᑦ ᑐᔫᑎᒋᓗᒋᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᖓᓐᓄᑦ
ᐅᕗᖓ Claims@Admin.IHSettlement.ca.
º ᓱᒃᑲᔪᒃᑯᑦ ᑐᔫᑎᒋᓗᒋᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓄᑦ ᑕᑕᑎᖅᓯᒪᔪᑦ ᐅᕗᖓ 1-416-966-5701.
º ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑰᖅᑎᓪᓗ ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ ᑕᑕᑎᖅᓯᒪᔪᑦ ᐅᓄᖓ
FIH Claims Administrator
P.O. Box 5493 STN MAIN
Newmarket, ON L3Y 0J4.
ᐅᐊᑦᑎᐊᕈᒃᑲᓐᓂ ᐊᑐᐊᒐᕐᓃᒻᒥᔪᑦ ᖃᓄᖅ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑐᓂᓯᒃᑲᓐᓂᕆᐊᖃᕐᒪᖔᖅᐱᑦ ᑐᔪᐃᒋᐊᖃᖅᑐᑎᓪᓗ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ. ᐊᑐᐊᒐᐃᑦ ᒪᓕᒋᐊᓕᓐᓂᑦ ᐱᑕᓖᑦ ᖃᓄᖅ ᐱᔭᕇᕆᐊᖃᕐᒪᖔᖅᐱᒋᑦ ᐸᐃᑉᐹᑦ/ᖃᕋᓴᐅᔭᒃᑯᓪᓗ ᐱᓇᓱᐊᕈᑎᔅᓴᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.
ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᖃᓄᖅ ᑐᓂᓯᒋᐊᖃᕐᒪᖔᖅᐱᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑲᒪᒋᔭᒥᓂᕐᓂᑦ ᐊᑐᐃᓐᓇᐅᒻᒥᔪᑦ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑐᑭᓯᒋᐊᕈᑎᓃᑦᑐᑦ ᐅᕙᓂ www.IHSettlement.ca/Claims.

ᐱᔪᓐᓇᖅᑐᑦ ᐊᒻᒪᓗ ᑭᒃᑯᑦ ᑐᓂᓯᒍᓐᓇᖅᑲᑦ ᐱᓇᓲᑎᔅᓴᒥᑦ
ᑖᓇ ᐅᓂᒃᑳᓕᒃ ᑭᒃᑯᑦ ᐱᔪᓐᓇᕐᒪᖔᑕ ᑮᓇᐅᔭᓂᒃ ᒐᕙᒪᑐᖃᒃᑯᓐᓂ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖏᓐᓂ ᑮᓇᐅᔭᖅᑖᕈᑎᐅᓇᓱᐊᖅᑐᓂᒃ ᑭᒃᑯᓪᓗ ᑐᓂᓯᒍᓐᓇᖅᑲᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ. ᑐᑭᓯᒋᐊᕈᑏᑦ ᑕᕙᓃᑦᑐᑦ ᑐᑭᓯᒃᑲᓐᓂᕈᓐᓇᖅᑐᓯ ᖃᓄᖅ ᐊᐅᓚᑕᐅᒻᒪᖔ ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ. ᐃᓱᒪᓕᐅᖅᐸᖏᑦᑐᓪᓕ ᐱᔪᓐᓇᕐᒪᖔᔅᓯ ᐅᕝᕙᓘᓐᓃᑦ ᖃᓄᐃᓕᖓᓂᐊᕐᒪᖔᑕ ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ.

ᑭᒃᑯᑦ ᑮᓇᐅᔭᖅᑖᕋᓱᐊᖃᑕᐅᒍᓐᓇᖅᑲᑦ

ᐱᖃᑕᐅᕚᓪᓗᓚᐅᖅᓯᒪᔪᑦ
ᑕᐃᒃᑯᐊ ᑭᓯᐊᓂ ᐱᖃᑕᐅᕚᓪᓗᓚᐅᖅᓯᒪᔪᑦ ᐱᔪᓐᓇᖅᑐᑐᐊᑦ ᑮᓇᐅᔭᓂᒃ ᒪᓕᑦᑐᒋᑦ ᑮᓇᐅᔭᖅᑖᕋᓱᐊᕈᑎᓄᑦ. ᐱᓇᓱᒍᓐᓇᕐᓗᓂ, ᐱᖃᑕᐅᕚᓪᓗᓚᐅᖅᓯᒪᔪᑦ ᐃᒪᐃᑦᑑᒋᐊᓖᑦ:
• ᐃᓂᓪᓚᑦᑎᑕᐅᓚᐅᖅᓯᒪᔪᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖏᓐᓄᑦ ᑮᓇᐅᔭᖅᑖᕋᓲᑎᓂᒃ, ᐅᓪᓗᖏᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᐅᓚᑕᐅᓪᓗᑎᑦ ᐊᒻᒪᓗ
ᑲᒪᒋᔭᐅᓪᓗᑎᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ, ᐊᒻᒪᓗ
• ᐋᓐᓂᖅᑎᖅᑕᐅᓯᒪᔪᑦ, ᐃᓱᒪᒃᑯᑦ, ᐅᖃᐅᓯᒃᑯᑦ, ᑎᒥᒃᑯᑦ ᐊᒻᒪᓘᓐᓃᑦ ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓂᒃᑯᑦ, ᐃᓂᓪᓚᖓᓂᖏᓐᓂ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ
ᐋᓐᓂᐊᕕᖏᓐᓂ.
ᑮᓇᐅᔭᖅᑖᕋᓲᑎ ᐱᖃᓯᐅᔾᔨᖏᑦᑐᖅ ᐊᑭᓕᖅᑕᐅᒍᓐᓇᕐᓂᖏᓐᓂ ᐋᓐᓂᐊᓲᖅᑎᓄᑦ ᐱᑲᒻᒪᑦᑕᒥᓂᕐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᓂᖏᓐᓄᑦ ᑲᒪᒋᔭᐅᑎᓪᓗᒋᑦ ᐱᓇᓱᐊᕈᑎᐅᓐᖏᑦᑐᑦ.

ᕿᒪᒃᑲᑯᐃᑦ ᐃᓅᒍᓐᓃᖅᑐᓂᒃ ᐱᖃᑕᐅᒋᐊᕐᖓᖅᑐᒥᓂᕐᓂᑦ.

ᐱᖃᑕᐅᒋᐊᕐᖓᓚᐅᖅᓯᒪᔪᑦ ᐃᓅᒍᓐᓃᕐᓂᑯᑦ ᔮᓐᓄᐊᕆ 25−ᒥ, 2016 ᓯᕗᓂᖓᓂ ᑕᕝᕙᓂᓘᓐᓃᑦ, ᐱᔪᓐᓇᑐᐃᓐᓇᕆᐊᖃᕐᒥᔪᑦ ᕿᒪᒃᑲᑯᓂᑦ ᓱᓇᒃᑯᑖᕐᓂᑦ. ᑕᐃᒪᐃᑦᑐᖃᕐᓂᖅᑲᑦ, ᐱᓇᓱᐊᕈᑎᐅᔪᓂᒃ ᑐᓂᓯᒋᐊᓖᑦ ᓱᓇᒃᑯᑖᕐᓂᑦ ᑭᒡᒐᖅᑐᐃᔨᖃᕐᓗᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ, ᐃᓚᖏᓐᓂ ᐊᔾᔨᒌᖃᑦᑕᖏᑦᑐᑦ,
ᕿᒪᐃᒥᕕᓂᕐᓄᑦ.

ᐃᓚᒌᑦ ᐱᖃᑕᐅᕚᓪᓗᓚᐅᖅᓯᒪᔪᓂᒃ
ᐃᓚᒌᑦ ᐱᖃᑕᐅᕚᓪᓗᓚᐅᖅᓯᒪᔪᓂᒃ, ᐱᖃᓯᐅᑎᓪᓗᒋᑦ ᐊᐃᑉᐸᖏᑦ, ᐊᐃᑉᐸᕆᓚᐅᖅᓯᒪᔭᖏᑦ, ᕿᑐᕐᖓᖏᑦ, ᐃᕐᖑᑕᖏᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖃᑕᓐᖑᑎᖏᑦ ᐱᖃᑕᐅᒋᐊᕐᖓᓚᐅᖅᓯᒪᔪᓄᑦ, ᐱᖃᓯᐅᑎᒍᓐᓇᖏᑦᑐᑦ ᑮᓇᐅᔭᖅᑐᒋᑦ ᒪᓕᑦᑐᒋᑦ ᑮᓇᐅᔭᖅᑖᕋᓲᑎᓄᑦ.
ᖃᐅᔨᒃᑲᓐᓂᕈᓇᖅᑐᑎᑦ ᑭᒃᑯᑦ ᐱᔪᓐᓇᕐᒪᖔᑕ ᐅᕙᓂ www.IHSettlement.ca/Eligibility.

ᑭᒃᑯᑦ ᑐᓂᓯᒍᓐᓇᖅᑲᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ
ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐅᕗᖓ ᑐᓂᐅᔭᔪᓐᓇᖅᑐᑦ ᐃᒫᒃ:
• ᐱᖃᑕᐅᒋᐊᕐᖓᓚᐅᖅᓯᒪᔪᓄᑦ ᑐᓂᓯᒍᓐᓇᖅᑐᑦ ᓇᒻᒥᓂᖅ, ᐅᕝᕙᓘᓐᓃᑦ
• ᑭᓇᑐᐃᓐᓇᖅ ᐱᔪᓐᓇᕐᓂᓕᒃ ᐱᖃᑕᐅᒋᐊᕐᖓᓚᐅᖅᓯᒪᔪᓄᑦ, ᐃᒪᐃᑦᑐᖃᕐᓗᓂ:
º ᓱᓇᒃᑯᑖᕐᓄᑦ ᑭᒡᒐᖅᑐᐃᔨ ᐅᕝᕙᓘᓐᓃᑦ ᕿᒪᐃᕕᒥᓂᕐᓂᑦ ᑐᓂᓯᒍᓐᓇᖅᑐᑦ ᐱᓇᓱᐊᕈᑎᒥᑦ ᐱᖃᑕᐅᒋᐊᕐᖓᓚᐅᖅᓯᒪᔪᓄᑦ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᓄᑦ.
º ᑭᒡᒐᖅᑐᐃᔨ ᑐᓂᓯᔪᖅ ᐱᓇᓱᐊᕈᑎᔅᓴᒥᑦ ᐱᖃᑕᐅᒋᐊᕐᖓᓚᐅᖅᓯᒪᔪᓄᑦ ᐃᓗᐊᓃᑦᑐᖅ ᓇᓗᓇᐃᖅᑕᐅᓯᒪᔪᓂᒃ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒥᑦ
(ᐅᕝᕙᓘᓐᓃᑦ ᑭᒡᒐᖅᑐᖅᑕᐅᓗᓂ ᕿᒪᐃᕕᒥᓂᕐᓄᑦ ᑲᒪᔨᒥᑦ ᐅᑭᐅᑭᓗᐊᕐᓂᖅᑲᑦ)
º ᐃᒥᒃᑰᖅᑐᑦ ᒪᓕᒐᓕᕆᔨ, ᒪᓕᒐᓕᕆᔨᐅᓪᓗᓂ ᐊᑭᓕᔅᓴᖃᓐᖏᑦᑐᖅ ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᓄᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᖅᑕᖅᑐᒥ, ᑎᓕᔭᐅᓯᒪᓐᓂᖅᑲᑦ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 6

ᐱᓇᓱᐊᖅᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑭᒡᒐᖅᑐᐃᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᔪᒪᓗᓂ ᑐᓂᓯᒍᒪᓪᓗᓂ ᐱᓇᓱᐊᕈᑎᒥᓂᒃ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᖃᓯᐅᔾᔨᔪᑦ ᓇᓗᓇᐃᔭᖅᓯᒪᔪᓂᒃ ᐊᕕᖅᑐᖅᓯᒪᔪᓂᒃ ᐊᓚᒍᑕᖃᖅᑐᑎᓪᓗ ᑕᕝᕙᓂ ᑕᐃᒪᐃᑦᑐᓕᕆᔪᓄᑦ ᑕᐃᒃᑯᐊ ᑎᑎᕋᖅᑕᑐᐊᕆᓗᒋᑦ ᐃᓗᓐᓄᑦ ᐊᑦᑐᐊᓂᖃᖅᑐᑦ. ᐊᐱᖅᑯᑎᔅᓴᖃᕐᓂᕈᕕᑦ, ᐱᓇᓱᐊᖅᑐᓂᒃ ᐃᑲᔪᖅᑎᒧᑦ ᐃᑲᔪᖅᑕᐅᒍᓐᓇᖅᑐᑎᑦ.

ᖃᐅᔨᒪᒋᐊᓕᓪᓚᕇᑦ
• ᑐᓂᓯᓗᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᒧᑦ ᐱᔅᓴᐃᓐᓇᕋᔭᓐᖏᓐᓇᕕᑦ ᖃᐅᔨᒪᒋᐊᖃᖅᑐᑎᑦ ᒪᓕᑦᑐᒋᑦ ᐱᔪᓐᓇᓂᕐᓄᑦ ᑮᓇᐅᔭᓂᒃ.
• ᒪᓕᒐᓕᕆᔨᑖᕆᐊᑐᓐᖏᑦᑐᑎᑦ ᑐᓂᓯᒍᒪᓐᓂᕈᕕᑦ ᐱᔪᒪᓲᑎᒥᑦ.
• ᐊᐱᖅᓱᖃᑦᑕᕆᑦ ᐱᒋᐊᓚᐅᓐᖏᓂᓐᓂᑦ ᖃᓄᐃᓐᖏᑦᑐᖅ ᐊᐱᖅᓱᕋᓗᐊᕐᓗᓂ

ᑐᑭᓯᐅᒪᑦᑎᐊᕐᓗᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᖃᓄᕐᓗ

ᐋᖅᑭᔅᓱᐃᑦᑎᐊᕐᓂᐊᕐᒪᖔᖅᐱᑦ

ᑖᓇ ᐅᓂᒃᑳᖅᑐᖅ ᖃᓄᖅ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐋᖅᑭᓱᑦᑎᐊᕈᓐᓇᕐᒪᖔᑕ, ᓇᓪᓕᐊᓪᓗ ᑭᓱᑯᑦᑎᐊᓃᒻᒪᖔᖅ, ᓇᓪᓕᐊᓗ ᐊᑐᕋᔭᕐᒪᖔ ᐊᔾᔨᒌᓐᖏᑦᑐᓄᑦ.
ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐊᕕᑦᑐᖅᓯᒪᒻᒪᑕ ᓈᓴᐅᑎᖏᑎᒍᑦ ᐃᓚᒍᑕᖏᓪᓗ. ᐃᓚᖏᑦ ᐱᔭᕇᕇᖅᑕᐅᓯᒪᔪᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ. ᐊᓯᖏᑦ

ᐅᕝᕙᓘᓐᓃᑦ ᐃᓚᒍᑕᖏᑦ ᐱᔭᕇᕇᖅᓯᒪᔪᑦ ᖃᓄᐃᑦᑑᓂᖏᓐᓂ ᒪᓕᑦᑐᑦ, ᓲᕐᓗ ᐱᔪᒪᒍᑎᒥᒃ ᑐᓂᓯᒍᕕᑦ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒥᑎᒍᑦ
ᐊᔪᕈᑎᓕᓐᓅᖓᔪᓂᒃ ᑕᐃᒪᐃᓕᖓᔪᑦ.
ᐊᑐᓂ ᐃᓚᖏᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐅᓂᒃᑳᓖᑦ ᓇᓪᓕᐊ ᐊᑐᕆᐊᖃᕐᒪᖔᑕ.

ᕿᒥᕐᕈᔭᐅᓂᖏᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ
ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᖃᓯᐅᑎᓯᒪᔪᑦ ᐃᒪᐃᑦᑐᓂᑦ:
• ᐃᓚᖓ 1 ᐊᒻᒪᓗ ᐃᓚᖓ 1A ᐊᒻᒪᓗ 1B, ᑐᑭᓯᒋᐊᕈᑎᒥᑦ ᐱᔪᒪᔪᑦ ᑐᔅᓯᕋᖅᑐᒥᑦ
• ᐃᓚᖓ 2 ᐊᒻᒪᓗ ᐃᓚᖏᑦ 2A ᐊᒻᒪᓗ 2B, ᐱᔪᒪᔪᑦ ᑭᓱᓂᑦ ᑐᓂᓯᓂᐊᕐᒪᖔᔅᓯ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᓐᓂᑦ ᐊᒻᒪᓗ ᐊᑐᖅᑕᐅᓯᒪᔪᓂᒃ
ᓲᕐᓗ ᐋᓐᓂᑎᖅᑕᒥᓂᕐᓂᑦ/ᐋᓐᓂᖅᑕᒥᓂᕐᓂᑦ
• ᐃᓚᖓ 3, ᑮᓇᐅᔭᓕᕆᓂᕐᒥᑦ ᐅᖃᐅᓯᓖᑦ
• ᐃᓚᒍᑕᖏᑦ, ᖃᓄᐃᑦᑐᓅᖓᔪᓂᒃ ᐅᖃᐅᓯᖃᕐᒪᖔᖅᐱᑦ
ᑖᓐᓇ ᐊᑐᐊᒐᖅ ᐅᓂᒃᑳᓕᒃ ᐊᑐᓂ ᐃᓚᖏᓐᓂ ᐃᓚᒍᑕᖏᓐᓂᓪᓗ ᑕᐃᒫᔅᓴᐃᓐᓇᖅ ᐋᖅᑭᓱᖅᓯᒪᔪᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.

ᐊᐱᖅᑯᑎᔅᓴᖃᕐᓂᕈᕕᑦ ᐱᔪᓐᓇᖅᑐᑦ ᒥᔅᓵᓄ.
ᐊᐱᖅᑯᑎᔅᓴᖃᕐᓂᕈᕕᑦ ᑮᓇᐅᔭᖅᑖᕈᑕᐅᓇᓱᐊᖅᑐᓂᒃ ᐃᓕᓐᓄᑦ ᐊᑦᑐᐊᔪᓂᒃ ᐅᕝᕙᓘᓐᓃᑦ ᑐᓂᓯᔾᔪᔾᔨᓐᓂᕈᕕᑦ ᐱᓇᓱᐊᕈᑎᓄᑦ. ᑐᑭᒋᐊᕈᑏᑦ ᐃᑲᔪᖅᑐᐃᔾᔪᑏᓪᓗ ᐊᑐᐃᓐᓇᐃᑦ:
• ᐅᖄᓚᓗᑎᑦ ᐅᓄᖓ 1-888-592-9101.
• ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐅᕗᖓ www.IHSettlement.ca.
• ᐊᑐᕐᓗᒋᑦ ᐱᔪᓐᓇᖅᑐᑦ ᒥᔅᓵᓄᑦ ᓴᓇᕐᕈᑏᑦ ᐊᑐᐃᓐᓇᐅᔪᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ.
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᑦ ᐊᑐᐃᓐᓇᐅᔪᑦ ᐊᐱᖅᑯᑎᔅᓴᖃᕈᔅᓯ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓂᕈᔅᓯᓘᓐᓃᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᐅᓚᓂᖏᓐᓂ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 7

ᐃᓚᖓ 1 – ᑲᓐᖑᓇᖅᑐᒥᑦ ᓴᖅᑮᓂᖅ, ᐃᓕᓴᖅᓯᓂᖅ, ᐱᓯᒪᑦᑎᓂᕐᒧᓪᓗ ᐱᖁᔭᐃᑦ (ᐱᑕᖃᕆᐊᓖᑦ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐅᖃᐅᓯᖃᖅᑐᑦ ᖃᓄᖅ ᑐᑭᓯᒋᐊᕈᑏᑦ ᓄᐊᑕᐅᒍᓐᓇᕐᒪᖔᑕ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐊᑐᖅᑕᐅᓗᑎᑦ ᐸᖅᑭᔭᐅᓗᑎᑦ, ᐃᓕᓴᕆᔭᐅᓗᑎᓪᓗ ᐱᓇᓱᐊᓂᕐᒧᑦ ᑲᒪᒋᔭᐅᓂᖏᓐᓄᑦ. ᐱᓇᓱᐊᕈᑎᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑭᒡᒐᖅᑐᐃᔩᑦ ᐅᖃᓕᒫᕆᐊᓖᑦ ᑕᒪᑐᒥᖓ, ᐊᑎᓕᐅᓕᕐᓗᑎᑦ.

ᐃᓚᖓ 1A − ᐱᔪᒪᔾᔪᑏᑦ ᓇᓗᓇᐃᔭᖅᓯᒪᑦᑎᐊᕐᓂᖏᑦ (ᐱᑕᖃᕆᐊᓖᑦ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐊᐱᖅᓱᖅᑐᑦ ᐱᓇᓱᐊᖅᑑᑉ ᒥᔅᓵᓄᑦ, ᑭᓇᐅᒻᒪᖔᖅ ᑭᓱᓂᓪᓗ ᐊᑐᖅᓯᒪᒻᒪᖔᖅ ᐋᓐᓂᖅᑕᐅᓂᕐᒪᖔᖅ. ᒪᑯᐊᓗ ᐱᔭᐅᒋᐊᖃᕐᒥᔪᑦ ᐊᑎᖓ, ᐃᓅᕕᒥᓂᖓ ᐊᓯᖏᓐᓂᓪᓗ ᑖᔅᓱᒪ ᒥᔅᓵᓅᖓᔪᓂᒃ ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᒋᑦ. ᑖᒃᑯᐊ ᓇᓗᓇᐃᒃᑯᑎᒋᔭᐅᒐᔭᖅᑐᑦ ᑭᓇᐅᒻᒪᖔᖅ
ᐱᓇᓱᐊᖅᑐᖅ.

ᐃᓚᖓ 1B − ᐱᔪᒪᔾᔪᑎᓐᓄᑦ ᑐᕌᕈᑎᖓᑕ ᒥᔅᓵᓄᑦ (ᐱᑕᖃᕆᐊᓕᒃ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐊᐱᕆᓯᒪᒻᒥᔪᖅ ᑐᔅᓯᕋᖅᑑᑉ ᒥᔅᓵᓄᑦ, ᑐᕌᕈᑎᖓ, ᐅᖄᓚᐅᑎᖓ ᐊᒻᒪᓗ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᖓᑕ ᑐᕌᕈᑎᖓ, ᐊᑐᐃᓐᓇᖅᑕᖃᖅᑲᑦ. ᑖᒃᑯᐊ ᐊᑐᖅᑕᐅᒐᔭᖅᑐᑦ ᑐᕌᕈᑏᑦ ᖃᐅᔨᒋᐊᕆᐊᖃᕐᓂᖅᑲᑕ ᐱᔪᒪᔾᔪᑎᖏᓐᓂ ᐊᒻᒪᓗ ᐊᓪᓚᕕᓕᕆᓂᕐᒧᑦ ᑎᑎᖅᑲᕆᓗᓂᒋᑦ.

• ᑐᓂᓯᓂᐊᕈᕕᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᒥᑦ ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᖃᕐᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᓱᓇᒃᑯᑖᓂᑦ ᕿᒪᐃᕕᐅᓯᒪᔪᓂᒃ, ᑎᑎᕋᕆᐊᖃᓐᖏᑕᐃᑦ ᐃᓚᖓ 1B,
ᑭᓯᐊᓂᓕ ᐱᔭᕇᖔᕐᓗᒍ ᐃᓚᒍᖓ C.

• ᓯᕗᓪᓕᖅᐸᐅᑎᒋᐊᖃᕐᓂᖅᑲᑦ ᕿᒪᒃᑲᑯᓂᒃ ᐅᑭᐅᑭᑦᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑐᒧᑦ, ᐱᔭᕇᕆᐊᓖᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑎᑎᕋᕐᕕᒋᓗᒍ
ᐃᓚᒍᑕᖓ C ᕿᒪᑦᑕᒥᓂᕐᓄᑦ ᐱᖁᑎᓄᑦ ᐊᒻᒪᓗ ᑎᑎᖅᑲᓂᒃ ᐃᓚᖃᕐᓗᒍ ᐱᒋᐊᕈᑎᒋᒐᔭᖅᑕᕐᓂ ᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᓇᒻᒥᓂᖅ.

• ᑐᓂᓯᒍᕕᑦ ᐱᔪᒪᔾᔪᑎᑦ ᐃᒻᒥᒃᑯ ᑭᒡᒐᖅᑐᐃᔨᐅᓗᑎᑦ ᐱᔪᒪᔾᔪᑎᒧᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ ᐱᔭᕇᕆᐊᓕᑎᑦ ᑎᑎᕋᑎᐊᕐᓗᒋᑦ ᐃᓚᒍᑕᖓᓐᓃᑦᑐᑦ
D−ᒥᑦ.

• ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᓐᓂᕈᕕᑦ ᐱᓇᓲᑎᓐᓄᑦ, ᒪᓕᒐᓕᕆᔨ ᐃᑲᔪᕆᐊᓕᒃ ᐱᖃᓯᐅᔾᔨᓗᓂ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑖᔅᓱᒪ ᒥᔅᓵᓄᑦ ᐃᓚᒍᑕᖓᓐᓂ E−
ᒦᑦᑐᓂᑦ.

ᐃᓚᖓ 2 − ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖅ: ᐊᑏᑦ ᐅᓪᓗᖏᓪᓗ (ᐱᑕᖃᕆᐊᓖᑦ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐊᐱᕆᓯᒪᒻᒥᔪᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ ᓂᕈᐊᕐᓗᓂ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓄᑦ ᐃᓂᓪᓚᑦᑎᑕᐅᓚᐅᖅᓯᒪᔪᑦ ᓂᖓᖅᑕᒥᓃᑦ/ᐋᓐᓂᖅᑕᒥᓃᑦ ᐅᓪᓗᖏᓪᓗ ᑎᑎᕋᕐᓗᒋᑦ (ᒥᔅᓴᐅᓴᒃᑲᓗᐊᖅᑲᑕ ᐅᓪᓗᖏᑦ ᖃᓄᐃᓐᖏᑦᑐᖅ) ᑕᒪᒃᑯᐊ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐃᑲᔫᑎᖃᕋᔭᖅᑐᑦ ᓇᓗᓇᐃᖅᓯᔾᔪᑎᒋᓗᒋᓪᓗ ᐋᓐᓂᐊᕕᒻᒥᒻ ᐅᓪᓗᖏᓐᓂᓪᓗ ᑮᓇᐅᔭᖅᑖᕋᓲᑎᓄᑦ.

ᐃᓚᖓ 2A − ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖅ: ᐊᓯᖏᑦ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐱᑕᖃᕆᐊᖃᕐᒥᔪᑦ (ᐱᑕᖃᕆᐊᓕᒃ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐊᐱᕆᓂᐊᕐᒥᔪᖅ ᑎᓇᓱᐊᖅᑐᒧᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᑦ ᐱᖃᓯᐅᔾᔨᓗᓂ ᒐᕙᒪᑐᖃᒃᑯᓐᓂ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓄᑦ ᓂᖓᖅᑕᐅᓯᒪᔪᓂᒃ/ᐋᓐᓂᖅᑕᐅᓯᒪᔪᓂᒃ, ᑭᐅᔭᕆᐊᓖᑦ ᐊᐱᖅᑯᓯᓂᑦ, ᓲᕐᓗ ᐊᑎᖓ ᐋᓐᓂᐊᕕᐅᑉ ᐃᓂᓪᓚᕝᕕᒥᓂᖓ ᓂᖓᖅᑕᐅᕕᒥᓂᖓᓐᓂ/ᐋᓐᓂᖅᑕᐅᕕᒥᓂᖓᓐᓂ ᐊᒻᒪᓗ ᓱᒻᒪᑦ ᐃᓂᓪᓚᓂᕐᒪᖔᖅ, ᖃᓄᖅ ᑕᐃᑯᓐᖓᓂᕐᒪᖔ, ᐅᓪᓗᖓ ᐃᓂᓪᓚᕝᕕᒥᓂᖓ ᐊᒻᒪᓗ ᐊᓯᖏᓐᓂ ᐃᖅᑲᐅᒪᔭᖏᓐᓂ ᐅᓂᒃᑳᕐᓗᓂ.

ᐱᔪᒪᓯᒪᔪᖅ ᐊᒥᓱᐊᖅᑎ ᐋᓐᓂᐊᕕᓐᓄᑦ ᐃᓂᓪᓚᔅᓯᒪᓐᓂᖅᑯᑦ ᐱᑦᑎᐊᖅᑕᐅᓯᒪᓐᖏᓪᓗᓂ/ᐋᓐᓂᐊᖅᑕᐅᓯᒪᓪᓗᓂ, ᐊᒥᓱᐊᖅᑎ ᐃᓂᓪᓚᔅᓯᒪᓐᓂᖅᑲᑦ ᑖᔅᓱᒧᖓᔅᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ, ᐃᓚᒍᑕᖓ A ᐱᔭᕇᕆᐊᓖᑦ ᑐᓂᓗᒋᓪᓗ ᐃᓚᒍᑕᐅᓗᑎᑦ ᐱᔭᕇᖅᓯᒪᔪᒧᑦ ᐱᔪᒪᔾᔪᑎᒧᑦ.

ᐃᓚᖓᓐᓂ 2B − ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖅ: ᐱᑦᑎᐊᖅᑕᐅᓂᖏᑦᑐᖅ/ᐋᓐᓂᖅᑕᒥᓂᖅ (ᐱᑕᖃᕆᐊᓖᑦ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐊᐱᕆᓯᒪᒻᒥᔪᖅ ᐱᓇᓱᐊᖅᑐᒧᑦ ᓂᕈᐊᕐᓗᒋᑦ ᖁᑦᑎᓂᖅᐹᖑᔪᑦ ᓂᖓᖅᑕᐅᔾᔪᑎᒥᓂᖏᑦ/ ᐋᓐᓂᖅᑕᐅᔾᔪᑎᒥᓂᖏᑦ ᐋᓐᓂᐊᕕᒻᒥ ᐊᑐᖅᓯᒪᔭᖏᓐᓂ. ᐊᐱᖅᑯᑎᔅᓴᖅᑕᖃᒃᑲᓂᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᒧᑦ ᑭᐅᒋᐊᓕᖏᑦ ᐋᓐᓂᐊᖅᑕᐅᓯᒪᓂᕆᔭᖏᑕ ᒥᔅᓵᓄᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖏᓐᓂ. ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᑎᑎᕋᕐᕕᖃᕐᒥᔪᑦ ᐊᓯᖏᓐᓂ ᑎᑭᓪᓗᒍ ᐱᖓᓱᐊᖅᑐ ᐋᓐᓂᖅᑕᒥᓂᕐᓅᖓᔪᓂᒃ. ᐃᓚᒍᑕᖓ B ᐊᑐᕈᓐᓇᕐᒥᔭᐃᑦ ᐊᓯᒃᑲᓐᓂᖏᓐᓂ ᐋᓐᓂᖅᑕᐅᓯᒪᓐᓂᕈᕕᑦ.

ᐃᓚᖓ 2B ᐱᕕᖃᕐᒥᔪᖅ ᐱᓇᓱᐊᖅᑐᒧᑦ ᐅᓂᒃᑳᖏᓐᓂ, ᓇᒻᒥᓂᖅ ᐅᖃᐅᓯᖏᓐᓂ ᐊᑐᕐᓗᓂ, ᐃᓚᓯᒍᒪᓐᓂᖅᑲᑦ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 8

ᐃᓚᖓ 3 − ᐊᑭᓕᐅᑎᖓᑦ ᒥᔅᓵᓄᑦ (ᐱᑕᖃᕆᐊᓖᑦ)
ᑕᒪᓐᓇ ᐱᑕᖃᐃᓐᓇᕆᐊᓕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ. ᐊᐱᕆᓯᒪᔪᑦ ᖃᓄᖅ ᐊᑭᓕᖅᑕᐅᒐᔭᕐᒪᖔᖅᐱᑦ ᐊᖏᖅᑕᐅᓯᒪᓕᕈᕕᑦ ᑮᓇᐅᔭᒃᑯᕕᐅᓪᓗ ᒥᔅᓵᓄᑦ ᐱᖃᓯᐅᔾᔨᒋᐊᖃᕋᔭᖅᑐᑎᑦ.

ᐃᓚᒍᑕᖓ A − ᐊᓯᒃᑲᓐᓂᖏᓐᓄᑦ ᒐᕙᒪᑐᖃᒃᑯᓐᓂ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᒥᓃᑦ
ᐃᓚᒍᑕᖓ ᑖᓐᓇ ᑐᓂᔭᐅᒋᐊᖃᕐᒥᔪᖅ ᐊᑕᐅᓯᐅᓐᖏᑦᑐᒧᑦ ᒐᕙᒪᑐᖃᒃᑯᓐᓄ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓅᖅᑐᒥᓃᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐃᓂᓪᓚᑦᑐᒥᓃᑦ ᑕᕝᕗᖓᔅᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ ᓂᖓᖅᑕᒥᓃᑦ/ᐋᓐᓂᖅᑕᒥᓃᑦ ᐊᑐᓂ. ᐃᓚᒍᑕᖓ A ᐊᔾᔨᖓᓐᓂ ᐱᓗᑎᑦ ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒍ ᖃᑦᑎᐊᖅᑎᑐᐃᓐᓇᑦᑎᐊᖅ ᑕᐃᒪᐃᒋᐊᖃᕈᕕᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᕝᕕᒥᓂᕐᓄᑦ ᐱᖃᓯᐅᑎᒋᐊᓖᑦ ᐱᓇᓲᑎᓐᓄᑦ. ᐱᒻᒪᕆᐅᒻᒥᔪᖅ ᐃᓚᒍᑕᖓ A ᑐᓂᖃᓯᐅᑎᒋᐊᓕᒃ ᐱᔭᕆᖅᓯᒪᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.

ᐃᓚᒍᑕᖓ B − ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐅᓂᒃᑳᑦᑎᐊᕐᓗᑎᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᑕ ᒥᔅᓵᓄᑦ
ᐃᓚᒍᑕᖏᓐᓂ ᐱᖃᓯᐅᔾᔨᒋᐊᓖᑦ ᐱᓇᓱᐊᖅᑐᓂᒃ ᑎᑎᕋᕐᕕᖃᒃᑲᓐᓂᕆᐊᖃᖅᑲᑦ ᐊᓯᐊᓄᑦ ᑎᑎᕋᕐᓗᓂ ᐋᓐᓂᐊᖅᑕᐅᓂᕆᓯᒪᔭᖏᑕ/ᓂᖓᖅᑕᐅᓯᒪᓂᖓᑕ ᒥᔅᓵᓄᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓂ.ᐃᓚᒍᑕᖓ B ᐊᔪᕆᑦᑕᐅᔪᓐᓇᖅᑐᖅ ᖃᕋᓴᐅᔭᕐᒨᖅᑲᖅᑕᐅᓗᓂᓘᓐᓃᑦ ᖃᑦᑎᐊᖅᑎᑐᐃᓐᓇᑦᑎᐊᖅ. ᐱᒻᒪᕆᐅᒻᒥᔪᖅ ᐃᓚᒍᑕᖓ B ᑐᓂᖃᓯᐅᑎᒋᐊᓕᒃ ᐱᔭᕆᖅᓯᒪᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.

ᐃᓚᒍᑕᖓ C − ᑐᖁᖓᓕᖅᑐᓄᑦ ᐱᔪᒪᔾᔪᑏᑦ - ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨ (ᐊᖏᖅᑕᐅᓯᒪᑉᐸᑦ ᐊᖏᖅᑕᐅᓯᒪᓐᖏᒃᑲᓗᐊᖅᑯᑦ)
ᑖᓇ ᐃᓚᒍᑕᖓ ᑐᓂᖃᓯᐅᑎᒋᐊᖃᕐᒥᔪᖅ ᐱᓇᓱᐊᖅᑐᒧᑦ ᐃᓅᒍᓐᓃᖅᑐᒥᓂᕐᓄᑦ ᓯᕗᓂᖓᓂ ᔮᓐᓄᐊᕆ 25, 2026−ᒥ. ᐊᐱᖅᓱᖅᑐᖅ ᐱᖁᑎᓕᕆᓂᕐᒧᑦ ᑭᒡᒐᖅᑐᐃᔨ ᐅᕝᕙᓘᓐᓃᑦ ᕿᒪᒃᑲᑯᓂᑦ ᑐᓂᓯᔪᓂᒃ ᐱᓇᓱᐊᕈᑎᒥᑦ ᐊᒻᒪᓗ ᑎᑎᕋᖅᓯᒪᒋᐊᖃᖅᑐᑦ ᐸᐃᑉᐹᓂᓪᓗ ᐱᔪᓐᓇᕐᓂᖓᓐᓂ ᓇᓗᓇᐃᖅᓯᓯᒪᓗᑎᒃ ᑲᒪᔨᐅᒐᔭᖅᑐᓂᒃ ᐱᖁᑎᓄᑦ. ᓯᕗᓪᓕᖅᐸᐅᑎᒋᐊᖃᕐᓂᖅᑲᑦ ᕿᒪᒃᑲᑯᓂᒃ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᑭᑦᑐᒧᑦ, ᐱᔭᕇᕆᐊᓖᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑎᑎᕋᕐᕕᒋᓗᒍ ᐃᓚᒍᑕᖓ C ᐊᒻᒪᓗ ᐸᐃᑉᐹᓂ ᓂᓯᓗᑎᑦ ᓇᒻᒥᓂᖅᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᓇᒻᒥᓂᖅ.

ᐃᓚᒍᑕᖓ D − ᓇᒻᒥᓂᖅ ᑭᒡᒐᖅᑐᐃᔨᖓ ᐱᔪᒪᔾᔪᑎᓄᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᓐᓄᑦ
ᐃᓚᒍᑕᖓᓐᓂ ᐱᖃᓯᐅᔾᔨᒋᐊᓖᑦ ᑐᓂᓯᓗᑎᓪᓗ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᐊᐅᓚᑦᑎᒍᓐᓇᖏᑦᑐᑦ ᓇᒻᒥᓂᖅ (ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓖᑦ). ᐊᐱᖅᓱᖅᑐᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᔨ ᐊᒻᒪᓗ ᓇᓗᓇᐃᔭᖅᓯᒪᒋᐊᓖᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐱᔪᓐᓇᕐᓂᖃᕐᓂᖓᓐᓂ ᑭᒡᒐᖅᑐᐃᓂᐊᖅᑎᓪᓗᒍ ᐱᓇᓱᐊᖅᑐᒥᑦ.

ᐃᓚᒍᑕᖓ E − ᐃᒻᒥᒃᑰᖅᑐᖅ ᒪᓕᒐᓕᕆᔨ
ᑖᓐᓇ ᐱᔪᓐᓇᖅᑕ ᑭᓯᐊᓂ ᑲᓇᑕᒥ ᒪᓕᒐᓕᕆᔨᐅᑉᐸᑕ ᐃᑲᔪᕈᓐᓇᖅᑐᑦ ᐱᓇᓱᐊᖅᑐᓂᒃ. ᐊᐱᖅᓱᖅᑐᖅ ᒪᓕᒐᓕᕆᐅᑉ ᒥᔅᓵᓄᑦ ᐊᒻᒪᓗ ᐊᑭᓕᐅᑎᔅᓴᖏᑕ ᒥᔅᓵᓄᑦ ᐊᖏᕈᑎᓂᒃ. ᒪᓕᒐᓕᕆᔨ ᑕᑕᑎᕆᔭᕆᐊᖃᕐᒥᔪᖅ ᑖᔅᓱᒥᖓ ᐃᓚᒍᑕᖓᓐᓂ. ᒪᓕᒐᓕᕆᔨᔅᓴᐃᓐᓇᕆᐊᖃᓐᖏᑦᑐᑎᑦ ᐱᓇᓱᐊᕐᓂᕐᓄᑦ ᑕᒪᑐᒥᖓ.

ᐃᓚᒍᑕᖓ F − ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᑕ ᑎᑎᕋᕐᕕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ
ᑖᓐᓇ ᐃᓚᒍᑕᖅ ᐊᑐᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᑭᒃᑯᑐᐃᓐᓇᕐᓄᑦ ᑐᓂᓯᔪᓂᒃ ᐱᓇᓲᑎᓂᒃ. ᓇᓗᓇᐃᖅᓯᑲᓐᓂᖅᑐᖅ ᐱᔭᕆᐊᓕᓐᓂᒃ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᔭᕇᖅᓯᒪᒋᐊᖃᕐᖓᑕ ᑐᓂᓯᓚᐅᓐᖏᓂᕐᓂᑦ.

ᑐᑭᓪᓚᕆᖏᑦ

ᐱᓇᓱᐊᖅᑐᖅ: ᒪᓕᑦᑐᓂᑦ ᐊᖏᕈᑕᐅᓯᒪᔪᖅ, ᐱᔪᒪᔾᔪᑎᓖᑦ ᐃᒻᒥᒃᑰᖅᑐᑦ, ᐱᖁᑎᓂᑦ ᑭᒡᒐᖅᑐᐃᔩᑦ ᐅᕝᕙᓘᓐᓃᑦ
ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᑐᖅᑐ ᐱᔭᕇᖅᓯᕙᑦᑐᑦ ᐱᔪᒪᔾᔪᑎᓂᒃ ᑐᓂᓯᓪᓗᑎᓪᓗ ᐱᔪᒪᔾᔪᑎᓂᑦ ᐱᔪᒪᔾᔪᑎᓂᒃ ᑲᒪᔨᓄᑦ.

ᑖᓇ ᐊᑐᐊᒐᖅ ᐱᔾᔪᑎᒋᓪᓗᒍ, ᐱᓇᓱᐊᖅᑐᖅ ᐅᖃᐅᓯᓕᒃ ᐃᒻᒥᒃᑰᖅᑐᖅ ᓂᖓᖅᑕᐅᓚᐅᖅᓯᒪᔪᖅ/
ᐋᓐᓂᓚᐅᖅᓯᒪᔪᖅ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓃᑎᓪᓗᒍ.

ᑖᒃᑯᐊ ᐊᑐᕈᓐᓇᖅᑕᑎ ᒪᓕᒐᐃᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᓐᓄᑦ.
ᑖᓇ ᒪᓕᒍᓐᓇᕐᒥᔭᐃᑦ ᐊᔾᔨᑐᐃᓐᓇᖓᓐᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᕐᓄᑦ.
ᐅᖃᓕᒫᖅᑳᕐᓗᒍ ᐃᓚᖓ ᒪᓕᒐᐃᑦ, ᐱᔭᕇᖅᑕᑎᑦ ᐊᔾᔨᒌᒃᑲᓗᐊᕐᒪᖔᑕ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᖃᐅᔨᓴᑦᑎᐊᕐᓗᖏᑦ, ᐊᓯᐊᓅᑦᑕᓕᖅᑯᑎᑦ. ᖃᖓᑐᐃᓐᓇᖅ ᓄᖅᑲᑲᐃᓐᓇᕈᓐᓇᖅᑐᑎᑦ ᐅᑎᕐᕕᒋᓂᐊᕐᓗᒍᓗ, ᖃᕋᓴᐅᔭᒃᑯᑦ ᓇᕿᑦᑕᕋᓗᐊᕈᕕᒋᓪᓘᓐᓃᑦ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 9

ᐊᑭᖃᓐᖏᑦᑐᑦ ᑐᓯᒋᐊᕐᕖᑦ ᐃᑲᔪᖅᑐᐃᔪᓐᓇᖅᑐᓪᓗ ᐃᓕᓐᓂᑦ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᕈᕕᑦ ᐱᓇᓱᐊᖅᑕᐃᑦ ᖃᓄᖅ ᑲᒪᒋᔭᐅᒻᒪᖔᖅ ᐱᔭᕇᖅᓯᒪᔪᓪᓗ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.

• ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑏᑦ ᑭᐅᔪᓐᓇᖅᑐᑦ ᐊᐱᖅᑯᑎᔅᓴᖃᕈᕕᑦ ᐱᓇᓱᐊᕐᓂᓐᓄᑦ ᑲᒪᒋᔭᐅᓂᖏᓐᓂ, ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ
ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐊᒻᒪᓗ ᐱᓇᓱᐊᖅᑕᐃᑦ ᑲᒪᒋᔭᐅᓂᖏᓐᓂ ᖃᕋᓴᐅᔭᒃᑯᑦ. ᖃᓄᐃᓕᖓᓕᕐᒪᖔᓪᓗ ᐅᓪᓗᒥᒧᑦ
ᐅᖃᕈᓐᓇᖅᑐᑦ ᐱᓇᓱᐊᖅᑕᕐᓄᑦ ᓇᓗᓇᐃᖅᓯᓗᑎᓪᓗ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᕈᕕᑦ ᑎᑎᖅᑲᐃᑦ ᒥᔅᓵᓄᑦ ᐊᑭᓕᐅᑎᔅᓴᐃᓪᓗ ᒥᔅᓵᓄᑦ.
• ᑲᒪᒋᔭᐅᔪᓂᒃ ᒪᓕᒐᓕᕆᔩᑦ ᑭᐅᔪᓐᓇᕐᒥᔪᑦ ᒪᓕᒐᓕᕆᓂᕐᒨᖓᔪᓂᒃ ᑮᓇᐅᔭᖅᑖᕈᑎᔅᓴᐅᔪᓪᓗ ᒥᔅᓵᓄᑦ ᐱᓇᓱᐊᖅᑐᓪᓗ
ᑲᒪᒋᔭᐅᓂᖏᓐᓂ.

º ᓇᒻᒥᓂᖅ ᒪᓕᒐᓕᕆᔨᑦᑖᕈᓐᓇᕐᒥᔪᑎᑦ. ᑮᓇᐅᔭᖅᑖᖅᑎᑕᐅᓐᓂᕈᕕᑦ, ᒪᓕᒐᓕᕆᔩᑦ ᐃᑲᔪᖅᑐᒥᓂᖅ ᑐᔅᓯᕋᐅᑎᒍᓐᓇᕐᒥᔭᐃᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᐊᑭᓕᖅᑕᐅᒍᓐᓇᕐᒪᖔᖅ ᐱᓕᕆᓂᖓᓐᓄᑦ.
• ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎᓂᒃ ᐊᑐᐃᓐᓇᖅᑕᓕ ᐱᔭᕇᖅᓯᒍᒪᑎᓪᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐊᒻᒪᓗ
ᑭᐅᔪᓐᓇᖅᑐᑦ ᐊᐱᖅᑯᑎᔅᓴᖃᕈᕕᑦ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᑲᒪᒋᔭᐅᓂᖏᓐᓂ.

º ᐱᔪᒪᔾᔪᑎᓂᑦ ᐃᑲᔪᖅᑏᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑕᐅᔪᑦ ᑳᓱᒪᐃᓐᑯᓐᓄᑦ (Castlemain). ᐃᒻᒥᒃᑰᖅᑐᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓂ ᐊᒻᒪᓗ
ᐱᔪᒪᔾᔪᑎᓄᑦ ᑲᒪᔨᓄᑦ, ᑎᓗᐃᑦ (Deloitte).
ᑐᑭᓯᒋᐊᒃᑲᓐᓂᕈᓐᓇᖅᑐᑎᑦ ᐅᕗᖓ www.IHSettlement.ca ᐅᖄᓚᓗᑎᓪᓘᓐᓃᑦ ᐅᕗᖓ 1-888-592-9101.

ᐃᓚᖓ 1 − ᑲᓐᖑᓇᖅᑐᒥᑦ ᓴᖅᑮᓂᖅ, ᐃᓕᓴᖅᓯᓂᖅ, ᐱᓯᒪᑦᑎᓂᕐᒧᓪᓗ ᐱᖁᔭᐃᑦ (ᐱᑕᖃᕆᐊᓖᑦ)
ᑖᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᔭᕆᐊᓕᒃ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᐃᓇᕆᓗᒋᑦ. ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐊᖏᕈᑎᐅᒻᒪᑦ ᐃᓕᓐᓄᑦ ᐊᒻᒪᓗ ᐱᓇᓱᐊᕈᑎᓄᑦ ᐊᓪᓚᕕᓕᕆᔨᓄᑦ. ᐱᔭᕇᕆᐊᓕᒃ ᐊᑎᓕᐅᕐᓗᒍᓗ ᑕᐃᔅᓱᒧᖓ ᐱᓇᓱᐊᖅᑐᒧᑦ
ᖁᔭᕇᕐᓗᒍ ᐊᑎᓕᐅᕐᓗᒍᓗ ᑖᓐᓇ ᑐᑭᓯᓂᕋᖅᑐᑎᑦ ᖃᓄᖅ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐊᑐᖅᑕᐅᓂᐊᕐᓂᖓᓐᓂ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᐱᓕᕆᐊᖑᓂᐊᖅᑐᓂᕐ
ᑖᓇ ᓇᓗᓇᐃᖅᓯᖏᑦᑐᕐᓕ ᐃᓱᒪᓕᐅᓐᖏᑦᑐᖅ ᐱᓇᓱᐊᕈᑎᒥᑦ. ᐅᖃᐅᓯᖃᑐᐃᓐᓇᖅᑐᖅ ᑎᒍᒥᐊᖅᑐᒥᑦ, ᑲᒪᓂᐊᖅᑐᒥᓪᓗ ᖃᓄᖅ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐊᑦᑐᐊᓂᖃᕐᓂᐊᕐᒪᖔᖅ ᐱᓇᓱᐊᕈᑎᓄᑦ ᑲᑐᔾᔭᐅᓗᑎᑦ ᐱᓯᒪᔭᐅᓗᑎᓪᓗ.

ᑭᐅᑉ ᐱᔭᕇᕐᓂᐊᕐᒪᖔᒍ ᑕᒪᓐᓇ
ᑕᒪᓐᓇ ᐱᔭᕇᖅᑕᐅᒋᐊᓕᒃ ᐱᓇᓱᐊᖅᑑᑉ ᐊᑎᖓ ᑎᑎᕋᕐᓗᒍ ᐊᑎᓕᐅᕈᑎᖓᓗ. ᑕᒪᓐᓇ ᐱᔭᕇᖅᑕᐅᒋᐊᓕᒃ ᑲᒪᒋᔭᐅᒍᓐᓇᕐᓂᐊᕐᖓᑦ ᐱᓇᓱᐊᕈᑎᒃ. ᐱᔭᕇᖅᑕᐅᒍᓐᓇᖅᑐᖅ ᐅᑯᓄᖓ:
• ᐱᓇᓱᐊᖅᑐᒧᑦ

• ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᒪᐃᕕᐅᔪᒧᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ ᐃᓅᒍᓐᓃᖅᑐᒥᓂᕐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑭᖑᓂᖓᓂ ᔮᓐᓄᐊᕆ 25, 2016.

• ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᔪᖅ ᑎᒥᒥᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᒪᐃᕕᐅᓯᒪᔪᒧᑦ ᐅᑭᐅᑭᓗᐊᖅᑐᒧᑦ.

ᒪᓕᒐᓕᕆᔨᒧᑦ, ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᐃᑲᔪᖅᑕᐅᒐᓗᐊᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᑲᔪᖅᑐᐃᔪᒥᑦ ᐱᔭᕇᖅᓯᓇᓱᐊᖅᑎᓪᓗᑎᑦ ᐱᓇᓲᑎᒥᑦ, ᐱᓇᓱᐊᖅᑐᖅ, ᐃᒻᒥᒃᑯᑦ
ᑭᒡᒐᖅᑐᐃᔨᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨ ᐱᔭᕇᖅᓯᒪᒋᐊᓕᒃ ᐊᑎᓕᐅᖅᓯᒪᓗᓂᓗ.

ᑭᓱᒥᑦ ᖃᐅᔨᒪᓂᕋᕐᒪᖔᖅᐱᑦ ᐊᑎᓕᐅᖅᑎᓪᓗᑎᑦ
ᐊᑎᓕᐅᖅᑐᒍ ᑖᓐᓇ, ᑐᑭᓯᓂᕋᖅᑐᑎᑦ ᐃᒫᒃ:
• ᐱᓇᓱᐊᖅᑐᒧᑦ ᐊᓪᓚᑦᑎᒥᑦ ᐊᒻᒪᓗ ᐃᒻᒥᒃᑰᖅᑐᒥᑦ ᕿᒥᕐᕈᔨᒥᑦ ᑭᒡᒐᖅᑐᐃᖏᑦᑐᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓂ ᐅᕝᕙᓘᓐᓃᑦ ᒐᕙᒪᑐᖃᒃᑯᓐᓂ ᐊᓪᓚᓄᑦ
ᐋᓐᓂᐊᕕᒻᒥᑦ
• ᐃᓕᓐᓂᑦ ᑭᒡᒐᖅᑐᐃᓐᖏᑦᑐᑦ ᐱᓚᓱᐊᖅᑕᕐᓄᑦ.
• ᐸᖅᑭᑦᑎᓐᖏᑦᑐᑦ ᒪᓕᒐᖅᑎᒍᑦ ᐱᔪᓐᓇᐅᑎᒋᔭᕐᓂᑦ.
ᐃᓕᓴᖅᓯᒻᒥᔪᑎᑦ ᑕᒪᑯᐊ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᑐᓂᔭᑎᑦ ᐱᓇᓱᐊᕐᓂᕐᓄᑦ ᓱᓕᓪᓗᑎᑦ ᖃᐅᔨᒪᓂᑦᑎᒍᓪᓗ ᓱᓕᑦᑎᐊᕐᓂᕋᖅᑐᒋᑦ.

ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᖃᓄᖅ ᐊᑐᖅᑕᐅᒐᔭᕐᒪᖔᑕ ᑭᒃᑯᓄᓪᓗ

ᐊᑎᓕᐅᕐᓗᒍ ᑖᓐᓇ ᐊᖏᖅᑐᑎᑦ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᐊᓪᓚᑦᑎᖏᓐᓄᑦ ᑲᑐᔾᔭᐅᔪᓐᓇᕐᖓ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ, ᐱᓇᓱᐊᖅᑐᑎᑦ, ᑖᓇᓗ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᑲᒪᒋᔭᐅᒍᓐᓇᕐᓂᐊᕐᓂᖓᓄᑦ ᐱᓇᓱᐊᖅᑕᐃᑦ.

ᑖᓇ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᐃᒫᒃ ᑲᑐᔾᔭᐅᒐᔪᖅᑐᖅ:

- ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ
- ᐱᓇᓱᐊᖅᑐᓄᑦ ᒪᓕᒐᓕᕆᔨᖓᓄᑦ, ᒪᓕᒐᓕᕆᔩᑦ ᑭᒡᒐᖅᑐᐃᔩᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑮᓇᐅᔭᓂᒃ
- ᐃᓪᒥᒃᑰᖅᑐᑦ ᕿᒥᕐᕈᔩᑦ ᑎᒍᒥᐊᖅᑐᑦ ᐃᓱᒪᖅᓴᖅᓯᐅᕈᑎᒋᒃᑲᓐᓂᖅᓴᖅᑕᖏᓐᓂ ᕿᒥᕐᕈᓂᖏᓐᓂ
- ᐊᖏᖅᓯᕙᑦᑐᑦ ᑲᑎᒪᔩᕋᓛᑦ ᐃᓛᓐᓂᒃᑯᑦ ᕿᒥᕐᕈᖅᑲᑦᑕᕋᔭᕐᖓᑕ ᐱᓇᓲᑎᓂᒃ ᐃᓱᒪᖅᓴᖅᓯᐅᑲᓐᓂᕋᓱᐊᕐᓂᐊᖅᑎᓪᓗᒋᑦ

ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᑲᑐᔾᔭᐅᒋᐊᖃᕐᖓᑕ ᕿᒥᕐᕈᔭᐅᓂᐊᖅᑎᓪᓗᒋᑦ ᑲᒪᒋᔭᐅᕙᓪᓕᐊᑎᓪᓗᒋᓪᓗ ᐱᓇᓲᑎᓄᑦ.

ᖃᓄᖅ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᐱᓯᒪᔭᐅᒐᔭᕐᓂᖏᓐᓂ ᓱᕋᖅᑎᖅᑕᐅᒐᔭᕐᓂᖏᓐᓂᓪᓗ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᖏᑦ ᐸᖅᑭᑦᑎᓂᐊᖅᑐᑦ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᓂᒃ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᖃᓯᐅᑎᓯᒪᔪᓪᓗ ᐸᐃᑉᐹᑦ ᐸᖅᑭᔭᐅᑦᑎᐊᕐᓂᐊᖅᑐᑦ. ᐊᑎᓕᐅᕐᓗᒍ ᑖᓐᓇ, ᑐᑭᓯᔪᑎᑦ ᐃᒫᒃ:

- ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᖏᑦ ᐱᓯᒪᑦᑎᓂᐊᖅᑐᑦ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᓂᒃ ᐊᕐᕌᒍᓄᒃ ᒪᕐᕉᓄᒃ ᐊᑭᓂᖅᐹᒥ ᐊᑭᓕᖅᑕᐅᓚᐅᖅᓯᒪᑎᓪᓗᑎᑦ, ᐊᓪᒪᓗ
- ᑕᐃᑲᓂ, ᐸᐃᑉᐹᑦ ᐃᕝᕕᓪᓗ ᒥᔅᓵᓅᖓᔪᑦ ᐱᓇᓱᐊᕈᑎᓄᑦ ᓱᕋᖅᑎᖅᑕᐅᓕᕋᔭᖅᑐᑦ.

ᐱᕆᕐᓗᒍ ᑖᓐᓇ

ᐱᔭᕆᕋᓱᐊᕐᓗᒍ ᐃᓚᖓ 1:

- ᐅᖃᓕᒫᖅᑕᐃᓐᓇᕆᑦᑎᐊᕐᓗᒋᑦ
- ᐱᔭᕇᕐᓗᒍ “ᐊᑎᓕᐅᕐᕕᖓᓂ ᐊᑎᓕᐅᕐᓗᒍ” ᐊᖏᕐᓂᖓᓄᑦ
    - ᐊᑏᑦ ᐊᑎᕈᓰᓪᓗ ᑎᑎᕋᑦᑎᐊᓗᒋᒃ
    - ᐊᑎᓕᐅᕈᓯᕐᓄᑦ ᐊᑎᓕᐅᕐᓗᒍ
    - ᐅᓪᓗᖓ ᑎᑎᕋᕐᓗᒍ ᐊᑎᓕᐅᓅᕈᕕᐅᒃ ᑕᑕᑎᕆᐊᓕᒃ

ᐃᑲᔪᖅᑕᐅᔪᒪᓐᓂᖅᑭᐃᑦ ᖃᓄᖅ ᑕᒪᓐᓇ ᑐᑭᖃᕐᒪᖔᖅ ᐅᕙᓐᓄᓐᓂᑦ ᐊᓯᐊᓂ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐃᑲᔪᖅᑕᐅᔪᓐᓇᕆᑦᑎᖅᑐᑎᑦ ᖃᐅᔨᓴᐅᑎᒃᑯᑦ ᐱᓇᓱᐊᖅᑐᓄᓪᓗ ᐃᑲᔪᖅᑎᓄᑦ.

ᑕᒪᓐᓇ ᐊᑎᓕᐅᖅᓯᒪᓐᓂᖏᑉᐸᑦ, ᐱᓇᓱᐊᖅᑕᐃᑦ ᑲᒪᒋᔭᐅᒐᓐᖏᑦᑐᖅ.

▷ SIGN ▷

First name (printed)

Last name (printed)

Signature (required)

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

ᑕᒻᒪᖅᑕᐅᒐᔪᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓇᓱᐊᕐᓗᒋᑦ

- ᑎᑎᕋᖅᓯᓂᖏᒃᑯᕕᑦ
- ᐊᑎᓕᐅᕈᓯᕐᓂᑦ ᑎᑎᕋᕐᓂᖏᒃᑯᕕᑦ
- ᐊᑎᓕᐅᕈᓯᕐᓂᑦ ᐊᑎᓕᐅᕐᓂᖅᑭᐃᑦ ᑕᐃᑯᖓᐅᓐᖏᑦᑐᖅ

ᓂᕈᐊᕐᓗᑎᑦ ᒪᓕᒋᐊᓕᓐᓂᑦ ᐱᓯᒪᑦᑎᐊᕋᓗᐊᕐᒪᖔᖅᐱᒋᑦ

ᓯᕗᒧᐊᓚᐅᓐᖏᓂᓴᓂᑦ, ᐅᑯᐊ ᐅᔾᔨᕐᓯᑦᑎᐊᒃᑭᑦ:

- ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐊᑎᓕᐅᖅᓯᒪᓗᒍ
- ᐅᓪᓗᖓ ᑎᑎᕋᑦᑎᐊᖅᑕᑯᓗᒋᓗᒍ

ᐃᓚᖓ 1A – ᐱᔪᒪᔾᔪᑏᑦ ᓇᓗᓇᐃᔭᖅᓯᒪᑦᑎᐊᕐᓂᖏᑦ (ᐱᑕᖃᕆᐊᓖᑦ)

ᑖᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᖕᓂᑦ ᐱᔭᕆᐊᓕᒃ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕝᕕᒋᔭᐃᓇᕆᓗᒋᑦ. ᑖᓐᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᖕᓂᑦ ᑐᔅᓯᕋᖅᑑᑉ ᒥᔅᓴᓅᖓᔪᑦ ᐃᑲᔫᑎᐅᒻᒪ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᖏᓐᓄᑦ ᓇᓗᓇᐃᖅᓯᔾᔪᑕᐅᒻᒪ ᑭᓇᐅᓂᖓᓐᓂ ᐱᓇᓱᐊᖅᑑᑉ.

ᑖᓐᓇᑦᑕᐅ ᑎᑎᕋᕆᐊᖃᖃᕐᒥᔭᐃᑦᑕᐅᖃᐃ:

- ᐃᓕᓐᓄᓪᓕ, ᐃᕝᕕᑦ ᐱᓇᓱᐊᖅᑎᐅᒍᕕᑦ
- ᐱᓇᓱᐊᕈᔾᔭᐅᔪᖅ ᑐᖁᓐᓂᖅᑲᑦ ᑕᕝᕙᓂᓪᓚᕆᒃ ᑭᖑᓂᖓᓂᓪᓘᓐᓃᑦ ᔫᓄᐊᕆ 25, 2026−ᒥ, ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᒍᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖃᒪᐃᕕᐅᓯᒪᓐᓂᕈᕕᑦ (ᐃᓚᒍᑕᖓ ᑕᑯᓗᒍ C ᑐᑭᓯᒋᐊᕈᑎᑕᖅᑲᒃᑲᓂᖅᑐᖅ)
- ᐱᓇᓱᐊᖅᑐᒧᑦ, ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᖕᓂᑦ ᐱᔭᕇᕋᓱᐊᕈᕕᐅᒃ ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᓗᑎᑦ ᑕᐃᔅᓱᒧᖓ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕆᑎᓕᖕᓂᑦ (ᐃᓚᒍᑕᖓ ᑕᑯᓗᒍ D ᑐᑭᓯᒋᐊᕈᑎᑕᖅᑲᒃᑲᓂᖅᑐᖅ)
- ᐱᓇᓱᐊᖅᑐᒧᑦ, ᒪᓕᒐᓕᕆᔨᐅᔪᖅ ᑲᓇᑕᒥ ᐃᑲᔪᕐᓂᖅᑲ (ᐃᓚᒍᑕᖓ ᑕᑯᓗᒍ E ᑐᑭᓯᒋᐊᕈᑎᑕᖅᑲᒃᑲᓂᖅᑐᖅ)

ᑐᐊᕕᐊᕆᓐᖏᓪᓗᒋᑦ ᑎᑎᕋᖅᑕᑎᑦ. ᓇᓗᓇᐃᔭᖅᓯᒪᑦᑎᐊᖅᑐᓂ ᓈᒻᒪᑦᑐᓂᓪᓗ ᑎᑎᕋᕐᓂᐊᕋᕕᑦ ᑭᖑᕙᖅᑕᑦᑕᕐᓂᐊᖏᒻᒪᑕ.

ᐱᓇᓱᐊᖅᑑᑉ ᒪᓕᒐᖅᑎᒍᑦ ᐊᑎᖓ

ᐱᓇᓱᐊᖅᑑᑉ ᓈᒪᔪᖅ ᐊᑎᖓ ᒪᓕᒐᖅᑎᒍᑦ ᑕᐃᒫᒃ ᐊᑎᕆᔭᕆᐊᓕᖓ ᒐᕙᒪᒃᑯᓐᓃᙵᖅᑐᓂᒃ ᓇᓗᓇᐃᒃᑯᑎᑖᕆᓯᒪᔭᖏᓐᓂ ᑕᐃᒫᒃ ᓇᓗᓇᐃᖅᑕᐅᖃᑦᑕᕐᓂᐊᕐᒪᑦ ᑭᓇᐅᓂᖓ.

ᐊᑦᑎᖅᑕᐅᓯᒪᕐᓂᑦ ᐊᖃᐅᓯᕐᒥᑦ ᐊᑎᕐᒥᑦ ᐊᑐᖅᑕᐃᓕᒋᑦ, ᓇᐃᓈᖅᓯᒪᔪᒥᓪᓘᓐᓃᑦ ᐊᑎᓇᙵᑭᒪᔭᓂᓪᓘᓐᓃᑦ.

Your name (required)

Your name must match your government-issued identification (ID).

First name:	
Middle name (if applicable):	
Last name:	

ᓇᓗᓇᐃᒃᑯᑏᑦ

ᐱᖃᓯᐅᔾᔨᐊᖃᖅᑐᑎᑦ ᐅᖃᖅᓯᒪᑦᑎᐊᖅᑐᒥ ᓵᖓᓂ ᑐᓄᓂᓗ ᒐᕙᒪᒃᑯᓐᓂ ᓇᓗᓇᐃᒃᑯᑎᑖᕆᓯᒪᔭᕐᓂᑦ ᐱᓇᓱᐊᖅᑎᐅᓗᑎᑦ.

ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᑦ ᐸᐃᑉᐹᓪᓚᕆᔭᕐᓂᑦ ᑐᔪᐃᑦᑕᐃᓕᒋᑦ. ᑐᔪᐃᓗᑎᑦ ᑭᓯᐊᓂ ᐊᒥᓲᓕᖅᑎᓯᒪᒥᑦ. ᐸᐃᑉᐹᓪᓚᕆᓐᓂᒃ ᐊᔾᔨᓕᐅᖅᓯᒪᓐᖏᑦᑐᓂᒃ ᑐᔪᐃᓐᓂᕈᕕᑦ ᐅᑎᖅᑎᑕᐅᒐᔭᓐᖏᓪᒪᑕᓕ.

ᓇᓗᓇᐃᒃᑯᑏᑦ ᐊᔾᔨᒋᔭᕆᐊᓕᖓ ᑎᑎᕋᓚᐅᖅᑕᕐᓂᑦ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᖕᓂᑦ, ᐱᖃᐅᑎᓗᒋᓪᓗ ᒪᓕᒐᖅᑎᒍ ᐃᓕᓯᕆᔭᐅᓯᒪᔪᑦ ᐊᑏᑦ ᐃᓅᕕᒥᓃᓪᓗ. ᐊᔾᔨᖑᓐᓂ ᐱᖃᓯᐅᔾᔨᓚᐅᓐᖏᓂᕐᓂᕐ, ᖃᐅᔨᓴᑦᑎᐊᓗᒍ ᐊᑎᓕᒫᑦ ᓇᓗᓇᐃᒃᑯᑎᓐᓂ ᐊᔾᔨᑮᒃᑲᓗᐊᕐᒪᖑᑎᒃ ᐊᑎᕆᔭᕐᓂᑦ ᑎᑎᖅᑕᒥᓂᕐᓂᑦ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᒻᒥᑦ.

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

ᐊᖏᖅᑕᐅᔪᓐᓇᖅᑐᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ ᐊᔾᔨᑮᓐᖏᑕᑦ:

- ᐊᖁᑦᑐᖅᓯᐅᑏᑦ
- ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᓂᒃ ᐅᑭᐅᖅᑕᖅᑐᒥᓘᓐᓃᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ ᐊᔾᔨᖑᐊᓖᑦ
- ᓄᓇᓕᕐᔪᐊᑉ (ᑲᓇᑕᒥ) ᐊᓂᒍᓐᓇᐅᑏᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 12

• ᐃᓅᔪᖅᓯᐅᑏᑦ
• ᐃᓐᓇᑐᖃᐅᓂᕐᓄᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ
• ᖁᑭᐅᑎᑖᖅᑐᖅᓯᐅᑎ ᓚᐃᓴᔅᓯᖓᓪᓗ
• ᓇᓗᓇᐃᖅᑕᐅᓯᒪᔪᑦ ᐅᓇᓕᓐᓃᓂᕐᓂᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ
• NEXUS ᐊᐅᑦᑕᔫᖅ
• ᐅᑭᐅᖃᕐᓂᕐᓂᑦ ᐃᓐᓇᐅᓂᕐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ “ᓇᔅᓴᕐᓗᒍ ᓇᓗᓇᐃᒃᑯᑏᑦ”
• ᒥᐊᓕᒐᕐᓂᑦ ᐱᓯᒪᔭᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ
• ᑲᓇᑕᒥᐅᑕᐅᓂᕋᕐᓂᓐᓂᑦ ᐸᐃᑉᐹᑦ ᐃᓕᓴᕆᔭᐅᔾᔪᑎᒃ
• ᐊᓪᓚᐅᓂᕐᓄᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ
• ᐊᓪᓚᐅᓂᕐᓄᑦ ᐃᓕᓴᕆᔭᐅᔾᔪᑎ ᐸᐃᑉᐹᖅ
• ᐊᓪᓚᐅᓂᕐᓄᑦ ᐃᓕᓴᕆᔭᐅᔾᔪᑎ ᐸᐃᑉᐹᖃᖅᑎᑕᐅᓃᑦ
• ᐊᓪᓚᖓᔪᓄᑦ ᓇᓗᓇᐃᒃᑯᑎ

• ᐃᓄᐃᑦ ᓄᓇᑖᕈᑎᐅᑉ ᐊᖏᕈᑎᖓᓐᓄᑦ ᐃᓚᒋᔭᐅᓂᕐᓄᑦ ᓇᓗᓇᐃᒃᑯᑎ, ᓄᓇᑖᕈᑎᒧᑦ ᐃᑲᔫᑎᔅᓴᓄᑦ ᐊᐅᑦᑕᔫᖅ, ᐱᖃᓯᐅᑎᓗᒍ ᑐᓐᖓᕕᒃᑯᓐᓄᑦ
ᐊᑎᖃᖃᑕᐅᓂᕐᓄᑦ ᓇᓗᓇᐃᒃᑯᑎ
• ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᓂᒃ ᐱᔨᑦᑎᕈᑕᐅᕙᑦᑐᓂᒃ ᓇᓗᓇᐃᒃᑯᑎ
• ᐊᓄᓪᓚᔅᓰᕕᒻᒥ ᑎᒍᔭᐅᓯᒪᕕᒥᓪᓘᓐᓃᑦ ᓇᓗᓇᐃᒃᑯᑎ
• ᐊᓪᓚᐃᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ ᒐᕙᒪᒃᑯᓐᓃᓐᖔᖅᑐᖅ ᓇᓗᓇᐃᒃᑯᑎ, ᐱᖃᓯᐅᑎᓪᓗᒋᑦ ᐸᐃᑉᐹᖅ ᐃᓕᓴᕆᔭᐅᔾᔪᑎ
ᐊᓪᓚᐅᖃᑕᐅᓂᖓᓐᓄᑦ
• ᐃᖅᑲᓇᐃᔭᖅᑐᖅᓯᐅᑎ ᓈᓴᐅᑎᖓ
• ᐃᓅᔪᖅᓯᐅᑏᑦ ᐊᐅᐸᖅᑐᒥᑦ ᓇᕿᑦᑎᔾᔪᑎᒧᑦ ᓇᕿᑕᐅᓯᒪᔪᖅ ᐊᑎᓕᐅᖅᑕᐅᓯᒪᓪᓗᓂᓗ
• ᑐᖁᖓᔪᒧᑦ ᓇᓗᓇᐃᒃᑯᑎ ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᓐᓃᓐᖔᖅᑐᖅ ᐅᑭᐅᖅᑕᖅᑐᒥᓪᓘᓐᓃᑦ ᐊᑎᓕᒫᖓ, ᑐᖁᕕᒥᓂᖓ ᐅᓪᓗᒃ, ᐅᑭᐅᕆᓚᐅᖅᑕᖏᑦ
ᑐᖁᑎᓪᓗᒍ ᐃᓅᔪᖅᓯᐅᑎᖏᓪᓗ

• ᑐᖁᖓᔪᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐱᔭᐅᓯᒪᓂᖓᓐᓄᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᖏᕐᕋᖓᓃᑦᑐᒥᓂᕐᒥᑦ ᐊᑎᓕᒫᖓ ᑎᑎᕋᖅᓯᒪᓗᓂ, ᐅᓪᓗᖅ
ᑐᖁᕕᒥᓂᖏᑦ, ᐅᑭᐅᒥᓂᖏᑦ ᑐᖁᒻᒪᑦ ᐃᓅᕕᒥᓂᖓᓗ
ᐅᑯᐊ ᓇᓗᓇᐃᒃᑯᑏᑦ ᐊᖏᖅᑕᐅᓯᒪᓐᖏᑦᑐᑦ ᐃᓕᓴᕆᔭᐅᓐᖏᑦᑐᑦ:
• ᐅᖃᓕᒫᒐᖃᕐᕕᒻᒧᑦ ᐃᓚᒋᔭᐅᔾᔪᑎ ᕼᐊᒻᒪᓚᒃᑯᓄᓪᓘᓐᓃᑦ
• ᐃᓚᒋᔭᐅᔾᔪᑎ ᐊᓪᓚᓄᑦ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓪᓗ ᑲᑐᔾᔨᖃᑎᒌᖏᓐᓄᑦ, ᑭᓯᐊᓂᓕ ᒐᕙᒪᑐᖃᒃᑯᓐᓃᓐᖔᕐᓂᖅᑲᑕ.
ᐃᕝᕕᑦ (ᐅᕝᕙᓘᓐᓃᑦ ᐱᓇᓱᐊᖅᑐᖅ) ᓇᓗᓇᐃᒃᑯᑎᖃᓐᖏᒃᑯᔅᓯ, ᐅᕝᕙᓘᓐᓃᑦ ᓇᓗᕈᔪᒃᑯᔅᓯ ᖃᓄᐃᑦᑐᓂᒃ ᐸᐃᑉᐹᖃᕆᐊᖃᕐᒪᖔᔅᓯ ᓈᒻᒪᒋᔭᐅᔪᓂᒃ, ᖃᐅᔨᒋᐊᕈᓐᓇᖅᑐᓯ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ. ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑏᑦ ᑐᑭᓯᒋᐊᕐᕕᔅᓴᐃᑦ ᖃᓄᐃᑦᑐᓂᑦ ᓇᓗᓇᐃᒃᑯᑎᖃᕆᐊᖃᕐᒪᖔᖅᐱ ᐊᒻᒪᓗ ᖃᓄᖅ ᓇᓗᓇᐃᒃᑯᑎᑖᕈᓐᓇᕐᒪᖔᖅᐱᑦ ᐃᑲᔪᕈᓐᓇᕐᒥᔪᑦ.
ᐱᔪᒪᔾᔪᑎᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ ᐅᖄᓚᒍᓐᓇᖅᑐᑎᑦ ᐅᕗᖓ 1-888-592-9101, ᐅᖃᐅᒥᓪᓗ ᐊᑐᕈᒪᔭᐃᑦ ᐊᑐᕐᓗᒍ ᓇᕿᓪᓗᒍᓗ 2..

ᐊᓯᖏᑦ ᐊᑏᑦ
ᐱᔭᕇᕐᓗᒍ ᑖᓐᓇ ᑭᓯᐊᓂ ᐱᓇᓱᐊᖅᑐᖅ ᐊᓯᐊᓂ ᐊᑎᖃᓚᐅᖅᓯᒪᓐᓂᖅᑲᑦ. ᐊᓯᖓ ᐊᓯᔾᔨᓂᖅᑲᑦ ᑲᑎᑎᑕᐅᓂᒥᓂᖓᓐᓄᑦ ᐊᓯᐊᓂᓪᓘᓐᓃᑦ ᐱᔾᔪᑎᖃᕐᓂᖅᑲᑦ.
ᐱᓇᓱᐊᖅᑐᖅ ᐊᑎᖓ ᐊᓯᔾᔨᓚᐅᖅᓯᒪᓐᖏᑉᐸᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐊᓯᐊᓂ ᐊᑎᖃᖅᑐᒋᓐᓂᖏᑉᐸ, ᑕᒪᓐᓇ ᑎᑎᕋᔅᓴᐃᓐᓇᕆᐊᑐᓐᖏᑦᑐᖅ. ᐱᓇᓱᐊᖅᑑᑉ ᐊᑎᖓ ᐊᓯᔾᔨᓂᖅᑲᑦ ᑎᑎᕋᖅᓯᒪᔪᖁᑎᖃᕈᕕᑦ ᐊᓯᔾᔨᖅᑐᒥᓂᐅᓂᖓᓐᓄᑦ, ᐱᖃᓯᐅᑎᓗᒍ ᑕᐃᓐᓇ ᐸᐃᑉᐹᖅ.

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

ᐃᖅᑲᓇᐃᔭᖅᑐᖅᓯᐅᑎ ᓈᓴᐅᑎᖓ

9-ᓂᑦ ᓈᓴᐅᑎᓕᒃ ᐃᖅᑲᓇᐃᔭᖅᑐᔅᓯᐅᑎᖓ ᑎᑎᕋᕐᓗᒍ ᐱᓯᒪᒍᕕᐅᒃ. ᑕᒪᓐᓇ ᐃᓱᒪᖅᓲᑎ ᐊᒻᒪᓗ ᐱᓇᓱᐊᖅᑐᖅ ᑐᓂᓯᒍᓐᓇᖅᑐᑎ ᐱᖃᓯᐅᑎᓐᖏᒃᑲᓗᐊᕐᓗᒋᑦ.

Your Social Insurance Number (SIN) (optional)

ᐃᓅᓱᖅᓯᐅᑎᑦ

ᐱᓇᓱᐊᖅᑑᑉ ᐃᓅᕕᒥᖓ ᑎᑎᕋᕐᓗᒍ. ᐃᓅᕕᒥᓂᖓ ᐊᔾᔨᒋᔭᓇᐊᓕᖓ ᒪᓕᒃᑯᓐᓂ ᓇᓗᓇᐃᒃᑯᑎᑖᒥᓂᖓᓐᓂ (ᐃᓅᓱᖅᓯᐅᑎᒥᓂᕐᒥᑦ ᐱᖃᓯᐅᔾᔨᓂᖅᑲᑦ) ᓈᓴᐅᑎᑐᐊᕐᓂᑦ ᐊᑐᕐᓗᑎ ᑕᐃᒫᒃ ᐅᖃᖅᓯᒪᒻᒪᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᓇᐊᓕᓐᓂᑦ.

Your date of birth (required)

Date of birth must match your government-issued ID.

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

ᐱᓇᓱᐊᖅᑐᖅ ᐃᓅᒍᓐᓃᖅᑐᒥᓂᐅᑉᐸᑦ

ᑖᓐᓇᑐᐊᖅ ᑎᑎᕋᓇᐊᓕᒃ ᐱᓇᓱᐊᖅᑐᖅ ᐃᓅᒍᓐᓃᖅᓯᒪᑉᐸᑦ. ᑐᖁᕕᒥᖓᑕ ᐅᓪᓗᖓ ᑎᑎᕋᕐᓗᒍ. ᐅᓪᓗᖓ ᐊᔾᔨᒋᔭᓇᐊᓕᖓ ᓇᓗᓇᐃᖅᓯᔾᔪᑎᒋᓇᓱᐊᖅᑕᐃᑦ ᐱᓇᓱᐊᖅᑐᖅ ᑐᖁᔪᒥᓂᐅᓂᖓᓐᓂ.

ᓈᒻᒪᒋᔭᐅᔪᑦ ᑎᑎᖅᑲᐃᑦ ᐃᒪᐃᑦᑑᒍᓇᕐᒥᔪᑦ:

- ᑐᖁᓂᒥᓂᖓᓐᓄᑦ ᑎᑎᕋᖅᓯᒪᔪᖅ
- ᐸᐃᑉᐹᑦ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓂᒃ ᐱᔨᑦᑎᕋᐅᑎᓕᕆᔨᒃᑯᓐᓂ ᑲᓇᑕᒥ
- ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᐅᓚᑦᑎᓂᖓᓐᓂ ᑐᖁᔪᒥᓂᐅᓂᖓᓐᓂ ᐸᐃᑉᐹᕐᒥᑦ
- ᐃᓗᕕᖅᑕᐅᓂᒥᓂᖓᓐᓄᑦ ᐸᐃᑉᐹᖅ ᑎᑎᕋᖅᓯᒪᔪᖅ
- ᑐᖁᖓᔪᓕᕆᔨᒦᙶᖅᑐᖅ ᐅᓂᒃᑳᖅ

ᐱᒻᒪᕆᐅᔪᑦ ᖃᐅᔨᒪᒋᐊᖏᑦ: ᐱᓇᓱᐊᖅᑐᖅ ᐃᓅᒍᓐᓃᓂᖅᑲᑦ ᓯᕗᓂᖓᓂ ᔮᓄᐊᕆ 25−ᒥ, 2016, ᐱᓇᓱᐊᖅᑐᖅ ᑮᓇᐅᔭᖅᑖᕋᓲᑎᒥᑦ ᐱᔪᓐᓇᖏᑦᑐᖅ ᑕᕝᕙᓐᖓᑦ.

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)

ᐃᓚᒋᔭᐅᔪᑎᖏᑦ ᐊᓪᓚᐅᓂᖓᓄᑦ, ᐊᓪᓚᖓᔪᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓄᐃᑦ ᓄᓇᖓᓂ

ᑖᓐᓇ ᐃᓚᖓ ᐃᓱᒪᖅᓲᑏᑦ. ᐱᓇᓱᐊᕈᑎᔅᓯᒥᑦ ᑐᓂᓯᒍᓐᓇᖅᑐᑎᑦ ᑖᓐᓇ ᐃᓚᖓ ᐱᔭᕇᓐᖏᒃᑲᓗᐊᕐᓗᒍ. ᑎᑎᖅᓯᕕᒋᓗᒍ ᐊᑑᑎᔪᑦ, ᐱᔭᕇᕆᐊᓕᒃ ᑐᔅᓴᖕᒍᔪᑦ. ᑭᐅᓗᒋᑦ ᐃᓚᖏᑦ ᓈᒻᒪᑦᑐᑦ ᐃᓕᓐᓄᑦ, ᒪᓕᒃᓗᒋᑦ ᐱᒪᓯᒪᔫᑦ ᒥᔅᓵᓐᖓᔪᑦ.

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.

☐ **First Nation**	Your Status Card or registration number:	
	Name of your First Nation or Band:	
	Province or Territory where your First Nation or Band is located:	
	If you cannot provide your Status Card or registration number or Band name, please explain why:	
OR		
☐ **Métis**	Your Métis citizenship or membership number:	
	Your issuing Métis organization:	
	Province or Territory where your Métis organization or community is located:	
	If you cannot provide your Métis citizenship or membership number or issuing organization, please explain why:	
OR		
☐ **Inuit**	Disc number:	
	Beneficiary number:	
	Province or Territory where your Inuit region or community is located:	
	If you cannot provide your disc or beneficiary number, please explain why:	

ᑕᒻᒪᖅᑕᐅᒐᔪᑦᑐᑦ.

- ᐊᑎᓪᓚᓇᒋᓐᖏᑕᒥᓂᒃ ᑎᑎᕋᖅᑐᒥᓂᖅ ᒪᓕᒐᖅᑎᒍᑦ ᐊᑎᖓᓂ ᐊᑐᓐᖏᖔᕐᓂᖅᑲᑦ
- ᐸᐃᑉᐹᓪᓚᓇᓐᓂᑦ ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᑦ ᑐᔪᐃᒋᐊᖃᓐᖏᑦᑐᑎᑦ ᐊᒥᓲᓕᖅᑎᓯᒪᖔᕐᓗᒋᑦ
- ᐱᖃᓯᔾᔨᒋᐊᖓ ᓇᓗᓇᐃᒃᑯᑕᒥᓂᒃ
- ᐱᔭᕇᖅᓯᓂᖅᑲᑦ ᑎᑎᕋᖅᑕᒥᓂᒃ ᑎᑎᕋᕐᕕᒋᔭᓇᐊᖅᑲᓐᖏᑕᒥᓂᒃ
- ᐅᓪᓗᖓᓂ ᑎᑎᖅᓯᓂᖅᑲᑦ ᐊᔾᔨᒋᓐᖏᑕᖓᓂ ᓇᓗᓇᐃᒃᑯᑎᖓᓃᑦᑐᒥᑦ

ᑖᓐᓇ ᒪᓕᒋᐊᓕᒃ ᓈᒪᔪᓂᑦ ᐱᖃᓯᔾᔨᒐᓗᐊᕐᒪᖔᖅᐱᑦ

ᓯᕗᒧᐊᓚᐅᓐᖏᓂᓐᓂᑦ, ᑕᒫᑦ ᖃᐅᔨᒪᓇᓱᑦᑎᐊᕐᓂᐊᖅᑯᑎᑦ:

- ᐱᓇᐊᖅᑐᖅ ᐊᑎᓪᓚᓇᖓ ᒪᓕᒐᖅᑎᒍᑦ ᑎᑎᕋᖅᓯᒪᑦᑎᐊᕆᐊᓕᒃ
- ᐊᔾᔨᖓᓂ ᓇᓗᓇᐃᒃᑯᑎᑉᐱᑦ ᐱᖃᓯᐅᔾᔨᓗᑎᑦ
- ᐊᓯᖏᑦ ᐊᑎᖏᑦ ᑎᑎᕋᖅᓯᒪᒍᓐᓇᖅᑐᑦ ᐱᔭᓇᐊᖅᑲᖅᑕ ᑭᓯᐊᓂ
- ᐃᓅᔪᖅᓯᐅᑎᒥᓂᖓ ᐱᑦᑎᐊᖅᓯᒪᒋᐊᓕᒃ
- ᑐᖁᕕᒥᓂᖓ ᐅᓪᓗᖓ ᑎᑎᕋᖅᓯᒪᒋᐊᓕᒃ ᑭᓯᐊᓂ ᐱᓇᓱᐊᖅᑐᖅ ᑐᖁᔪᒥᓂᐅᑉᐸᑦ

ᐃᓚᖓ 1B – ᐱᔪᒪᔾᔪᑎᓐᓄᑦ ᑐᕌᕈᑎᖓᑕ ᒥᔅᓵᓄᑦ (ᐱᑕᖃᕆᐊᓕᒃ)

ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᒥᔅᓵᓅᖓᔪᓂᒃ ᑐᓂᓯᕆᐊᖃᕐᒥᔪᑎᑦ. ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑎᖏᑦ ᐊᑐᖃᑦᑕᕐᖓᑕ ᑕᒪᒃᑯᓂᖓ ᒥᔅᓵᓅᖓᔪᓂᒃ ᖃᐅᔨᓯᐊᕆᐊᖃᕋᐃᒻᒪᑕ ᐃᓕᔅᓯᓐᓂ ᑎᑎᖅᑲᐃᓪᓗ ᐱᓯᒪᑦᑎᐊᕆᐊᖃᕐᖓ ᐱᓇᓲᑏᑦ.

- ᑐᓂᓯᓂᐊᕈᕕᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᒥᑦ ᐱᖁᑎᓄᑦ ᑭᒡᓚᖅᑐᐃᔨᖃᕐᓂ ᐅᕝᕙᓘᓐᓃᑦ ᓱᓇᒃᑯᑖᓂᑦ ᕿᒪᐃᕙᐅᓯᒪᔪᓂᒃ, ᑎᑎᕋᕆᐊᖃᖕᒋᑕᐃᑦ ᐃᓚᖓ 1B, ᑭᓯᐊᓂᓕ ᐱᔭᕇᖕᒑᕐᓗᒍ ᐃᓚᒍᖓ C.
- ᕿᒪᐃᕙᒥᓂᖅ ᐅᑭᐅᑭᓗᐊᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑲᑦ, ᐱᔭᕇᖅᓯᒋᐊᖃᖅᑐᑎᑦ ᑎᑎᕋᕆᐊᓕᓐᓂᑦ ᐃᓚᒍᑕᖓᓐᓂ C–ᒥᑦ ᕿᒪᐃᕙᒥᓂᕐᒧᑦ ᐊᒻᒪᓗ ᑎᑎᕋᖅᓯᒪᔪᓂᓪᓗ ᐱᑕᖃᕐᓗᓂ ᑭᒡᓚᖅᑐᐃᓂᕐᓄᑦ ᑖᔅᓱᒥᖓ.
- ᑐᓂᓯᒍᕕᑦ ᐱᔪᒪᔾᔪᑎᑦ ᐃᒻᒥᒃᑯ ᑭᒡᓚᖅᑐᐃᔭᐅᓗᑎᑦ ᐱᔪᒪᔾᔪᑎᒧᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ ᐱᔭᓅᓇᐊᓕᑎᑦ ᑎᑎᕋᑎᐊᕐᓗᒋᑦ ᐃᓚᒍᑕᖓᓅᑦᑐᑦ D–ᒥᑦ.
- ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᓐᓂᕈᕕᑦ ᐱᓇᓲᑎᓐᓄᑦ, ᒪᓕᒐᓕᕆᔨ ᐃᑲᔪᕆᐊᓕᒃ ᐱᖃᓯᐅᔾᔨᓗᓂ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑖᔅᓱᒪ ᒥᔅᓵᓄᑦ ᐃᓚᒍᑕᖓᓂ E–ᒦᑦᑐᓂᑦ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᖃᐅᔨᓯᐊᕆᐊᖃᕐᖓᑕ ᐃᒪᐃᑦᑐᓂᑦ ᐱᔾᔪᑎᖃᖅᑐᑎᑦ:

- ᑎᑎᖅᑲᓂᑦ ᑐᔅᓯᕋᖅᑐᓂ ᑐᔩᑎᒋᓗᒋᓪᓗ, ᐱᔭᕆᐊᖅᑲᕐᓂᖅᑲᑦ
- ᑎᑎᖅᑲᒥᑦ ᑐᔪᐃᓗᓂ ᐱᔪᓐᓇᖅᑐᓄᑦ ᐊᒻᒪᓗ ᐱᓇᓱᐊᕐᓂᐅᔪᑦ ᒥᔅᓵᓅᖓᔪᓂᒃ ᐃᓱᒪᓕᐊᕐᓂᑦ
- ᖃᐅᔨᓯᐊᕐᓗᓂ ᐃᓕᓐᓂᑦ ᓇᓗᓇᐃᖅᓯᑲᓐᓂᖅᑭᒪᓕᓗᓂ ᐊᓯᖕᒋᓐᓂ
- ᖄᓇᐅᔭᖅᑖᔅᓂᐊᔅᓂᕆᕕᑦ ᓯᒃᑭᒥᑦ ᑐᔪᐃᓗᓂ, ᑑᖅᑕᐅᑦᑕᐅᑎᒋᔪᓐᓇᖕᒋᑉᐸᑕ ᖄᓇᐅᔭᒃᑯᕕᓐᓄᑦ.

ᓈᒻᒪᑦᑎᐊᖕᒋᓐᓇᕆᐊᓖᑦ ᑐᕌᕈᑎᑎᑦ ᐅᓪᓗᒥᒍᑦ ᐋᖅᑭᔅᓯᒪᑦᑎᐊᖕᒋᓐᓇᔅᓗᒋᑦ. ᐊᓯᔾᔨᓂᖅᑲᑦ ᑐᕌᕈᑎᑎᑦ ᑐᑭᓯᒋᐊᕐᕕᐅᔪᓐᓇᓗᑦᑐ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐅᖃᐅᑎᓗᒍ ᐱᓇᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑕᕝᕙᑦᑕᐅᑎᒋ ᐊᓯᔾᔨᖅᑐᖃᖅᑲᑦ ᑐᕌᕈᑎᓂᒃ, ᐅᖃᓚᐅᑎᓂᒃ, ᐃᖏᕐᓈᖅᑕᐅᑎᓂᒃ ᐊᓯᖕᒋᓂᓪᓗᓃᑦ.

ᑐᕌᕈᑏᑦ

ᑐᕌᕈᑎᒋᔭᕆᐊᓖᑦ ᑖᓇ ᑎᑎᖅᑲᓂᑦ ᑐᔩᓯᐊᕐᕕᒋᑲᑦᑕᕐᓂᐊᖅᑕᐃᑦ ᑐᑭᓯᒋᐊᕈᑎᑦ ᐱᔭᐅᒋᐊᓖᑦ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᐃᓇᓇᓗᒋᑦ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑐᔪᐃᑲᑦᑕᖅᓯᔭᖅᑐᑦ ᑎᑎᖅᑲᓂᑦ ᑕᕝᕙᖓ ᐊᒻᒪᓗ, ᐊᔪᕐᓇᖕᒋᑉᐸᑦ, ᓯᑭᒻᒥᑦ ᑐᔪᐃᓗᓂ ᑕᕝᕙᖓ. ᐅᑯᐊ ᐱᖅᑲᓯᐅᑎᔭᐃᓐᓇᓇᔭᕆᐊᓕᑎᑦ:

- ᐊᑐᓇᐊᑉ ᐊᑎᖓ, ᓈᓴᐅᑎᖓ, ᐊᕕᑦᑐᖅᓯᒪᓂᖓ ᐊᒻᒪᓘᓐᓃᑦ ᑎᑎᖅᑲᓂᐊᕝᕙᑉᐱᑦ ᓈᓴᐅᑎᖓ
- ᓯᑎ, ᑕᐃᓐ ᓄᓇᓕᓪᓘᓐᓃᑦ
- ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᓂᖓ ᐅᑭᐅᖅᑐᒥᓗ
- ᓄᓇᓕᕐᔪᐊᑉ ᓇᓗᓇᐃᒃᑯᑕᖓ
- ᓄᓇᓕᕐᔪᐊᖅ

Street number	Street name
Unit	P.O. Box (if applicable)
City / Town / Community	Postal Code
Province / Territory	Country
C/O Name (if applicable)	

ᐃᓅᕕᒋᑲᐃᓐᓇᖅᑕᐃᑦ

ᒫᓐᓇ ᐊᓯᐊᓂᒥᐅᑕᐅᒍᕕᑦ ᑕᕝᕙᓂᓪᓚᕆᐅᓐᖏᑦᑐᖅ ᐊᖏᕐᕋᕐᓂᑦ, ᑎᑎᕋᖅᑲᓯᐅᑎᓗᒍ ᑕᕝᕙᓂ. ᐃᓚᓐᓃᑲᓐᓇᕐᓂᕋᓗᐊᕈᕕᑦ, ᐱᖃᑎᓐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᓚᒥᑲᐃᓐᓇᕈᓗᒃ ᓇᔪᖅᑕᓂᑦ. ᑕᒪᓇ ᐊᑑᑎᖕᒋᑉᐸᑦ ᐃᓕᖕᓄᑦ, ᑎᑎᕋᕐᕕᒋᒋᐊᑐᓐᖏᑕᐃᑦ.

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.

ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑏᑦ

ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑏᑦ ᐃᑲᔪᕐᓂᖃᕋᔭᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ ᐃᓕᖕᓄᑦ ᖃᐃᓂᒥᐊᖅᓴᖃᐃᓐᓂᖅᓴᐅᖅᑲᑦᑕᕈᓐᓇᖃᓴᕐᖓᑦ. ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᑐᕌᕈᑎᖃᕈᕕᑦ, ᐅᕗᖓ ᑎᑎᕋᕐᓗᒍ. ᓇᕿᓪᓗᒍ ᒪᕐᖀᐊᖅᑎ ᑎᑎᕋᖅᓯᒪᓂᖓ ᖃᐅᔨᒋᐊᑦᑎᐊᕐᓂᐊᕐᓗᒍ ᐊᓯᐊᓅᓚᐅᓐᖏᓂᓐᓂᑦ

ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑎᒥᑦ ᑐᕌᕈᑎᖃᓐᖏᒃᑯᕕᑦ, ᑖᓇ ᑎᑎᕋᕐᕕᒋᒋᐊᑐᓐᖏᑦᑐᖅ.

Your email address (if available):

ᐅᖄᓚᐅᑏᑦ

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᐅᖄᓚᒋᐊᖃᑐᐃᓐᓇᓇᐊᖃᖓᑦ ᐃᓕᖕᓄᑦ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᖃᑦ ᓇᓗᓇᐃᖅᓯᒍᒪᓐᓂᖃᑦᑐᓐᓂᑦ. ᐅᖄᓚᐅᑏᑦ ᐱᖃᓯᐅᑎᓗᒍ ᐊᑐᕋᔭᑦᑕᐃᑦ. ᐃᒪᐃᑦᑑᒍᓐᓇᖅᑐᑦ:

- ᐅᖄᓚᐅᑎᕋᓛᑦ
- ᐊᖏᕐᕋᓐᓂ ᐅᖄᓚᐅᑏᑦ
- ᐃᖅᑲᓇᐃᔭᕐᕕᓐᓂᑦ ᐅᖄᓚᐅᑏᑦ

Your telephone number (recommended): - - Ext.

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

ᐅᓪᓗᒥᒧᑦ ᓄᑖᙳᖅᓯᒪᐃᓐᓇᖃᑦᑕᕈᖅ ᑐᕌᕈᑏᑦ

ᑐᕌᕈᑏᑦ, ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑏᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᖄᓚᐅᑏᑦ ᐊᓯᔾᔨᓂᖅᑲᑕ ᑐᓂᓯᓯᒪᓕᑎᓪᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᔅᓯᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐅᖃᐅᑎᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᓄᑖᙳᖃᑦᑕᕐᓗᒋᑦ ᐃᕝᕕᑦ ᒥᔅᓴᓅᖕᓕᔪᑦ.

ᐅᖄᓚᕕᒋᔭᓇᖅᑕᐃᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑎ ᐅᕗᖓ **1-888-592-9101**.

ᑕᒻᒪᖅᑕᐅᒐᔭᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓗᒋᑦ

- ᑐᕌᕈᑎᓕᕆᓂᖅ ᑎᑎᕋᕐᕕᒋᓐᖏᒃᑯᕕᐅᒃ
- ᐳᐃᒍᕐᓂᕈᕕᒋᑦ ᑎᑎᕋᕆᐊᖏᑕ ᑐᕌᕈᑎᑎᑦ, ᓱᕐᓗ ᓇᓗᓇᐃᒃᑯᑎᖓ ᓄᓇᓕᐅᑉ, ᑲᓇᑕᒥᓪᓗ ᐊᕕᑦᑐᖅᓯᒪᓂᖏᓐᓂ
- ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑏᓪᓘᓐᓃᑦ ᑎᑎᕋᑲᒪᓐᓂᕈᕕᐅᒃ

ᓂᕈᐊᕐᓗᑎᑦ ᒪᓕᒋᐊᓕᓐᓂᑦ ᐱᓯᒪᑦᑎᐊᕋᓗᐊᕐᒪᖔᖅᐱᒋᑦ

ᐊᓯᐊᓅᖅᐸᓪᓕᐊᓗᑎᑦ, ᖃᐅᔨᒪᑦᑎᐊᕆᐊᕐᓗᑎᑦ ᐃᒫᒃ:

- ᑐᕌᕈᑏᓪᓗ ᐱᔭᕇᖅᓯᒪᑦᑎᐊᕆᐊᓕᒃ ᑎᑎᕋᖅᑎᐊᖅᓯᒪᓗᑎᓪᓗ
- ᑐᕌᕈᑎᓕᒫᑦ ᑎᑎᕋᕐᕕᐅᕆᐊᓖᑦ ᑎᑎᕋᖅᓯᒪᕕᕆᑦᑎᐊᕆᐊᓖᑦ
- ᐃᕐᖕᒌᕐᓈᖅᑕᐅᑏᑦ ᑕᒻᒪᖅᓯᒪᖏᓪᓗᓂ, ᐊᑕᐅᓯᕐᒥᑦ ᑐᓂᓯᓐᓂᕈᕕᑦ
- ᐅᖄᓚᐅᑏᓪᓗ ᐱᖃᓯᐅᑎᓕᐊᒃ ᖃᐅᔨᓕᐊᖅᕕᐅᔪᒪᓐᓂᕈᕕᑦ

ᐃᓚᖓ 2 – ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖅ: ᐊᑏᑦ ᐅᓪᓗᖏᓪᓗ (ᐱᑕᖃᕆᐊᓖᑦ)

ᐃᓚᖓ ᑭᖑᓪᓕᖅ ᐃᖅᑲᐅᒪᒻᒪᖔᖅᐱᑦ ᐊᑐᓚᐅᖅᓯᒪᔭᕐᓂᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖏᓐᓄᑦ. ᐃᓚᖏᓐᓄᑦ, ᐃᖅᑲᐃᑎᑦᑎᔾᔪᑕᐅᔪᓐᓇᖅᑐᑦ ᑕᒪᒃᑯᐊ ᐊᔅᓱᕈᓐᓇᖅᑐᒥᓂᕐᓂᑦ. ᓄᖅᑲᑲᐃᓐᓇᕈᓐᓇᖅᑐᑎᑦ, ᑕᖃᐃᖅᓯᑲᐃᓐᓇᕐᓗᑎᑦ ᐅᑎᕐᕕᒋᓂᐊᕐᕋᕕᐅᒃ ᐅᐊᑦᑎᐊᕈᒃᑲᓐᓂᖅ. ᐱᓈᖅᓴᐃᓐᓇᓇᐊᖃᓐᖏᑕᑎᑦ ᑖᒃᑯᐊ ᐊᑕᐅᑦᑎᒃᑯᐊᓗᒃ.

ᑭᓱᓕᖅᒫᑦᑎᐊᓪᓚᓇᑯᓗᓐᓂᑦ ᐃᖅᑲᐅᒪᔅᓴᐃᓐᓇᓇᐊᖃᓐᖏᑦᑐᑎᑦ. ᐅᓂᒃᑳᓇᔪᒪᔭᕐᓂᑦ ᐅᓂᒃᑳᕈᓐᓇᖅᑐᑎᑦ, ᐱᔪᓐᓇᕐᓂᓕᒫᓐᓂᑦ.

ᐃᓱᒪᓕᕆᔨᒥᑦ ᐃᓅᓯᓕᕆᔨᒻᒥᓗ ᐊᑐᐃᓐᓇᖅᑕᖃᐃᓐᓇᕐᓂᐊᖅᑐᖅ ᓂᕆᐅᒋᔭᖃᕐᓂᕐᒥᑦ ᐃᓅᓯᑦᑎᐊᕙᓐᓂᑦ ᐃᑲᔪᖅᑎᓂᒃ ᐅᖃᓚᐅᑎᒃᑯᑦ. ᐅᖃᓚᒍᓇᖅᑐᑎᑦ **1-855-242-3310** ᐅᕝᕙᓘᓐᓃᑦ ᑐᑭᓯᒋᐊᕐᓗᑎᑦ ᐅᕙᖓ **www.HopeForWellness.ca**.

ᑖᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᔭᕆᐊᓕᒃ. ᑖᓐᓇ ᑎᑎᕋᖅᓴᐃᓐᓇᕆᐊᓕᒃ ᐳᐃᒍᖅᑕᐃᓕᒍᒃ

ᐅᓇ ᐃᓚᖓ ᐱᔪᒪᔾᔪᑎᒥᑦ ᐅᓂᒃᑳᓇᐊᖅᑐᑎᑦ ᐱᔪᒪᔾᔪᑎᓄᑦ ᑲᒪᔨᓄᑦ ᓇᓪᓕᐊᓂ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖕᒪᓂ ᐋᓐᓂᐊᕕᖏᓐᓂᓪᓘᓐᓃᑦ ᐃᓂᓪᓚᓚᐅᖅᓯᒪᒻᒪᖔᖅᐱ ᐊᐅᓚᑕᐅᔪᓂᒃ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ, ᐅᓪᓗᖏᓪᓗ ᐊᑐᓂ ᑎᑎᕋᖅᓯᒪᓗᒋᑦ ᐃᓂᓪᓚᕝᕕᒥᓃᑦ.

ᑖᓐᓇ ᐃᓚᖓ ᓇᓗᓇᐃᖅᓯᑐᐃᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᕕᓐᓂᑦ ᐊᒻᒪᓗ ᐅᓪᓗᖏᓐᓂ ᐃᓂᓪᓚᕝᕕᒋᓚᐅᖅᓯᒪᔭᕐᓂᑦ ᐅᓪᓗᖓᓐᓂᓪᓗ ᐊᓂᕝᕕᒋᓚᐅᖅᓯᒪᔭᕐᓂᑦ. ᓇᓗᓇᐃᔭᐃᒃᑲᓂᕐᓱᑎᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᓐᓄᑦ ᐃᓂᓪᓚᕝᒥᓂᕆᓯᓐᓄᑦ ᐃᓚᖓᓐᓂᑦᑐᒥᑦ 2A–ᒥᑦ.

ᐋᓐᓂᐊᕕᑉ ᐊᑎᓪᓚᕆᖓ ᓇᓂᓗᒍ

ᐋᓐᓂᐊᕖᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐊᕕᑦᑐᖅᓯᒪᔪᑦ ᑲᓇᑕᒥ ᒪᓕᑦᑐᒥᑦ.

ᐊᑐᓂ ᐋᓐᓂᐊᕖᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᑕᐅᓯᕐᒥᑦ ᐊᑎᐅᑉ ᐊᑖᓂ. ᐊᓯᖏᑦ ᐊᑏᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ ᑎᑎᕋᖅᓯᒪᒥᔪᑦ ᐊᑖᓃᑦᑐᑦ ᒥᑭᓂᖅᓴᐅᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ.

ᑕᑯᑦᑕᐅᑎᒋᓐᖏᒃᑯᕕᐅᒃ ᐋᓐᓂᐊᕕᐅᑉ ᐊᑎᖓ ᐃᖅᑲᐅᒪᔭᕐᓂᑦ, ᒥᑭᓂᖅᓴᓂᑦ ᑎᑎᕋᖅᓯᒪᔪᓃᑦᑐᐃᓐᓇᓇᐊᓕᒃ ᑕᐃᑲᓂ ᑕᐃᑲᓂ ᑕᑯᒋᐊᕐᓗᒋᑦ. ᐋᓐᓂᐊᕕᒃ ᐊᓯᐊᓃᑦᑐᐃᓐᓇᓇᐊᓕᒃ ᐊᑎᖃᕐᓗᓂ ᐊᔾᔨᒋᓐᖏᑕᒥᓂᒃ.

ᓂᕈᐊᕐᓗᒋᑦ ᐋᓐᓂᐊᕖᑦ.

ᑎᑎᖅᓯᕕᒋᓗᒋᑦ ᓯᒃᑭᑦᑕᑲᓪᓚᒻᒥ ᐊᑐᓂ ᐋᓐᓂᐊᕕᓐᓂᑦ ᐃᓂᓪᓚᕝᕕᒋᓚᐅᖅᓯᒪᔭᕐᓂᑦ ᐱᓇᓱᐊᓂᕆᔭᓐᓂᑦ. ᐊᑕᐅᓯᐅᓐᖏᑦᑐᒧᑦ ᐃᓂᓪᓚᓚᐅᖅᓯᒪᓂᕈᕕᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᖏᓐᓄᑦ, ᑎᑎᖅᓯᕕᒋᔭᐅᓇᓱᒡᓗᒋᑦ.

Alberta			
Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission ***BEGAN***	Month (MM) / year (YYYY) your admission ***ENDED***
☑ **Blackfoot Indian Hospital** Other name(s): Blackfoot I.N.H.S. Hospital, Blackfoot Hospital	January 1, 1936 - April 1, 1976	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
☐ **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	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
☑ **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	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
☐ **Hobbema Indian Hospital** Other name(s): Hobbema Hospital	January 1, 1952 - June 30, 1963	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
☐ **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	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
☐ **Peigan Indian Hospital** Other name(s): Peigan Agency Hospital, Peigan Hospital	January 1, 1936 - December 31, 1954	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐

ᑎᑎᕋᕐᓗᒋᑦ ᐃᓂᓪᓚᕝᕕᒥᓃᑦ ᐅᓪᓗᖓ ᐊᓂᕕᒥᓃᓪᓗ ᐅᓪᓗᖓ.

ᐊᑐᓂ ᐋᓐᓂᐊᕕᓐᓂᑦ ᓂᕈᐊᕐᓗᑎᑦ, ᑎᑎᕋᕐᓗᒋᑦ:

- ᐃᓂᓪᓚᕝᕕᒥᓃᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᓪᓗᖓᓐᓂ ᐱᒋᐊᕐᕕᒥᓂᖓᓐᓂ, ᐊᒻᒪᓗ
- ᐊᓂᕕᒥᓃᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᓪᓗᖓᓐᓂ (ᐃᓂᓪᓚᕕᒻᒥᓂᓕᒫᓐᓂᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ)

ᓈᓴᐅᑎᖏᑦ ᐊᑐᕐᓗᑎᑦ ᑎᑎᕋᒃᑭᑦ ᑕᖅᑭᖏᑦ ᐊᕐᕌᒍᖏᓪᓗ. ᐅᓪᓗᖏᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐅᓗᖏᑕ ᒪᓕᓪᓗᒋᑦ ᐊᐅᓚᓐᓂᕆᓯᔭᖏᓐᓂ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐋᓐᓂᐊᕕᒻᒥ.

ᓇᓪᓕᐊᓪᓚᓇᐅᓐᓂᕐᒪᖔᖅ ᐅᓪᓗᖓ, ᐃᖅᑲᐅᒪᔭᕐᓂᑦ ᒥᔅᓴᐅᓴᔅᑎᐊᕋᓱᐊᕐᓗᒍ.

ᓲᕐᓗ ᐃᒫᒃ, ᐃᓂᓪᓚᓐᓂᕈᕕᑦ (Blackfoot) ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓄᑦ ᐊᐃᐳᓗ 6−ᒥ, 1970−ᒥ ᐊᓂᓗᑎᑦ ᔫᓂ 20-ᒥ, 10970−ᒥ, ᐃᓂᓪᓚᑲᓐᓂᑕᖅᑯᑎᑦ ᓵᕈᔅ ᑳᒻᓯᒧᑦ (Charles Camsell) ᐋᓐᓂᐊᕕᖓᓐᓄᑦ ᔮᓐᓄᐊᕆ 7, 1971−ᒥ ᐊᒻᒪᓗ ᐊᓂᑎᑕᐅᓪᓗᑎᑦ ᒫᔾᔨ 4-ᒥ, 1971−ᒥ, ᑎᑎᖅᓯᕕᒋᔭᐃᓇᓇᓗᒋᑦ ᑕᖅᑭᖏᑦ ᐊᕐᕌᒍᖏᓪᓗ ᐃᓂᓪᓚᕕᒥᓂᕐᓂᑦ ᑎᑎᕋᕐᓗᒋᑦ.

Alberta				
	Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission ***BEGAN***	Month (MM) / year (YYYY) your admission ***ENDED***
☑	**Blackfoot Indian Hospital** Other name(s): Blackfoot I.N.H.S. Hospital, Blackfoot Hospital	January 1, 1936 - April 1, 1976	04 / 1970	06 / 1970
☐	**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	/	/
☑	**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
☐	**Hobbema Indian Hospital** Other name(s): Hobbema Hospital	January 1, 1952 - June 30, 1963	/	/
☐	**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	/	/
☐	**Peigan Indian Hospital** Other name(s): Peigan Agency Hospital, Peigan Hospital	January 1, 1936 - December 31, 1954	/	/
☐	**Sarcee Indian Hospital** Other name(s): Sarcee Agency Hospital, Sarcee Hospital, Sarcee Reserve Indian Hospital	January 1, 1936 - March 31, 1946	/	/

ᐃᓚᖓᓂ 2A– ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖅ: ᐊᓯᖏᑦ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐱᑕᖃᕆᐊᖃᕐᒥᔪᑦ (ᐱᑕᖃᕆᐊᓕᒃ)

ᑖᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᔭᕆᐊᓕᒃ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᐃᓇᓇᓗᒋᑦ.

ᐃᓚᖓᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᐊᑐᓂ ᑎᑎᕋᕐᓗᑎᑦ ᐃᓂᓪᓚᕝᕕᒥᓂᕐᓂᑦ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᐃᓚᖓᓂ 2−ᒥ. ᐊᐱᖅᑯᑎᔅᓴᐃᑦ ᑕᕝᕙᓂ ᐊᑦᑐᐊᔪ ᐊᑕᐅᓯᕐᒧᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᑦᑐᒥᓂᐅᓂᕐᓄᑦ.

ᑖᓐᓇ ᐃᓚᖓ ᐱᖃᓯᐅᔾᔨᕗᖅ 9−ᓂᑦ ᐊᐱᖅᑯᑎᔅᓴᖅᑐᓂ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᒐᕙᒪᑐᖅᑲᒃᑯᑦ ᐊᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓂ. ᐆᑦᑑᑎᑕᓕᒃ ᖃᓄᖅ ᑭᐅᒍᓇᕐᒪᖔᐱᑦ ᐊᑐᓂ ᐊᐱᖅᑯᓯᕐᓄᑦ ᐱᓇᓱᐊᕈᑎᓐᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᓯᔾᔪᑎᑕᓕᒃ. ᑭᐅᓗᒋᑦ ᐃᖅᑲᐅᒪᔭᑎᑦ ᐊᑐᕐᓗᒋᑦ. ᓇᓗᕈᔪᒃᑯᕕᑦ ᐅᓪᓗᓪᓚᓇᓂ ᓇᓗᓇᐃᓯᓇᐊᕐᓂᐅᓗ, ᒥᔅᓴᐅᓴᔅᑎᐊᕋᓱᑐᐃᓐᓇᕐᓗᒍ.

ᐃᓂᓪᓚᑦᑎᑕᐅᓐᓂᕈᕕᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐊᑐᖅᓯᒪᔪᑦᑎᓪᓗ ᓂᖓᖅᑕᐅᒥᓃᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓃᑦ ᐱᓇᓱᐊᖅᓯᔪᓐᓄᑦ ᐅᓪᓗᓄᑦ, ᑭᐅᒍᓐᓇᖅᑐᑎᑦ ᑕᐃᒫᒃᓴᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᓐᓄᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖃᓚᐅᖅᓯᒪᔫᓄᑦ. ᑎᑎᕋᕝᕕᒃᑲᓐᓂᖃᐊᖅᑭᕙᑦ ᐃᓂᓪᓚᑦᑎᑕᐅᓂᖃᓚᐅᖅᓯᒪᔪᓐᓄᓪᓗ ᑖᔅᓯᒧᖓᒃᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ, ᐃᓚᒍᑕᖓᓐᓂ A–ᒥ ᐱᔭᕇᕈᓐᓇᖅᑕᑎᑦ. ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒋᑦ ᐊᔾᔨᖓᓂᓪᓘᓐᓃᑦ ᐃᓚᒍᑕᖓᓐᓂ A–ᒥᑦ ᐱᓗᑎᑦ ᖃᑎᐊᖅᑎᑐᐃᓐᓈᓗᒃ ᐱᔪᓐᓇᖅᑕᐃᑦ.

ᕿᒥᕐᕈᑦᑎᐊᕐᓗᒋᑦ ᑐᓂᓂᐊᖅᑕᑎᑦ ᑐᑭᓯᒋᐊᕈᑏᑦ ᑎᑎᕋᖅᑕᑎᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖃᓚᐅᖅᓯᒪᔭᑎᑦ ᐱᑦᑎᐊᖅᓯᒪᓕᓗᐊᕐᒪᖔ. ᑎᑎᕋᕈᓐᓇᕐᒥᔭᑎᑦ ᐊᑎᖏᑦ ᖃᖓᒃᑯᓚᐅᖅᓯᒪᓂᖓᓐᓂᓪᓗ ᐃᓂᓪᓚᓐᓂᖃᓚᐅᖅᓯᒪᔭᐃᑦ ᐃᓚᖓᓃᑦᑐᑦ 2–ᒥᑦ ᑎᑎᖅᓯᕕᒋᔭᖃᐊᓖᑦ. ᐊᔾᔨᒌᒃᑯᐊᕐᒪᖔᑕ ᖃᐅᔨᒪᑦᑎᐊᖃᐊᕐᓗᒋᑦ ᐋᓐᓂᐊᕖᑦ ᐊᑎᖏᑦ ᑎᑎᕋᖅᑕᑎᑦ ᐃᓚᖓᓃᑦᑐᑦ 2–ᒥ.

1. **What is the name of the hospital you were admitted to?** *Example: Charles Camsell Hospital.*

2. **For how long were you admitted to the hospital?** *Example: 3 months.*

3. **What was the reason for your admission?** *Example: Tuberculosis treatment.*

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

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

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

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

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

9. **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.*

ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐃᓂᓪᓚᓐᓂᖃᓚᐅᖅᓯᒪᔭᐃᑦ

ᐃᓂᓪᓚᓐᓂᕈᕕᑦ ᐊᑕᐅᓯᐅᓐᖏᑦᑐᓄᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ ᐃᓂᓪᓚᖓᓂᓐᓂ ᐊᐅᓚᑕᐅᔪᓄᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ:

- ᐊᐱᖅᑯᑏᑦ 1-ᒥᑦ 9–ᒧᑦ ᐱᔭᕇᕐᓗᒋᑦ ᓯᕗᓪᓕᖅᐹᕐᒥᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓚᖓ 2A, ᐊᒻᒪᓗ
- ᐊᐱᖅᑯᑏᑦ 1–ᒥ 12–ᒧᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓚᒍᑕᖓᓂ A–ᒥ

ᓃᕐᓗ ᐃᒫᒃ, ᐃᓪᓚᓐᓂᕈᕕᑦ ᓂᖓᖅᑕᐅᓐᓂᕈᕕᑦ/ᐋᓂᐊᖅᑕᐃᓯᒪᓐᓂᕈᕕᑦ ᐱᖓᓱᓂᑦ ᐋᓂᐊᕕᓂᑦ, ᐱᔭᕇᕆᐊᓕᑦᑎᑦ ᐊᐱᖅᑯᑏᑦ 1-ᒥᑦ 9–ᒧᑦ ᐃᓚᖓ 2A ᐱᔭᕇᓕᕐᓗᒋᑦ ᐊᐱᖅᑯᑏᑦ 1–ᒥᑦ 12–ᒧᑦ ᐃᓚᒍᑕᓕᒻᒧᑦ A–ᒥᑦ ᒪᕐᕉᐊᖅᑎᒐᓂᕐᓗᒋᑦ (ᓃᕐᓗ ᐱᔭᕇᕐᓗᒍ ᐃᓚᒍᑕᖓ A ᐊᒻᒪᓗ ᐊᑐᓂ ᐋᓂᐊᕖᑦ)

ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ ᐊᓯᒃᑲᓐᓂᖏᑦ

ᑖᓐᓇ ᐱᔅᓴᐃᓐᓇᕆᐊᑐᓐᖏᑦᑐᖅ, ᑭᓯᐊᓂᓕ ᑎᑎᕋᖅᑕᐅᕐᑯᔭᐅᒻᒥᕚᓗᐊᑦ. ᐊᓯᐊᒍᑦ ᑎᑎᕋᕈᓐᓇᕐᒥᔭᑎᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ ᐱᖃᓯᐅᑎᒌᖅᓯᒪᓐᖏᑦᑕᕐᓂᑦ. ᐅᔾᔨᕐᕖᒥᓗᑎᑦ ᖃᖓᒃᑯᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓚᐅᖅᓯᒪᓂᕐᓄᑦ, ᓲᕐᓗ ᖃᓄᖅ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᐃᑦ, ᐊᐅᓪᓛᖅᑕᐅᓂᕆᓚᐅᖅᓯᒪᔭᐃᑦ ᐊᓂᑎᑕᐅᓂᕆᓚᐅᖅᓯᒪᔭᐃᓪᓗᓐᓃᑦ.

ᑕᕝᕙᓂ ᐱᖃᓯᐅᔾᔨᖏᓪᓗᑎᑦ ᓂᖓᖅᑕᐅᓂᒥᓂᕐᓂᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓂᕐᓂᓪᓗ. ᐊᓯᐊᒍᓪᓕ ᐊᐱᖅᓱᖅᑕᐅᓂᐊᖅᑐᑎᑦ ᑕᒪᑐᒪ ᒥᔅᓵᓄᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᓇᐊᓕᓐᓃᑦᑐᓂᑦ.

ᐊᓯᖏᓐᓂ ᐱᖃᓯᐅᔾᔨᒋᐊᖃᕐᓂᖏᒃᑯᕕᑦ, ᑖᓇ ᕿᒪᑐᐃᓐᓇᕈᓐᓇᖅᑕᐃᑦ.

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.

ᐸᐃᑉᐹᑦ ᐱᔭᕆᐊᓖᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᕐᓄᑦ

ᑖᓐᓇ ᐊᐱᖅᓱᖅᑐᖅ ᐸᐃᑉᐹᖅᑲᒪᖕᒌᖅᐱᑦ ᑕᒪᑐᒧᖓ ᐃᓂᓪᓚᓐᓂᐅᓚᐅᖅᓯᒪᔪᑦ ᒥᔅᓵᓄᑦ. ᐸᐃᑉᐹᖅᑕᖃᓐᖏᒃᑯᕕᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᕐᓄᑦ, ᑖᓐᓇ ᑎᑎᕋᓐᖏᒃᑲᓗᐊᖅᑲᑦ ᓈᒻᒪᑦᑐᖅ.

ᐸᐃᑉᐹᖅᑲᕈᕕᑦ, ᑎᑎᖅᓯᕕᒋᓗᒍ ᓯᒃᑭᑦᑕᑲᓪᓚᕈᓗᒃ ᓴᐅᒥᓐᓂᑦ. ᑕᓕᖅᐱᖓᓐᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᓇᐊᓕᓐᓂᑦ ᑎᑎᕋᖅᓯᒪᔪᕐᑯᑎᒋᑐᐃᓐᓇᓇᐊᓕᑦᑎ. ᑖᒃᑯᐊ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᑐᐊᖅᓯᔾᔪᑎᑐᐃᓐᓇᐃᑦ.

ᓂᕈᐊᕐᓂᕈᕕᑦ ᐱᖃᓯᐅᔾᔨᒍᒪᓗᑎᑦ ᐸᐃᑉᐹᕐᓂᑦ.

- ᐊᔾᔨᖏᓐᓂ ᐱᖃᓯᐅᔾᔨᑐᐃᓐᓇᕐᓗᑎᑦ, ᐸᐃᑉᐹᓪᓚᑖᓐᖏᑦᑕᕐᓂᑦ.
- ᑎᑎᕋᕐᓗᒋᑦ ᐊᑎᓪᓚᓅᑦ ᐊᑎᕈᓰᓪᓗ ᐃᓅᕕᒥᓃᓪᓗ ᐊᑐᓂ ᐊᔾᔨᖏᓐᓂ

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.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 21

ᐃᓚᖓ 2B − ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᖅ: ᐱᑦᑎᐊᖅᑕᐅᓂᖏᑦᑐᖅ/ᐋᓐᓂᖅᑕᒥᓂᖅ (ᐱᑕᖃᕆᐊᓖᑦ)

ᑖᓐᓇ ᐊᐱᖅᓱᖅᑐᑦ ᓂᖓᖅᑕᐅᓯᒪᓂᕐᓂᑦ ᐋᓐᓂᖅᑕᐅᓯᒪᓂᕐᓂᓪᓗ ᐃᓂᓪᓚᖓᑎᓪᓗᒋᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓚᓄᑦ ᐋᓐᓂᐊᕕᖓᓐᓂ.
ᐅᖃᓕᒫᖅᑐᑎᒋᑦ ᑎᑎᕋᖅᑐᒋᓪᓗ ᐊᔅᓱᕈᓐᓇᑐᐃᓐᓇᕆᐊᓕᒃ.
ᐃᓄᑑᓐᖏᑦᑐᑎᑦ ᑕᒪᒃᑯᐊ ᑲᒪᒋᔪᓐᓇᖅᑕᑎᑦ.
ᖃᖓᑐᐃᓐᓇᑦᑎᐊᖅ ᓄᖅᑲᕈᓐᓇᖅᑐᑎᑦ, ᓄᖅᑲᖓᑲᐃᓐᓇᕐᓗᑎᑦ ᐅᑎᕐᕕᒋᓂᐊᕐᓗᒍ. ᐊᑕᐅᑦᑎᒃᑯᐊᓘᓐᖏᒃᑯᕕᐅᒃ ᖃᓄᓐᖏᑦᑐᖅ, ᑭᓱᓕᒫᕌᓗᓐᓂᑦ
ᐃᖅᑲᐅᒪᑦᑎᑦᑎᑦᑕᐅᑎᒋᒋᐊᖃᓐᖏᑦᑐᑎᑦ.

ᐃᓅᓱᑦᑐᖅᐹᓘᓐᓂᕈᕕᑦ, ᐃᖅᑲᐅᒪᑦᑎᐊᓐᖏᒃᑯᕕᑦ, ᐃᓚᓐᓂᑦ ᑐᓴᖅᓯᒪᔭᕐᓂᑦ ᐃᓚᓕᐅᔾᔨᒍᓐᓇᖅᑐᑎᑦ, ᓄᓇᖅᑲᑎᓐᓂᑦ, ᐋᓐᓂᐊᕕᒻᒥ ᐃᖅᑲᓇᐃᔭᖅᑎᒥᓂᕐᒥᑦ, ᐃᓄᓕᕆᔨᒻᒥᑦ. ᐅᖃᕐᓗᑎᑦ ᑭᐊᑉ ᐅᖃᐅᑎᓐᓂᕐᒪᖔᖅᐱᑦ.
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑏᑦ ᐃᑲᔪᕈᓐᓇᑦᑎᐊᖅᑐᑦ ᑐᑭᓯᑎᑦᑎᑲᓐᓂᕋᓱᐊᕐᓗᑎᑦ ᐃᓚᖏᓐᓂ ᐊᐱᖅᑯᓯᖃᕐᓂᕈᕕᑦ ᐃᑲᔪᖅᑕᐅᔪᒪᒍᕕᓪᓘᓐᓃᑦ ᐱᔭᕇᖅᓯᓇᓱᐊᖅᑎᓪᓗᑎᑦ. ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᐃᑲᔪᖅᑏᑦ ᐅᖃᐅᔾᔨᒍᓐᓇᖏᑦᑐᑦ ᑭᓱᓂ ᑎᑎᕋᕆᐊᖃᕐᒪᖔᖅᐱᑦ, ᑭᐊᓂᓕ ᐅᓂᒃᑳᕆᐊᒃᑲᓐᓂᕈᓐᓇᖅᑐᑦ ᖃᓄᖅ ᐊᐅᓚᑕᐅᓲᖑᒻᒪᖔᑕ ᑕᒪᒃᑯᐊ.
ᐱᔪᒪᔾᔪᑎᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ ᐅᖄᓚᒍᓐᓇᖅᑐᑎᑦ ᐅᕗᖓ 1-888-592-9101, ᐅᖃᐅᒥᓪᓗ ᐊᑐᕈᒪᔭᐃᑦ ᐊᑐᕐᓗᒍ ᓇᕿᓪᓗᒍᓗ 2.
ᐃᓱᒪᒃᑯᑦ ᐃᑲᔪᖅᑕᐅᒋᐊᖃᕈᕕᑦ ᒫᓐᓇ, ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥᓪᓗ ᐊᑭᖃᓐᖏᑦᑐᖅᑕᓕᒃ ᖃᖓᓕᒫᑦᑎᐊᖅ ᐅᖄᓚᕕᔅᓴᖅ ᓂᕆᐅᓐᓂᖃᕐᓂᕐᒧᑦ ᐃᓅᓇᓱᐊᑦᑎᐊᕐᓂᖅ (Hope for Wellness Helpline) ᐅᕗᖓ 1-855-242-3310 ᐅᕝᕙᓘᓐᓃᑦ www.HopeForWellness.ca. ᐃᓅᓯᓕᕆᔨᑦᑕᓕᒃ ᖃᓪᓗᓈᑎᑑᓲᓐᓂᑦ, ᐅᐃᕖᑎᑐᑦ, ᐃᖅᑭᓕᑦᑎᑐᑦ, ᐅᔨᑉᕗᐃ ᐊᒻᒪᓗ ᐃᓄᑦᑎᑐᑦ ᑐᔅᓯᕋᕈᕕᖅ.

ᑖᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᔭᕆᐊᓕᒃ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᐃᓇᕆᓗᒋᑦ.
ᑖᓐᓇ ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᓇᓗᓇᐃᔭᕐᓂᐊᖅᑕᑎᑦ ᖃᓄᑎᒋ ᓂᖓᖅᑕᐅᓐᓂᕐᒪᖔᖅᐱᑦ/ᐋᓐᓂᐊᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ ᐃᓂᓪᓚᖓᑎᓪᓗᑎᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᓐᓂ, ᓇᒥᓗ ᑕᐃᒪᐃᑕᐅᓐᓂᕐᒪᖔᖅᐱᑦ.
ᑖᓐᓇ ᐱᖃᓯᐅᔾᔨᔪᖅ ᐱᖓᓲᓗᑎᑦ ᓂᖓᖅᑕᐅᓂᒥᓂᖅᑎᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓂᖅᑎᑦ ᐃᓂᓪᓚᖓᓂᓐᓂᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᖓᓐᓂ. ᐱᖃᓯᐅᔾᔨᑲᓐᓂᕈᒪᓐᓂᕈᕕᑦ, ᐊᑐᒃᑲᓐᓂᕈᓐᓇᖅᑕᐃᑦ ᐃᓚᒍᑕᖓ B. ᖃᕋᓴᐅᔭᕐᒨᕐᓗᒍ ᐊᔪᕆᓪᓗᒍᓘᓐᓃᑦ ᐃᓚᒍᑕᖅ B ᖃᑦᑎᐊᖅᑎᑐᐃᓐᓇᖅ
ᐊᑐᕆᐊᖃᕈᕕᐅᒃ ᐱᓇᓱᐊᕈᑎᒋᔭᕐᓄᑦ.

ᕿᒥᕐᕈᓗᒋᑦ ᑖᓐᓇ ᐃᓚᖓ

ᐃᓚᒍᑕᖓ 2B ᑎᓴᒪᓂᒃ ᒪᓕᒋᐊᓕᑦᑕᓕᒃ:
• ᓂᕈᐊᕐᓗᑎᑦ ᐋᓐᓂᐊᖅᑕᐅᓂᕆᓂᖅᐹᕆᓯᒪᔭᓐᓂᑦ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ
• ᓇᓗᓇᐃᕐᓗᒋᑦ ᖃᓄᑎᒋᐅᑎᒋᓐᓂᕐᒪᖔᑕ ᑎᑎᕋᕐᓗᒋᑦ ᓯᒃᑭᑦᑕᒥ
• ᓇᓗᓇᐃᕐᓗᒋᑦ ᐅᑭᐅᑎᑦ ᐊᖏᖅᓯᒪᓂᕆᓐᖏᑕᑎᓪᓗ (ᑕᐃᒪᐃᓐᓂᖅᑲᑦ). ᑕᕝᕙᓂ ᐃᓚᖓᓐᓂ ᐃᓕᓐᓄᑦ ᑐᕌᖓᓐᖏᑦᑐᖅ,
ᑎᑎᕋᕐᕕᒋᓐᖏᒃᑲᓗᐊᕈᕕᐅᒃ ᖃᓄᓐᖏᑦᑐᖅ.
• ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᒋᑦ ᐊᑐᖅᓯᒪᔭᑎᑦ ᑭᐅᓗᒋᑦ ᐱᖓᓲᔪᖅᑐᑦ ᐊᐱᖅᑯᓰᑦ.
ᓂᕈᐊᕈᓐᓇᕐᒥᔪᑎᑦ ᐃᓱᐊᓂ ᐱᖃᓯᐅᔾᔨᖔᕐᓗᑎᑦ ᐃᓚᒍᒪᔭᕐᓂᑦ, ᑕᐃᒪᐃᒍᒪᓐᓂᕈᕕᑦ. ᑖᓐᓇ ᐃᓱᒪᖅᓲᑎᑦᑎᐊᑦ.

ᓯᕗᓪᖅᓕᐹᒥ 1 − ᓂᕈᐊᕐᓗᑎᑦ ᖁᕝᕙᓯᓐᓂᖓᓐᓂ ᖃᓄᑎᒋ ᐋᓐᓂᖅᑕᐅᓐᓂᕐᒪᖅᐱᑦ
ᑕᓪᓕᒪᐅᒻᒪᑕ ᓈᓴᐅᑏᑦ ᓂᕈᐊᕐᕕᔅᓴᐃᑦ ᐋᓐᓂᐊᖅᑕᐅᓂᕆᓯᒪᔭᕐᓄᑦ. ᐊᑐᓂ ᖁᕝᕙᓯᓐᓂᖏᓐᓂ ᓇᓗᓇᐃᔭᖅᓯᒪᔪᑦ ᖃᓄᖅ ᓂᖓᖅᑕᐅᓐᓂᕐᒪᖔᖅᐱᑦ/ ᐋᓐᓂᐊᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ.
ᐅᖃᓕᒫᑦᑎᐊᕐᓗᒋᑦ ᑕᓪᓕᒪᐃᑦ ᖁᕝᕙᓯᓐᓂᖏᓐᓂᓪᓗ ᓂᕈᐊᕐᓗᑎᑦ ᓈᒻᒪᒋᓛᕐᓂᑦ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐃᓂᓪᓚᖓᓂᓐᓂᑦ ᐋᓐᓂᐊᕕᒻᒥ ᐋᓐᓂᐊᕕᓐᓂᓪᓘᓐᓃᑦ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 22

ᑐᑭᓯᓯᒪᓃᑦ ᖁᕝᕙᓯᓐᓂ ᐋᓐᓂᐊᖅᑕᐅᓂᒥᓃᑦ

ᐅᑯᐊ ᐊᑖᓃᑦᑐᑦ ᐆᑦᑑᑎᐅᔪᑦ ᖃᓄᑎᒋ ᐋᓐᓂᐊᖅᑕᐅᓯᒪᔪᖃᕐᒪᖔᖅ. ᐅᖃᓕᒫᕋᓱᓪᓗᒐ ᐊᔅᓱᕈᓐᓇᑐᐃᓐᓇᕆᐊᓕᒃ. ᑐᐊᕕᓐᖏᑦᑎᐊᕐᓗᑎᑦ ᐃᑲᔪᖅᑕᐅᔪᒪᓐᓂᕈᕕᓪᓗ ᑐᔅᓯᕋᕐᓗᑎᑦ.

ᐱᔪᒪᓯᒪᔪᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᑦ ᒪᓕᑦᑐᑎᑦ ᐅᖃᐅᓯᓪᓚᕆᖏᓐᓂ ᑮᓇᐅᔭᖅᑖᕋᓱᓐᓂᕐᒧᑦ ᑭᓪᓕᖏᓐᓂ ᑮᓇᐅᔭᖅᑖᕋᓲᑎᓄᑦ ᐊᖏᕈᑎᒦᑦᑐᓂᒃ. ᐆᑦᑐᑎᑕᓕᒃ ᑐᑭᓯᒃᑲᓂᕐᓂᐊᕋᕕᑦ ᖁᕝᕙᓯᓐᓂᖏᓐᓂ ᐃᓕᓴᕆᓗᒋᓪᓗ ᐊᑐᖅᓯᒪᔭᑎᑦ ᐅᓂᒃᑳᕆᔪᒪᓐᓂᕈᕕᒋᑦ. ᑖᒃᑯᐊ ᑎᑎᕋᖅᓯᒪᔪᑦ ᓈᒪᓐᖏᑦᑐᑦ.

ᑮᓇᐅᔭᖅᑖᕋᓲᑎ ᐱᖃᓯᐅᔾᔨᖏᑦᑐᖅ ᐊᑭᓕᖅᑕᐅᒍᓐᓇᕐᓂᖏᓐᓂ ᐋᓐᓂᐊᓲᖅᑎᓄᑦ ᐱᑲᒻᒪᑦᑕᒥᓂᕐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᓂᖏᓐᓄᑦ ᑲᒪᒋᔭᐅᑎᓪᓗᒋᑦ ᐱᓇᓱᐊᕈᑎᐅᓐᖏᑦᑐᑦ.

ᐊᑭᓕᖅᑕᐅᓃᑦ ᖃᑦᑎᐅᓂᖏᓐᓂ
ᑐᑭᓯᒋᐊᕈᑏᑦ ᖃᓪᓗᓈᑎᑐᑦ ᑐᑭᓯᔭᕐᓂᖅᑐᑦ ᐋᓐᓂᐊᖅᑕᐅᓂᒥᓂᕐᓄᑦ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᔅᓴᓐᓄᑦ ᐱᓇᓱᐊᕈᑎᒋᔭᕐᓂᑦ ᑐᓂᓯᓐᓂᕈᕕᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖏᓐᓂ ᓇᔪᓚᐅᖅᓯᒪᕐᓂᑦ ᐊᐅᓚᑕᐅᔪᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ. ᒪᓕᑦᑐᑦ ᑮᓇᐅᔭᖅᑖᔅᓴᐃᑦ ᑭᓪᓕᖏᓐᓂ ᑮᓇᐅᔭᖅᑖᕈᑎᔅᓴᐃᑦ ᐊᖏᕈᑎᖏᓐᓃᑦᑐᓂᒃ.

ᐱᔪᒪᓯᒪᔪᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᑦ ᒪᓕᑦᑐᑎᑦ ᐅᖃᐅᓯᓪᓚᕆᖏᓐᓂ ᑮᓇᐅᔭᖅᑖᕋᓱᓐᓂᕐᒧᑦ ᑭᓪᓕᖏᓐᓂ ᑕᐃᒫᒃ ᑕᓕᖅᐱᖓᓐᓂ ᑎᑎᕋᖅᓯᒪᒻᒪᑕ ᓯᒃᑭᑦᑕᓂᑦ. ᑕᓕᖅᐱᖓᓐᓃᑦᑐᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᕿᒥᕐᕈᔭᐅᔪᓐᓇᖅᑐᑦ ᐊᑐᖅᓯᒪᔭᖏᓐᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ. ᐆᑦᑐᑎᑕᓕᒃ ᑐᑭᓯᒃᑲᓂᕐᓂᐊᕋᕕᑦ ᖁᕝᕙᓯᓐᓂᖏᓐᓂ ᐃᓕᓴᕆᓗᒋᓪᓗ ᐊᑐᖅᓯᒪᔭᑎᑦ ᐅᓂᒃᑳᕆᔪᒪᓐᓂᕈᕕᒋᑦ. ᓈᒪᓐᖏᑦᑐᖅ ᓐᓇ, ᐱᖃᓯᐅᔾᔨᓗᑎᑦ ᓇᒻᒥᓂᖅ ᐊᑐᖅᑕᒥᓂᕐᓂᑦ ᓇᒻᒥᓂᖅ ᐅᓂᒃᑳᕆᓗᒋᑦ. ᑮᓇᐅᔭᖅᑖᕋᓲᑎ ᐱᖃᓯᐅᔾᔨᖏᑦᑐᖅ ᐊᑭᓕᖅᑕᐅᒍᓐᓇᕐᓂᖏᓐᓂ ᐋᓐᓂᐊᓲᖅᑎᓄᑦ ᐱᑲᒻᒪᑦᑕᒥᓂᕐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᓂᖏᓐᓄᑦ ᑲᒪᒋᔭᐅᑎᓪᓗᒋᑦ ᐱᓇᓱᐊᕈᑎᐅᓐᖏᑦᑐᑦ.

ᐃᓅᓇᓱᐊᑦᑎᐊᕐᓂᕐᒧᑦ ᐃᑲᔪᖅᑐᖅᑕᐅᒍᓐᓇᓂᕐᓄᓪᓗ ᐃᖅᑲᐃᑎᑦᑎᒋᐊᕈᑎ

ᐅᖃᓕᒫᕋᓱᐊᖅᑐᒋᑦ ᐋᓐᓂᐊᖅᑕᐅᓯᒪᓃᑦ ᓂᖓᖅᑕᐅᓯᒪᓃᓪᓗ ᐱᔭᕆᐊᑐᔪᐊᓘᒻᒪᑦ. ᑐᐊᕕᓐᖏᓪᓗᑎᑦ, ᓈᒻᒪᒋᔭᕐᓂᑦ ᐊᑐᕐᓗᑎᑦ, ᓄᖅᑲᖓᑲᐃᓐᓇᖃᑦᑕᕐᓗᑎᑦ ᑕᐃᒪᐃᒋᐊᖃᕋᐃᒍᕕᑦ. ᖃᖓᓕᒫᑦᑎᐊᖅ ᐅᖄᓚᕕᔅᓴᖅ ᓂᕆᐅᓐᓂᖃᕐᓂᕐᒧᑦ ᐃᓅᓇᓱᐊᑦᑎᐊᕐᓂᖅ (Hope for Wellness Helpline) ᐅᕗᖓ
1-855-242-3310 ᐅᕝᕙᓘᓐᓃᑦ www.HopeForWellness.ca. ᐃᓅᓯᓕᕆᔨᑦᑕᓕᒃ ᖃᓪᓗᓈᑎᑑᓲᓐᓂᑦ, ᐅᐃᕖᑎᑐᑦ, ᐃᖅᑭᓕᑦᑎᑐᑦ, ᐅᔨᑉᕗᐃ
ᐊᒻᒪᓗ ᐃᓄᑦᑎᑐᑦ ᑐᔅᓯᕋᕈᕕᖅ

ᐊᑭᓕᖅᑕᐅᓃᑦ ᖃᑦᑎᐅᓂᖏᓐᓂ ᑭᓪᓕᖏᑦ

ᑮᓇᐅᔭᖅᑖᕋᓱᓐᓂᕐᒧᑦ ᐊᖏᕈᑎᓂᒃ

ᐃᒫᒃ ᑐᑭᖃᕈᓐᓇᖅᑐᑦ

ᖁᕝᕙᓯᓐᓂᖓ 1 ($10,000)
ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓂᕐᒧᑦ ᐅᖃᐅᓯᒃᑯᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖁᓄᔪᓐᓂᐊᓂᕐᒧᑦ ᒪᓂᓴᖅᑐᖅ; ᐅᕝᕙᓘᓐᓃᑦ
ᓈᒻᒪᖏᑦᑐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ
ᐱᑦᑎᐊᕐᓇᑎᑦ ᐃᓂᖅᑎᕆᓇᓱᐊᖅᑐᒥᓃᑦ
ᐊᓄᓪᓚᓯᖅᑎᑦᑎᓇᓱᐊᖅᑐᑎᓪᓘᓐᓃᑦ; ᐅᕝᕙᓘᓐᓃᑦ

ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᐃᔾᔪᐊᓂᑦᑕᒥᓃᑦ, ᐊᖏᕈᑎᖃᖅᓯᓐᖏᑦᑐᑦ (ᓲᕐᓗ ᒥᑭᓪᓕᑎᑦᑎᕆᓯᒪᔪᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᖃᐅᓯᒃᑯ ᐋᓐᓂᖅᓯᕙᑦᑐᑦ) ᐅᕝᕙᓘᓐᓃᑦ ᑲᓐᖑᑎᑦᑎᓇᓱᐊᖅᑐᑦ (ᓲᕐᓗ ᑕᓗᕈᒃᑯᑎᓗᓂ ᐃᒻᒥᓂᒃ);
ᐅᕝᕙᓘᓐᓃᑦ

ᑲᑉᐱᐊᓵᕆᓯᒪᔪᑦ ᓂᖓᖅᑕᐅᓂᐊᕐᓂᖓᓐᓂ
ᐃᓕᕋᓵᖅᑕᐅᓪᓗᓂᓘᓐᓃᑦ ᐅᖃᐅᓯᒃᑯᑦ ᑎᒥᒃᑯᓪᓘᓐᓃᑦ ᐆᑦᑐᕋᖅᑐᓂ; ᐅᕝᕙᓘᓐᓃᑦ

ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᓂᖓᖅᑕᐅᓯᒪᔪᖅ, ᓲᕐᓗ:

• ᓈᒻᒪᓐᖏᑦᑐᓂᑦ ᓇᓗᓇᐃᖅᓯᓯᒪᔪᑦ
ᐊᑦᑐᐊᖏᑦᑎᐊᖅᑐᓄᑦ ᐋᓐᓂᐊᕕᒻᒥ
ᐃᑲᔪᖅᑕᐅᓂᖓᓐᓄᑦ ᐊᒻᒪᓗ
ᓄᖅᑲᑎᑦᑎᓇᓱᐊᕐᓂᖏᓐᓂ; ᐅᕝᕙᓘᓐᓃᑦ
• ᐊᖏᖅᓯᒪᑎᓐᓇᒍ ᐃᒥᖅᑎᑕᒥᓂᖅ ᐊᒻᒪᓘᓐᓃᑦ

ᐱᔭᕆᐊᖃᓐᖏᑦᑐᓂᑦ ᐋᖏᔮᕐᓇᖅᑐᓂᒃ,
ᐱᖃᓯᐅᔾᔨᖏᑦᑐᑦ ᐊᓪᓚᕕᓕᕆᓂᖏᓐᓂ
ᐄᔭᒐᕐᓂᑦ ᐋᖏᔮᕐᓇᖅᑐᓕᓐᓂᑦ

ᑖᒃᑯᐊ ᐊᑐᖅᑕᐅᓯᒪᔪᑦ ᑲᑉᐱᐊᓇᕐᖓ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᓇᖅᑐᑎᑦ, ᑎᒥᒃᑯᑦ
ᐊᑦᑐᖅᑕᐅᓂᓐᖏᒃᑲᓗᐊᖅᑲᑦ.

ᐋᓐᓂᓇᖅᑐᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᔪᑦ ᒪᑯᓄᖓ, ᑕᐃᒪᐃᓕᓐᓂᖅᑲᑕ, ᐋᓐᓂᐊᓲᖅᑎᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᑎᓗᒋᑦ ᓄᖅᑲᑎᑦᑎᓇᓱᐊᖅᑎᓪᓗᒋᓪᓘᓐᓃᑦ ᐱᖃᓯᔾᔨᖏᑦᑐᑦ.

ᐊᑐᖅᓯᒪᔭᐃᑦ ᐃᒪᐃᑦᑑᒍᓐᓇᖅᑐᖅ ᐊᑕᐅᓯᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ:

• ᖁᔭᓐᓂᒃᑯᑦ ᐃᑦᑎᒎᕐᓂᖅ ᐅᖃᐅᓯᒃᑯᑦ ᑎᒥᒃᑯᓪᓘᓐᓃᑦ ᒥᔅᓵᓄᑦ ᐃᑦᑎᒎᖅᑐᖅ

• ᕿᒥᕐᕈᔭᐅᖃᑦᑕᕐᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᑕᑯᓐᓇᖅᑖᓗᑐᐃᓐᓇᐅᓗᓂ ᑯᔭᓐᓂᒃᑯᑦ
ᐃᑦᑎᒎᖅᑐᒥ ᐊᑲᐅᒋᒍᓐᓃᕐᓗᒍᓗ ᐃᕝᕕᑦ

• ᐃᓕᓐᓄᑦ ᓂᓪᓕᐊᖃᑦᑕᖅᑐᑦ ᐱᐅᓐᖏᑦᑐᐊᓗᓐᓂᑦ ᑲᓐᖑᑎᑦᑎᓇᓱᐊᖅᑐᑦ,
ᑕᓗᕈᒃᑯᔾᔨᑎᑦᑎᓇᓱᐊᖅᑐᑦ ᐅᕝᕙᓘᓐᓃᑦ ᒥᑭᓪᓕᑎᑦᑎᔪᑦ ᐃᓕᓐᓂᑦ.

• ᐅᖃᐅᓯᒃᑯᑦ ᓂᓪᓕᐊᑲᒻᒪᕝᕕᐅᖃᑦᑕᕐᓗᓂ ᓂᓐᖓᐅᓂᒃᑯᖅ, ᐃᓕᕋᓵᖅᑕᐅᓗᓂ
ᑎᒥᒃᑯᓪᓗ ᑕᑯᑎᑦᑎᕙᑦᑐᑎᑦ ᐃᓕᕋᓇᕐᓂᖏᓐᓂ

• ᓴᓐᓂᕈᐊᖅᑕᐅᓯᒪᔪᒦᑎᑕᐅᓪᓗᑎᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑎᐊᖅᑎᓪᓗᒍ

• ᐱᒋᐊᖅᑕᐅᓗᑎᑦ, ᑏᒐᖅᑐᖅᑕᐅᓗᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒃᑯ ᐋᓐᓂᐊᖅᑕᐅᓗᑎᑦ

• ᐊᑦᑐᖏᑦᑕᐅᓯᒪᓗᑎᑦ, ᕿᓚᔅᓱᖅᑕᐅᓯᒪᓗᑎᑦ, ᐅᕝᕙᓘᓐᓃᑦ
ᓇᕗᓐᖓᕕᔅᓴᖃᖅᑎᑕᐅᖏᓪᓗᑎᑦ ᐊᓄᓪᓚᓯᖅᑕᐅᓂᕐᓄᑦ (ᕿᓚᔅᓱᖅᑕᐅᓯᒪᓗᑎᑦ, ᐊᑦᑐᖏᑦᑕᐅᓯᒪᓗᑎᑦ ᐊᓯᐊᓅᕈᓐᓇᖅᑎᑕᐅᖏᓪᓗᑎᓪᓗ ᑭᓯᐊᓂᓕ

ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᓪᓚᕆᑦᑐᖅ)
• ᓂᕆᔪᒪᑎᓐᓇ ᓂᕆᑎᑕᐅᒡᒐᕐᓗᑎᑦ, ᐃᒥᖅᑎᑕᐅᒡᒐᕐᓗᑎᑦ ᐃᒥᐊᓗᒻᒥᓪᓘᓐᓃᑦ
ᐃᒥᖅᑎᑕᐅᓗᑎᑦ ᐃᔪᒪᑎᓐᓇ ᐅᕝᕙᓘᓐᓃᑦ ᐋᖏᔮᕐᓇᖅᑐᓂᒃ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᓪᓚᕆᑦᑐᓂᒃ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 23

ᖁᕝᕙᓯᓐᓂᖓ 2 ($50,000)
ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᐃᒪᐃᑕᐅᓐᓂᖅᑲᑦ:

• ᐊᓐᓄᕌᖃᓐᖑᐊᖏᑦᑐᓂᒃ ᐊᔾᔨᓕᐅᕆᕙᑦᑐᑦ
ᑕᐃᑯᓐᖓᕚᓪᓗᒋᐊᕐᖓᖅᓯᒪᔪᓂᒃ

ᐋᓐᓂᐊᔾᔪᑎᒨᖓᓐᖏᑦᑎᐊᖅᑐᓂᒃ (ᓲᕐᓗ
ᐋᓐᓂᐊᓂᕐᒧᑦ ᐊᑦᑐᐊᓐᖏᑦᑐᓂᒃ ᓲᕐᓗ
ᑖᒻᒧᖔᖅᑕᐅᔪᑦ); ᐅᕝᕙᓘᓐᓃᑦ
• ᐋᓐᓂᐊᕕᓕᐊᖅᓯᒪᓐᖏᑦᑐᑦ ᐊᕐᓇᐅᔾᔪᑎᖏᑦ
ᐊᖑᑕᐅᔾᔪᑎᖏᑦ ᓴᖅᑭᔮᖅᑎᑕᐅᔪᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑲᓐᖑᓇᖅᑐᑦ ᑎᒥᖓᓐᓂ ᑕᐃᑯᓐᖓᕚᓪᓗᔅᓯᒪᔪᑦ ᓴᖅᑭᔮᖅᑎᑕᑦ; ᐅᕝᕙᓘᓐᓃᑦ

• ᐊᑦᑐᐊᔭᒥᓃᑦ ᐊᕐᓇᖏᑦ ᐊᖑᑎᖏᑦ
ᐅᕝᕙᓘᓐᓃᑦ ᑲᖑᓪᓇᖅᑐᑦ ᐊᓯᖏᑦ
(ᐊᑦᑐᐊᔭᓪᓚᕆᐅᓪᓗᑎᑦ ᐅᕕᓂᒃᑯᑦ
ᐅᕝᕙᓘᓐᓃᑦ ᐊᓐᓄᕌᖏᑕ ᖄᖓᒍᑦ),
ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑎᐊᖅᑐᓂᒃ
(ᓲᕐᓗ ᐆᓇᕐᒪᖔᖅ ᖃᐅᔨᓴᐅᑎᒧᑦ, ᑕᑯᓯᔾᔪᑎᒧᑦ ᖃᐅᒪᓕᒻᒥᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᓲᖅᑎᓄᑦ
ᐊᑐᖅᑕᐅᓲᓂᑦ); ᐅᕝᕙᓘᓐᓃᑦ

• ᐊᑦᑐᐊᖃᓯᔮᖅᑐᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑯᓂᔅᓴᖅᑐᑦ;
ᐅᕝᕙᓘᓐᓃᑦ

• ᑯᔭᓐᖑᐊᖅᑐᖅ ᐊᓐᓄᕌᑉ ᖄᖓᒍᑦ;

ᐅᕝᕙᓘᓐᓃᑦ
ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᐃᒪᐃᑕᐅᓐᓂᖅᑲᑦ

ᑎᒥᒃᑯᑦ ᐋᓐᓂᐊᖅᑕᐅᓗᓂ:
ᓱᑕᐃᓕᑎᑕᐅᑲᐃᓐᓇᖅᓯᒪᔪᖅ ᐅᕝᕙᓘᓐᓂᑦ ᑎᒥᖓ

ᐱᐅᒍᓐᓃᑲᐃᓐᓇᖅᑐᖅ ᒪᒥᓲᖑᒐᓗᐊᖅᑐᓂ (ᓲᕐᓗ ᖃᐅᔨᒪᒍᓐᓃᖅᑐᒥᓂᖅ, ᓴᐅᓂᖏᓐᓂ ᓱᕋᑦᑐᖃᖅᑐᒥᓂᖅ, ᑭᒍᑕᐃᖅᑐᒥᖅ ᓱᕋᑦᑕᒥᓃᓪᓘᓐᓃᑦ, ᐃᔨᖏᑎᒍᑦ ᑎᓪᓘᔭᖅᑐᓂ, ᑎᓪᓘᔭᖅᑐᖅ ᐊᓯᐊᒍᑦ, ᕿᔅᓱᑳᖅᓯᒪᔪᖅ ᐅᕕᓂᖓ, ᑭᓕᖅᓯᒪᔪᖅ, ᓯᖁᒥᔅᓯᒪᔪᖅ ᓴᐅᓂᖓ) ᐱᖃᓯᐅᑎᓐᖏᑦᑐᑦ ᑭᒍᑕᐃᖅᑕᐅᓂᒥᓂᖓ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑐᕈᓐᓃᑲᐃᓐᓇᖅᑐᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐱᒍᓐᓃᑲᐃᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᓄᖅᑲᖅᑎᑕᐅᓂᖓᓂᓪᓘᓐᓃᑦ ᑭᓱᒥᑦ ᐱᔾᔪᑎᖃᖅᑐᓂ

ᑕᒪᒃᑯᐊ ᐊᔅᓱᐊᓘᖅᑕᒥᓃᑦ ᐃᓚᖏᑦ ᐊᑐᖅᓯᒪᔭᖏᑦ ᖁᓄᔪᓐᓂᐊᓂᒃᑯᑦ ᐊᑦᑐᐊᔭᒥᓃᑦ, ᖁᓄᔪᓐᓂᐊᕐᓂᒃᑯᑦ ᓴᖅᑭᔮᖅᑎᒥᓃᑦ, ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᒥᓃᑦ, ᐋᓐᓂᐊᔾᔪᑎᒌᓐᓇᖏᑦᑕᖏᓐᓂ
ᑭᓯᐊᓂ.

ᐋᓐᓂᓇᖅᑐᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᔪᑦ ᒪᑯᓄᖓ, ᑕᐃᒪᐃᓕᓐᓂᖅᑲᑕ, ᐋᓐᓂᐊᓲᖅᑎᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᑎᓗᒋᑦ ᓄᖅᑲᑎᑦᑎᓇᓱᐊᖅᑎᓪᓗᒋᓪᓘᓐᓃᑦ ᐱᖃᓯᔾᔨᖏᑦᑐᑦ. ᐊᑐᖅᓯᒪᔭᑎᑦ ᐃᒪᐃᑦᑑᒍᓐᓇᖅᑐᑦ:
ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓂᖏᖅᑲ ᐅᕝᕙᓘᓐᓃᑦ ᑯᔭᓐᓂᒃᑯᑦ ᖃᓄᐃᓘᖅᑎᑕᐅᓗᓂ:

• ᐊᓐᓄᕌᖅᑲᖅᑎᓐᓇ ᐊᔾᔨᓕᐅᖅᑕᒥᓂᖅ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑎᐊᖅᑐᓂᑦ

• ᐋᓐᓂᐊᕕᓕᐊᖅᓯᒪᓐᖏᑦᑐᖅ ᐊᕐᓇᖏᑦ ᐊᖑᑎᖏᑦ ᓴᖅᑭᔮᖅᑎᑕᒥᓃᑦ (ᓲᕐᓗ ᐅᑦᑐᖏᒃ
ᐅᕝᕙᓘᓐᓃᑦ ᐅᓱᖏᑦ) ᑲᓐᖑᓇᖅᑐᓪᓗ ᐊᓯᖏᑦ ᑎᒥᒃᑯᑦ

• ᐊᕐᓇᖏᑦ ᐊᖑᑎᖏᑦ ᐊᑦᑐᐊᒥᓃᑦ ᑎᒥᒃᑯᓪᓘᓐᓃᑦ ᑲᓐᖑᓇᖅᑐᑦ, ᐊᓐᓄᕌᖓᑕ
ᖄᖓᒍᑦ ᐃᓗᐊᒍᓪᓘᓐᓃᑦ, ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᓪᓚᕆᑦᑐᓂᑦ ᐱᔾᔪᑎᖃᖅᑐᑎᑦ.

• ᑯᓂᑦᑕᐅᓐᓂᕈᕕᑦ ᐊᑦᑐᐊᔭᐅᓐᓂᕈᕕᓪᓘᓐᓃᑦ ᑯᔭᓐᓂᒃᑯᑦ ᐃᑦᑎᒎᕐᓂᕐᒥᑦ,
ᐊᑦᑐᐊᖃᓯᔮᕐᓗᓂᑎᑦ ᓯᔅᓴᓕᖅᑎᑦᑎᓇᓱᐊᖅᑐᓂ.

• ᐃᖐᖅᓴᖅᑐᖅ, ᑯᔭᑦᑐᑎᑐᑦ ᐱᓪᓗᓂ ᐊᓐᓄᕌᕕᑦ ᖄᖓᒍᑦ.
ᑎᒥᒃᑯᓪᓗ ᐋᓐᓂᖅᓯᓪᓗᓂ ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᐋᓐᓂᒐᓛᔅᓯᒪᓕᖅᑐᓂ, ᒪᒥᓲᖑᒐᓗᐊᒃᑯᑦ ᐋᓐᓂᐊᖅᑐᓂᐅᒃ, ᓲᕐᓗ

• ᖃᐅᔨᒪᒍᓐᓃᕐᓂᖅᑲᑦ

• ᓴᐅᓂᖏᑦ ᓇᑲᑦᑕᐅᔪᖃᕐᓂᖅᑲ

• ᑭᒍᑏᓪᓕᔭᐅᓐᓂᖅᑲᑦ

• ᑎᓪᓘᔭᓕᕐᓂᖅᑲᑎᒃ ᐃᔨᖏᒃ, ᑎᓪᓘᔭᐃᑦ ᐊᓯᐊᒍᑦ, ᑭᓪᓕᕐᓂᖅᑲ ᕿᔅᓱᑳᕐᓂᖅᑲᓪᓘᓐᓃᑦ
ᐅᕕᓂᖓ

• ᐊᔾᔨᐸᓗᖓᓐᓂ ᐋᓐᓂᖅᑕᐅᓂᖅᑲᑦ ᐅᐊᑦᑎᐊᕈ ᒪᒥᑦᑐᒥᓂᕐᓂᑦ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 24

ᖁᕝᕙᓯᓐᓂᖓ 3 ($100,000)
ᐊᑕᐅᓯᐊᖅ ᐃᒪᐃᑕᐅᓐᓂᖅᑲᑦ:

• ᐃᒻᒥᓂᒃ ᐊᑦᑐᔪᖅ ᐅᑦᑐᖓᒍᑦ ᐅᓱᖓᒍᑦ;
ᐅᕝᕙᓘᓐᓃᑦ

• ᐊᓗᑉᐹᖅᑐᖅ/ᐅᓱᑦᑐᖅᑐᖅ ᐅᕝᕙᓘᓐᓃᑦ
ᑕᐃᒪᐃᒐᓱᐊᖅᑐᖅ; ᐅᕝᕙᓘᓐᓃᑦ
• ᐅᓱᒻᒥᓂᒃ ᐴᖅᓯᓇᓱᐊᖅᑐᖅ (ᐅᑦᑐᒧᑦ
ᐃᑎᕐᒧᓪᓘᓐᓃᑦ, ᐊᒡᒐᒻᒥᓄᑦ ᐅᑦᑐᓕᕆᓇᓱᐊᖅᑐᖅ ᐴᕋᓱᑦᑐᓂᒋᑦ ᐅᑦᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ
ᑭᓱᒥᑦ ᐴᖅᓯᓇᓱᐊᖅᑐᖅ) ᐱᖃᓯᐅᔾᔨᖏᑦᑐᑦ
ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᔪᓂᒃ (ᓲᕐᓗ ᐆᓇᕐᒪᖔᖅ ᖃᐅᔨᓴᐅᑎᒥᑦ, ᖃᐅᒻᒪᖅᑕᔫᓕᒻᒥᑦ ᖃᐅᔨᓴᐅᑎᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓯᖏᓐᓂ ᓱᓇᒃᑯᑖᕐᒥᑦ);
ᐅᕝᕙᓘᓐᓃᑦ

ᑕᐃᒪᐃᓕᖅᑭᖃᑦᑕᖅᑐᑦ (ᑕᐃᒪᐃᒐᔪᑦᑐᑦ
ᑕᐃᒪᐃᓕᖅᑲᖃᑦᑕᑐᓪᓘᓐᓃᑦ) ᑎᒥᒃᑯᑦ
ᐱᑦᑎᐊᖅᑕᐅᖏᑦᑐᖅ:

• ᓱᑕᐃᓕᑎᑕᐅᑲᐃᓐᓇᖅᓯᒪᔪᖅ ᐅᕝᕙᓘᓐᓂᑦ
ᑎᒥᖓ ᐱᐅᒍᓐᓃᑲᐃᓐᓇᖅᑐᖅ ᒪᒥᓲᖑᒐᓗᐊᖅᑐᓂ (ᓲᕐᓗ ᖃᐅᔨᒪᒍᓐᓃᖅᑐᒥᓂᖅ, ᓴᐅᓂᖏᓐᓂ
ᓱᕋᑦᑐᖃᖅᑐᒥᓂᖅ, ᑭᒍᑕᐃᖅᑐᒥᖅ
ᓱᕋᑦᑕᒥᓃᓪᓘᓐᓃᑦ, ᐃᔨᖏᑎᒍᑦ ᑎᓪᓘᔭᖅᑐᓂ, ᑎᓪᓘᔭᖅᑐᖅ ᐊᓯᐊᒍᑦ, ᕿᔅᓱᑳᖅᓯᒪᔪᖅ
ᐅᕕᓂᖓ, ᑭᓕᖅᓯᒪᔪᖅ, ᓯᖁᒥᔅᓯᒪᔪᖅ ᓴᐅᓂᖓ) ᐱᖃᓯᐅᑎᓐᖏᑦᑐᑦ ᑭᒍᑕᐃᖅᑕᐅᓂᒥᓂᖓ
ᐅᕝᕙᓘᓐᓃᑦ ᐊᑐᕈᓐᓃᑲᐃᓐᓇᖅᑐᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐱᒍᓐᓃᑲᐃᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ
ᓄᖅᑲᖅᑎᑕᐅᓂᖓᓂᓪᓘᓐᓃᑦ ᑭᓱᒥᑦ ᐱᔾᔪᑎᖃᖅᑐᓂ

ᑕᒪᓐᓇ ᐊᑐᖅᑕᓯᒪᔪᑦ ᖁᓄᔪᓐᓂᐊᖅᑕᒥᓃᑦ ᑕᐃᒪᐃᓕᖅᑭᑕᐅᖃᑦᑕᖅᑐᓪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐱᑦᑎᐊᖅᑕᐅᓇᑎᑦ.

ᐋᓐᓂᓇᖅᑐᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᔪᑦ ᒪᑯᓄᖓ, ᑕᐃᒪᐃᓕᓐᓂᖅᑲᑕ, ᐋᓐᓂᐊᓲᖅᑎᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᑎᓗᒋᑦ ᓄᖅᑲᑎᑦᑎᓇᓱᐊᖅᑎᓪᓗᒋᓪᓘᓐᓃᑦ ᐱᖃᓯᔾᔨᖏᑦᑐᑦ.

ᐊᑐᖅᓯᒪᔭᐃᑦ ᐃᒪᐃᑦᑑᒍᓐᓇᕆᓪᓗᑎᑦ:

ᐊᑕᐅᓯᐊᖅ ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓯᒪᓪᓗᑎᑦ:

• ᐊᑦᑐᐊᖃᓯᔮᖅᑕᐅᓪᓗᑎᑦ ᓯᔅᓴᓕᖅᑎᑕᐅᓪᓗᑎᑦ, ᐃᒥᖓ ᐊᑦᑐᐊᓪᓗᓂ ᐃᓕᓐᓄᑦ
ᓯᔅᓴᓕᖅᑐᓂ, ᑎᒥᖓᓐᓂ ᑎᒥᖓᓐᓄᑦ ᐊᑦᑐᐊᓪᓗᓂ ᓯᔾᓴᓕᖅᑎᒐᓱᐊᖅᑐᓂᑎᑦ
• ᑕᐃᒪᐃᑦᑐᒥᓂᖅ, ᑕᐃᒪᐃᒐᓱᑦᑐᒥᓂᕐᓘᓐᓃᑦ, ᐊᓪᓗᑉᐹᕋᓱᐊᖅᑐᖅ
ᐅᑦᑐᓐᓂᑦ ᐅᓱᑦᑐᕋᓱᐊᖅᑐᖅ, ᓇᒻᒥᓂᕐᓘᓐᓃᑦ ᖃᓂᒻᒥᓄᑦ ᐅᓱᑦᑐᕋᓱᐊᖅᑐᖅ ᐅᑦᑐᑐᕋᓱᐊᖅᑐᕐᓘᓐᓃᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐅᓱᖅᑐᖅᑕᐅᒍᒪᔪᖅ/ᐅᑦᑐᑐᖅᑕᐅᒍᒪᔪ
• ᐴᖅᓯᕕᐅᓇᓱᐊᖅᑐᑎᑦ ᐊᒻᒪᓂᒃᑯᑦ ᑎᒥᒃᑯᑦ ᑎᒥᖓᓐᓃᓐᖔᖅᑐᒥᑦ ᓱᓇᒃᑯᒥᓪᓗᑭᐊᖅ,
ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑎᐊᖅᑐᒥᑦ.

ᑎᒥᒃᑯᑦ ᑕᐃᒪᐃᒐᔪᐃᓐᓇᖅᑐᑦ ᐋᓐᓂᖅᑕᐅᓇᓱᐊᖅᑐᑎᑦ:

• ᑎᒥᒃᑯᑦ ᐋᓐᓂᐊᖅᑕᐅᓯᒪᒍᕕᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ, ᐅᕝᕙᓘᓐᓃᑦ
ᐋᓐᓂᐊᖅᑕᐅᓕᖅᑭᖃᑦᑕᕈᕕᑦ ᑎᒥᒃᑯᑦ ᐱᒋᐊᖅᑕᐅᓗᑎᑦ, ᐸᑎᑦᑕᐅᓗᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓐᓂᐊᖅᑕᐅᓗᑎᑦ, ᐊᒻᒪᓗ
• ᑕᒪᒃᑯ ᐋᓐᓂᖅᑐᑦ ᒪᒥᓲᖑᓪᓗᑎᑦ ᓲᕐᓗ ᐃᒪᐃᑦᑐᕐᒃᑯᑦ:
º ᖃᐅᔨᒪᒍᓐᓃᕐᓂᖅᑲᑦ
º ᓴᐅᓂᖏᑦ ᓇᑲᑦᑕᐅᔪᖃᕐᓂᖅᑲ

º ᑭᒍᑏᓪᓕᔭᐅᓐᓂᖅᑲᑦ
º ᑎᓪᓘᔭᓕᕐᓂᖅᑲᑎᒃ ᐃᔨᖏᒃ, ᑎᓪᓘᔭᐃᑦ ᐊᓯᐊᒍᑦ,
ᑭᓪᓕᕐᓂᖅᑲ ᕿᔅᓱᑳᕐᓂᖅᑲᓪᓘᓐᓃᑦ ᐅᕕᓂᖓ
º ᐊᔾᔨᐸᓗᖓᓐᓂ ᐋᓐᓂᖅᑕᐅᓂᖅᑲᑦ ᐅᐊᑦᑎᐊᕈ ᒪᒥᑦᑐᒥᓂᕐᓂᑦ

ᖁᕝᕙᓯᓐᓂᖓ 4 ($150,000)

ᐊᑕᐅᓯᐊᖅ ᐳᖅᓯᕕᐅᓐᓂᕈᕕᑦ (ᐅᑦᑐᒃᑯᑦ
ᐃᑎᒃᑯᓪᓘᓐᓃᑦ, ᐊᒡᒐᒥᓂᒃ ᐴᖅᓯᓪᓗᑎᑦ
ᓱᓇᒃᑯᑖᒥᓪᓘᓐᓃᑦ) ᐱᖃᓯᐅᔾᔨᖏᑦᑐᑦ
ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᔪᓂᒃ (ᓲᕐᓗ ᐆᓇᕐᒪᖔᖅ ᖃᐅᔨᓴᐅᑎᒥᑦ, ᖃᐅᒻᒪᖅᑕᔫᓕᒻᒥᑦ ᖃᐅᔨᓴᐅᑎᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓯᖏᓐᓂ ᓱᓇᒃᑯᑖᕐᒥᑦ); ᐅᕝᕙᓘᓐᓃᑦ ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᑕᐃᒪᐃᓐᓂᖅᑲᑕ:

• ᐅᑦᑐᑦᑐᕋᓱᐊᖅᑐᖅ/ᐅᓱᑦᑐᕋᓱᐊᖅᑐᖅ;
ᐅᕝᕙᓘᓐᓃᑦ

• ᐅᓱᒻᒥᓂᒃ ᐴᖅᓯᓇᓱᐊᖅᑐᖅ (ᐅᑦᑐᒧᑦ
ᐃᑎᕐᒧᓪᓘᓐᓃᑦ, ᐊᒡᒐᒻᒥᓄᑦ ᐅᑦᑐᓕᕆᓇᓱᐊᖅᑐᖅ ᐴᕋᓱᑦᑐᓂᒋᑦ ᐅᑦᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ
ᑭᓱᒥᑦ ᐴᖅᓯᓇᓱᐊᖅᑐᖅ) ᐱᖃᓯᐅᔾᔨᖏᑦᑐᑦ
ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᔪᓂᒃ (ᓲᕐᓗ ᐆᓇᕐᒪᖔᖅ ᖃᐅᔨᓴᐅᑎᒥᑦ, ᖃᐅᒻᒪᖅᑕᔫᓕᒻᒥᑦ ᖃᐅᔨᓴᐅᑎᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓯᖏᓐᓂ ᓱᓇᒃᑯᑖᕐᒥᑦ);
ᐅᕝᕙᓘᓐᓃᑦ

ᐊᑕᐅᓯᐊᖅ ᐊᒥᓱᐊᖅᑎᓪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᓯᔪᖅ ᐃᓅᓯᓕᒫᖅ ᐊᑯᓂᓘᓐᓃᑦ ᐃᓱᒪᒃᑯᑦ ᐊᑦᑐᐃᓂᖃᖅᑐᓂ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᖃᓄᐃᒍᑎᖃᓕᖅᑐᓂ,
ᐋᓐᓂᖅᓯᒪᔪᖅ ᓱᑕᐃᓪᓕᔭᒥᓂᕐᓘᓐᓃᑦ

ᑕᒪᓇ ᐊᖏᓂᖓ ᖁᓄᔪᓐᓂᐊᕐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᔪᖅ ᐊᑯᓂᒧᑦ ᐃᓅᓯᓕᒫᕐᓘᓐᓃᑦ ᐋᓐᓂᐊᕈᑕᐅᓯᒪᔪᖅ. ᑕᒪᒃᑯᐊ ᐊᑐᖅᑕᒥᓃᑦ ᐊᑕᐅᓯᐊᕋᑎᑦ ᐊᒥᓱᐊᖅᑎᑦᑐᑎᑦ.

ᐋᓐᓂᓇᖅᑐᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᔪᑦ ᒪᑯᓄᖓ, ᑕᐃᒪᐃᓕᓐᓂᖅᑲᑕ, ᐋᓐᓂᐊᓲᖅᑎᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᑎᓗᒋᑦ ᓄᖅᑲᑎᑦᑎᓇᓱᐊᖅᑎᓪᓗᒋᓪᓘᓐᓃᑦ ᐱᖃᓯᔾᔨᖏᑦᑐᑦ.

ᐊᑐᖅᓯᒪᔭᑎᑦ ᐃᒪᐃᒍᓐᓇᖅᑐᑦ:

ᖁᓄᔪᓐᓂᐊᓂᒃᑯᑦ

• ᐴᖅᓯᓇᓱᐊᖅᑐᑦ ᑎᒥᓐᓄᑦ ᑯᔭᓐᓂᒃᑯᑦ ᑎᒥᖓᓐᓂ ᐅᕝᕙᓘᓐᓃᑦ ᑭᓱᑐᐃᓐᓇᕐᒥᑦ,
ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑐᒥᑦ
• ᐊᑐᖅᓯᒪᔭᑎᑦ ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᐅᓱᑦᑐᖅᑎᑦᑎᒐᓱᑦᑐᖅ/
ᐅᑦᑐᑎᑦᑎᒐᓱᐊᖅᑐᖅ, ᐅᕝᕙᓘᓐᓃᑦ ᐅᓱᑦᑐᖅᑕᐅᔪᒪᔪᖅ ᐅᑦᑐᑐᖅᑕᐅᔪᒪᔪᖅ, ᐅᕝᕙᓘᓐᓃᑦ ᓇᒻᒥᓂᖅ ᐅᓱᑦᑎᑦᑎᓇᓱᑦᑐᖅ/ᐅᑦᑐᑎᑦᑎᓇᓱᐊᖅᑐᖅ ᓇᒻᒥᓂᖅ ᐃᓕᓐᓂᑦ
• ᐊᑐᖅᓯᒪᔭᑎᑦ ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᐴᖅᓯᓇᓱᐊᖅᑐᖅ ᑎᒥᖓᓐᓃᑦᑐᒥᑦ
ᐅᕝᕙᓘᓐᓃᑦ ᓱᓇᒃᑯᑖᕐᒥᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑎᐊᖅᑐᒥᑦ
ᐊᑕᐅᓯᐊᖅ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᓯᔪᑎᑦ ᐊᑯᓂᐊᓗ ᐋᓐᓂᐊᕈᑎᒋᓪᓗᒍ

• ᑎᒥᒃᑯᑦ ᖁᐊᖅᓵᖅᑎᑕᐅᓪᓗᑎᑦ ᑲᒪᒋᔭᐅᓯᒪᔪᑎᑦ ᐊᑯᓂᒧᑦ ᐃᓅᓯᓕᒫᓐᓄᓪᓘᓐᓃᑦ
ᐃᓱᒪᒃᑯᑦ/ᐃᑉᐱᓐᓂᐊᓂᒃᑯᑦ, ᑎᒥᒃᑯᓪᓗ ᐋᓐᓂᐊᕈᑎᒋᓯᒪᓪᓗᒍ.
• ᐱᖃᓯᐅᔾᔨᒍᓐᓇᖅᑐᖅ ᑎᒦᑦ ᐊᓯᔾᔨᖅᑐᓂ ᐊᐅᓚᓂᕆᕙᑦᑕᖓ, ᐊᐅᓚᓂᕆᓲᑦ,
ᐅᕝᕙᓘᓐᓃᑦ ᖁᐊᖅᓵᖅᓯᒪᓗᐊᒧᑦ ᐊᑦᑐᐃᓯᒪᔪᖅ ᐃᓱᒪᓐᓂᑦ ᐃᓅᓇᓱᐊᑦᑎᐊᕐᓂᓐᓂᑦ,
ᒪᒥᓴᖅᓯᒪᓕᕋᓗᐊᖅᑎᓪᓗᑎᑦ.

<table>
<tr><th colspan="2">ᖁᕝᕙᓯᓐᓂᖓ 5 ($200,000)</th></tr>
<tr>
<td>ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᑕᐃᒪᐃᓐᓂᖅᑲᑕ:
ᐃᒻᒥᓂᒃ ᐊᑦᑐᔪᖅ ᐅᑦᑐᖓᒍᑦ ᐅᓱᖓᒍᑦ; ᐅᕝᕙᓘᓐᓃᑦ
ᐅᑦᑐᑐᖅᑐᖅ/ᐅᓱᑦᑐᖅᑐᖅ; ᐅᕝᕙᓘᓐᓃᑦ
ᐅᓱᒻᒥᓂᒃ ᐆᖅᓯᓇᓱᐊᖅᑐᖅ (ᐅᑦᑐᒧᑦ ᐃᑎᕐᒧᓪᓘᓐᓃᑦ, ᐊᒡᒐᒻᒥᓄᑦ ᐅᑦᑐᓕᕆᓇᓱᐊᖅᑐᖅ ᐆᕋᓱᑦᑐᓂᒋᑦ ᐅᑦᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑭᓱᒥᑦ ᐆᖅᓯᓇᓱᐊᖅᑐᖅ) ᐱᖅᑲᓯᐅᔾᔨᖏᑦᑐᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᔪᓂᒃ (ᓲᕐᓗ ᐆᓇᕐᒪᙵᖅ ᖃᐅᔨᓴᐅᑎᒥᑦ, ᖃᐅᒻᒪᖅᑕᔩᓕᒻᒥᑦ ᖃᐅᔨᓴᐅᑎᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓯᖏᓐᓂ ᓱᓇᒃᑯᑖᕐᒥᑦ); ᐅᕝᕙᓘᓐᓃᑦ
ᓇᔾᔭᓕᖅᑐᖃᕐᓂᖅᑲᑦ ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓂᖓᓄᑦ (ᐱᖅᑲᓯᐅᑎᓪᓗᒋᑦ ᓇᔾᔭᓕᖅᑐᒥᓂᖅ ᑭᓯᐊᓂ ᐱᕐᓗᑎᖅᑐᒥᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᓇᔾᔭᐊᖏᖅᑕᒥᓂᖅ); ᐅᕝᕙᓘᓐᓃᑦ

ᐊᑕᐅᓯᐊᖅ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᖃᑦᑕᖅᑐᒥᓂᖅ ᐃᓅᓯᓕᒫᒡᒍᑦ ᐊᑦᑐᐃᓂᖃᖅᑐᓂ ᐱᓱᒍᓇᐃᓕᓪᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᖃᕋᓴᔪᒍᑦ ᐋᓐᓂᖅᑕᒥᓂᖅ</td>
<td>ᐊᔅᓱᐊᓘᖅᑕᒥᓂᖅ ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓪᓗᑎᑦ ᑎᒥᒃᑯᓪᓗ ᐋᓐᓂᖅᑕᒥᓂᐅᓪᓗᓂ.

ᐋᓐᓂᓇᖅᑐᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᐅᔪᑦ ᒪᑯᓄᖓ, ᑕᐃᒪᐃᓕᓐᓂᖅᑲᑕ, ᐋᓐᓂᐊᓲᖅᑎᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᑎᓗᒋᑦ ᓄᖅᑲᑎᑦᑎᓇᓱᐊᖅᑎᓪᓗᒋᓪᓘᓐᓃᑦ ᐱᖅᑲᓯᔾᔨᖏᑦᑐᑦ.

ᐊᑐᖅᓯᒪᔭᑎᑦ ᐃᒪᐃᒍᓇᖅᑐᑦ:

ᖁᓄᔪᓐᓂᐊᓂᒃᑯᑦ
ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᑕᐃᒪᐃᑦᑐᒃᑰᖅᓯᒪᔪᑎᑦ ᐊᑦᑐᐊᔭᐅᓪᓗᓂ ᓯᔅᓴᓕᖅᑎᑕᐅᓇᓱᐊᖅᑐᑎᑦ /ᐊᑦᑐᐊᓯᓪᓗᓂ ᓯᔅᓴᓕᓴᓱᐊᖅᑐᖅ ᑲᒪᔪᒥᓂᖅ
ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ ᐊᓗᑉᐹᖅᑎᑕᐅᓪᓗᑎᑦ ᐅᑦᑐᒥᑦ/ᐊᒫᒪᑦᑎᑕᓪᓗᑎᑦ ᐅᓱᒻᒥᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᓇᒻᒥᓂᖅ ᐊᓗᑉᐹᕐᓗᑎᑦ ᐅᓱᑦᑐᓗᑎᓪᓘᓐᓃᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐅᓱᑦᑐᖅᑎᑕᐅᓪᓗᑎᑦ/ᐅᑦᑐᑕᖅᑎᑕᐅᓗᑎᑦ
ᒪᕐᕈᐊᖅᑎ ᐅᖓᑖᓄᓪᓘᓐᓂᑦ ᐅᑦᑐᒃᑯᑦ ᐃᑎᒃᑯᓪᓘᓐᓃᑦ ᐱᔭᐅᓪᓗᑎᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐊᒡᒐᖏᑦ ᐅᑦᑐᕐᓅᖅᑐᓂᒋᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓱᓇᒃᑯᑖᕐᒥᑦ, ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᓐᖏᑦᑎᐊᖅᑐᒥᑦ
ᓇᔾᔭᓕᖅᑐᒥᓂᐅᓪᓗᑎᑦ ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓂᕐᓄᑦ, ᓇᔾᔭᒍᓐᓂᖅᑐᑎᓪᓘᓐᓃᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓈᓚᓐᓇᑎᑦ ᓇᔾᔭᓪᓗᑎᑦ (ᐱᕐᓗᖅᑐᑎᑦ ᓇᔾᔭᐊᖏᖅᑕᐅᓪᓗᑎᓪᓘᓐᓃᑦ)
ᐊᔅᓱᐊᓗᒃ ᑎᒥᒃᑯᑦ ᐋᓐᓂᖅᑕᒥᓂᖅ
ᐊᔅᓱᐊᓗᒃ ᐱᒋᐊᖅᒥᓂᐅᓪᓗᑎᑦ ᐃᓅᓯᓕᒫᒡᒍᑦ ᐅᖅᑲᑦᑎᐊᕈᓇᐃᓕᓪᓗᑎᑦ/ᐃᖅᑲᐅᒪᑦᑎᐊᕈᓇᐃᓕᓪᓗᑎᑦ, ᑎᒦᑦ ᐃᓚᖓ ᐱᔪᓇᐃᓕᓪᓗᓂ ᐱᓱᒍᓇᑦᑎᐊᕐᓇᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖃᕋᓴᐃᑦ ᐋᓐᓂᖅᑕᐅᓯᒪᔪᖅ
ᑎᒦᑦ ᐊᓯᔾᔨᕐᓗᓂ ᐱᔪᓇᑦᑎᐊᕈᓐᓃᖅᑐᓂ, ᐊᓪᓛᒃ ᓂᐅᖑᐊᑲᔅᓗᑎᑦ ᑕᓕᖑᐊᒥᓪᓘᓐᓃᑦ, ᑲᐃᓪᓗᐊᕈᑎᒦᓕᔅᓱᑎᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᖃᓄᖅ ᐃᓱᒪᒋᐊᖃᕐᒪᙵᐱᑦ, ᐊᑦᑐᐃᓂᖃᖅᑐᖅ ᐃᓱᒪᒐᓯᐊᕐᓃᓂᑦ</td>
</tr>
</table>

ᐃᓚᖓ 2 – ᓇᓗᓇᐃᖅᓯᓗᑎᑦ ᓂᕈᐊᕐᓂᓐᓂᑦ

ᓇᓗᓇᐃᖅᓯᒋᐊᖅᑐᑎᑦ ᓂᕈᐊᕐᓗᑎᑦ ᐃᓚᖓᓂ 1-ᒥᑦ ᑎᑎᕋᕐᓗᑎᑦ ᖃᑦᑎᐊᖅᑎᐅᓯᒪᒻᒪᙵᖅ, ᐱᒋᐊᕐᓗᒍ 1-ᒥᑦ 5-ᒧᑦ, ᑖᕝᕙᓂ ᓯᒃᑭᑦᑕᒥ. ᐊᒥᓱᐊᖅᑎ ᐃᓂᓪᓚᑦᑎᑕᐅᓐᓂᕈᕕᑦ, ᖁᕝᕙᓯᓐᓂᖅᐹᖅ ᐋᓐᓂᐊᖅᑕᐅᔾᔪᑎᒌᕆᓯᒪᔭᐃᑦ ᓂᕈᐊᕐᓗᒍ.

ᐊᑕᐅᓯᐊᖑᙱᑦᑐᖅ ᐋᓐᓂᖅᑕᐅᓯᒪᓐᓂᕈᕕᑦ, ᐊᑕᐅᓯᐊᖑᙱᑦᑐᕐᓘᓐᓃᑦ ᐃᓂᓪᓚᖕᓚᐅᖅᓯᒪᓐᓂᕈᕕᑦ, ᑎᑎᕋᕆᐊᓕᒃ 4 ᐱᔭᕇᕐᓗᒍ (ᐃᓚᒍᑕᖓ A ᐊᒻᒪᓘᓐᓃᑦ B, ᑕᐃᒪᐃᒋᐊᖃᖅᑲᑕ) ᐊᑐᓂ ᐱᔭᕇᕐᓗᒋᑦ ᐅᕙᖓ ᐅᑎᑦᑕᖅᑯᑎᑦ ᓇᓗᓇᐃᔭᐃᑦᑎᐊᕐᓗᑎᑦ.

ᑐᔪᐃᓯᒪᓕᕈᕕᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐊᓯᔾᔨᔅᓴᐅᓐᖏᑦᑐᖅ ᖁᕝᕙᓯᓐᓂᖏᑦ ᐋᓐᓂᖅᑕᐅᓂᒥᓃᑦ. ᑐᐊᕕᐊᕆᓐᖏᓪᓗᒍ ᓂᕈᐊᕐᑐᑦ ᖃᓄᑎᒋᐅᓂᕐᒪᙵᖅ ᐊᑐᖅᓯᒪᔭᐃᑦ.

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

I select level: ☐

ᐱᖓᔪᐊ 3 – ᐅᑭᐅᖏᑦ ᐊᖏᖅᓯᒪᓃᓪᓗ

ᖁᓄᔪᓐᓂᐊᖅᑕᐅᓇᓂᕈᕕᑦ/ᐋᓐᓂᖅᑕᐅᓇᓂᕈᕕᑦ ᐅᑭᐅᖃᖅᑐᑎᓪᓗ 18 ᐅᑖᓄᑦ ᑕᐃᒪᐃᑕᒥᓂᐅᑎᓪᓗᑎᑦ, ᓇᓗᓇᐃᕐᓂᐊᕆᕕᑦ ᑕᒪᓐᓇ ᐊᒻᒪᓗ ᐊᖏᓐᖏᑦᑐᒥᓂᐅᓂᕐᓂᑦ ᐅᖃᕐᓗᑎᑦ. ᑖᕝᕙᓂ ᐃᓚᖓᓂ ᐃᓕᓐᓄᑦ ᑐᕌᖓᓐᖏᑦᑐᖅ, ᑎᑎᕋᕐᕕᒥᓐᖏᒃᑲᓗᐊᕈᕕᐅᒃ ᖃᓄᓐᖏᑦᑐᖅ.

☐ 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.

ᑎᓴᒪᖓ 4 – ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᒋᑦ ᐊᑐᖅᓯᒪᔭᑎᑦ

ᐱᔭᕇᕆᐊᓖᑦ ᑕᒪᓐᓇ ᐃᓚᖓ ᑖᓐᓇ ᐃᓚᖓ ᐱᖓᓲᖅᑐᓂᒃ ᐊᐱᖅᑯᓯᓕᒃ ᐱᑦᑎᐊᖅᑕᐅᓯᒪᓐᖏᑦᑐᓄᑦ/ᐋᓐᓂᖅᑕᐅᓯᒪᔪᓄᑦ ᐊᑐᖅᓯᒪᔭᑎᑦ ᐋᓐᓂᐊᕕᒻᒥ ᐃᓂᓪᓚᖓᑎᓪᓗᑎᑦ

ᑭᐅᒋᐊᓕᑎᑦ ᐊᑕᖏᕐᓗᒋᑦ ᐱᖓᓲᖅᑐᑦ ᐋᓐᓂᐊᕕᒻᒥ ᐃᓂᓪᓚᖓᓚᐅᖅᓯᒪᓂᕐᓄᑦ. ᐆᑦᑑᑎᑕᓕᒃ ᑭᐅᔭᐅᕙᑦᑐᓂᒃ ᐊᑐᓂ ᐊᐱᖅᑯᓯᕐᓄᑦ ᐊᑐᐊᕈᑎᒋᔪᓐᓇᖅᑕᑎᑦ.

ᑖᒃᑯᐊ ᐊᐱᖅᑯᑏᑦ ᓇᓗᓇᐃᔭᐃᓯᒪᔪᑦ ᐃᒪᐃᑦᑐᓂᒃ:

- ᖃᖓ ᐱᑦᑎᐊᖅᑕᐅᓂᓐᖏᒻᒪᖔᖅᐱᑦ/ᐋᓐᓂᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ
- ᓇᒥ ᑕᐃᒪᐃᓚᐅᖅᓯᒪᒻᒪᖔᖅ
- ᑭᒃᑯᑦ ᐃᓚᒋᔭᐅᓂᖅᑲᑦ
- ᖃᓄᑦᑐᖅᑲᓂᖅ
- ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᒋᑦ ᐃᖅᑲᐅᒪᔭᑎᑦ

ᐅᖃᐅᓯᖅᑎᑦ ᐊᑐᕐᓗᒋᑦ ᑭᐅᖃᑦᑕᕐᓗᑎᑦ. ᒪᓕᒐᓕᕆᓂᕐᒥᑦ ᐅᖃᐅᓯᕐᓂᑦ ᐊᑐᓐᖏᒃᑲᓗᐊᕈᕕᑦ ᖃᓄᓐᖏᑦᑐᖅ ᐋᓐᓂᐊᕕᓕᕆᓂᕐᒥᓘᓐᓃᑦ.

ᐃᖅᑲᐅᒪᓪᓚᕆᓐᖏᒃᑯᕕᑦ, ᐃᖅᑲᐅᒪᔭᕐᓂᑦ ᐅᓂᒃᑳᕐᓗᑎᑦ, ᑐᓴᖅᓯᒪᔭᓐᓂᓪᓘᓐᓃᑦ ᐃᓚᓐᓂᑦ, ᔪᓇᖅᑲᑎᓐᓂᑦ, ᐋᓐᓂᐊᕕᒻᒥ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᓚᐅᖅᓯᒪᔪᒥᑦ, ᐃᓄᓕᕆᔨᒻᒥᓘᓐᓃᑦ, ᑭᐊᓪᓗ ᐅᖃᐅᑎᓐᓂᕐᒪᖔᖅᐱᑦ ᐅᖃᕐᓗᑎᑦ.

ᑭᐅᔭᕆᐊᖃᖅᑐᑎᑦ ᐱᖓᓲᖅᑐᓂᒃ ᐊᐱᖅᑯᓯᕐᓂᑦ ᐊᑐᓂ ᑲᒪᒋᔭᐅᑦᑎᐊᓐᖏᓐᓂᒥᓂᕐᓂᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓂᕐᓂᓪᓗ. ᐊᑕᐅᓯᐊᓐᖑᓐᖏᑦᑐᖅ ᑲᒪᒋᔭᐅᑦᑎᐊᖅᓯᒪᓐᖏᒃᑯᕕᑦ/ᐋᓐᓂᖅᑕᐅᓯᒪᓐᓂᕈᕕᑦ ᐊᑖᓂ ᑎᑎᕋᕕᑕᓕᒃ, ᐊᑐᕐᓗᒍ ᐃᓚᒍᑕᖓ B. ᖃᕋᓴᐅᔭᒨᖅᓯᒍᓇᖅᑐᑎᑦ ᐊᔾᔨᖓᓂᓪᓘᓐᓃᑦ ᐃᓚᒍᑕᖓᓐᓂ B−ᒥᑦ ᐊᑐᕐᓗᑎᑦ ᐊᒥᓲᐊᖅᑎᕈᓐᓇᑦᑎᐊᖅᑐᑎᑦ.

ᑦᑐᒥᑦ 2−ᒥ

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.*

ᓇᓗᓇᐃᖅᓯᑳᓂᕈᓐᓇᖅᑐᑎᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᒥᓂᕐᓂᑦ/ᐋᓂᖅᑕᐅᓂᒥᓂᕐᓂᑦ (ᐃᓱᒪᖅᓲᑏᑦ)

ᑖᓐᓇ ᐃᓚᖓ ᐃᓱᒪᖅᓲᑏᑦ. ᐊᑲᐅᒍᕕᑦ ᑭᓯᐊᓂ ᑎᑎᕋᕈᓐᓇᖅᑕᑎᑦ.

ᑎᑎᕋᕐᕕᖃᒃᑳᓂᕈᓐᓇᖅᑐᑎᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᒥᓂᕐᓂᑦ/ᐋᓂᖅᑕᐅᓂᒥᓂᕐᓂᑦ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐋᓂᐊᑯᒥ ᐃᓂᓪᓚᖓᑎᓪᓗᑎᑦ ᐱᖃᓯᐅᑎᓯᒪᓐᖏᑕᕐᓂᑦ ᐱᓇᓱᐊᕈᑎᔅᓂᑦ ᑕᑕᑎᓇᐊᓕᓐᓂᑦ.

ᐅᓂᒃᑳᖅᒃᑳᓂᖏᒃᑯᕕᑦ, ᑖᓇ ᑎᑎᕋᓇᐊᑐᓐᖏᑦᑐᖅ.

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.

ᐱᒪᓇᐅᔪᑦ ᐃᖅᑲᑎᑦᑎᒋᐊᕈᑎᑦ

- ᓂᕈᐊᕐᓗᑎᑦ ᐊᑕᐅᓯᕐᒥᑦ ᖃᓄᑎᒋ ᐋᓂᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ
- ᓂᕈᐊᕐᓗᑎᑦ ᖁᕝᕙᓯᓐᓂᖅᐹᒥ ᐊᑐᓇᐊᓕᓂᑦ
- ᐊᓯᔾᔨᕈᓐᓇᖏᑦᑐᖅ ᖃᓄᑎᒋ ᐋᓂᐊᖅᑕᐅᓂᒥᓂᕐᓃᑦ ᑐᓂᓯᒪᓕᖅᑎᓪᓗᒍ
- ᐊᐱᖅᑯᓯᓕᒫᑦ ᑭᐅᓗᒋᑦ
- ᐊᑐᕐᓗᒍ ᐃᓚᒍᑕᖅ B ᑎᑎᕋᕐᕕᔅᖃᒃᑳᓂᓇᐊᖅᑭᕕᑦ

ᐃᓚᖓ 3 – ᐊᑭᓕᐅᑎᖓᑦ ᒥᔅᓵᓄᑦ (ᐱᑕᖃᕆᐊᓖᑦ)

ᐃᓚᖓ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐅᓂᒃᑳᕐᕕᒋᓂᐊᖅᑕᐃᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᖃᓄᖅ ᑮᓇᐅᔭᖅᑖᕈᒪᓚᐅᕐᒪᖔᖅᐱᑦ ᐊᖏᖅᑕᐅᓯᒪᓕᕐᓂᕈᕕᑦ ᐱᔪᒪᓇᓱᐊᕈᑎᓐᓄᑦ.

ᐱᔭᕇᕐᓂᕈᕕᐅᒃ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐃᑲᔪᖅᑎᖃᕐᓗᑎᑦ ᒪᓕᒐᓕᕆᔨᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑭᒡᒐᖅᑐᐃᔨᒥᑦ ᐱᓇᓱᑦᑐᒧᑦ, ᑮᓇᐅᔭᖅᑖᕈᑎᔅᓴᕗᑦ ᒥᔅᓵᓄᑦ ᑎᑎᕋᓐᖏᓪᓗᑎᑦ. ᑖᓐᓇ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᑭᓕᐅᑎ ᑐᓂᔭᐅᒐᔭᕐᖓᓗᓕ ᐱᓇᓱᐊᖅᑐᒧᓪᓚᕆᒃ.

ᑐᐊᕕᐊᕆᓐᖏᓪᓗᒋᑦ ᑎᑎᕋᖅᑕᑎᑦ. ᓂᕈᐊᕐᓗᑎᑦ ᖃᓄᖅ ᐊᑭᓕᖅᑕᐅᒐᔭᕐᒪᖔᖅᐱᑦ ᐊᒻᒪᓗ ᑎᑎᕋᑦᑎᐊᕐᓗᒋᑦ ᑭᖑᕙᖅᓯᒪᓂᐊᓐᖏᒻᒪᑕ ᐱᓇᓱᐊᖅᑕᑎᑦ.

ᐊᑭᓕᐅᑏᑦ ᐃᒫᒃ ᐃᓯᒪᖅᑰᖅᑏᑦ ᓂᕈᐊᕐᓗᑎᑦ

ᓂᕈᐊᕈᓇᖅᑐᑎᑦ **ᐊᑕᐅᓯᕐᒥᑦ** ᐅᑭᓂᖓ ᐊᑭᓕᖅᑕᐅᓂᕆᓂᐊᖅᑕᕐᓂᑦ:

- ᓯᒃᑭᒃᑯᑦ, ᐅᕝᕙᓘᓐᓃᑦ
- ᑮᓇᐅᔭᒃᑯᕕᐊᓐᓄᑦ ᐴᖅᑕᐅᑦᑕᐅᑎᒋᓗᓂ

ᓯᒃᑭᒃᑯ

ᓯᒃᑭᑎᒍᑦ ᐊᑭᓕᖅᑕᐅᒍᒪᒍᕕᑦ, ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᑐᔩᑕᐅᒐᔭᖅᑐᑦ ᐱᓇᓱᐊᖅᑑᑉ ᑐᕋᖓᑎᖓᓄᑦ ᐃᓚᒍᑕᖓᓐᓂ 1B–ᒥᑦ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ – ᐱᓇᓱᐊᖅᑑᑉ ᒥᔅᓵᓂᖓᔪᑦ.

ᑐᓂᓯᓂᐊᕈᕕᑦ ᐱᔪᒪᔾᔪᑎᒥᑦ ᐱᔅᑯᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᓗᑎᑦ, ᓯᒃᑭᓕᐅᖅᑕᐅᒐᔭᖅᑐᑦ ᑕᐃᒃᑯᐊ ᓱᓇᒃᑯᑖᖑᓂᓄᑦ ᑐᖁᖓᔫᑉ ᐱᓇᔪᑎᖏᓐᓄᑦ ᐊᒻᒪᓗ ᑐᕌᑕᐅᓗᑎᑦ ᐱᔅᑯᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᖕᒐᓄᑦ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ ᐃᓚᒍᑕᖓᓐᓂ C–ᒥᑦ.

ᑐᓂᓯᓂᐊᕐᓂᕈᕕᑦ ᐱᔪᒪᔾᔪᑎᒥᑦ ᖃᒪᑦᑕᐅᓂᑯᓂᑦ, ᓯᒃᑭᓕᐅᕋᔭᖅᑐᑦ ᐃᓕᓐᓄᑦ ᐊᒻᒪᓗ ᑐᕋᕐᑎᓄᑦ ᑐᔩᑕᐅᓗᓂ ᐃᓚᒍᑕᖓᓐᓂ C–ᒥᑦ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ.

ᑐᓂᓯᓂᐊᕐᓂᕈᕕᑦ ᑐᔅᓯᕋᐅᒻᒥᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᓐᓂᑦ (ᓴᓐᖏᓂᖃᖅᑎᑕᐅᓗᑎᑦ), ᓯᒃᑭᓕᐅᖅᑕᐅᒐᔭᖅᑐᖅ ᑐᔅᓯᕋᖅᑐᖅ ᑐᕌᑕᐅᓗᓂ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐃᓚᒍᑕᖓᓂ D–ᒥᑦ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ.

ᑐᓂᓯᓂᐊᕐᓂᕈᕕᑦ ᖃᒪᑦᑕᒥᓂᕐᒥᑦ ᐅᑭᐅᑭᑦᑐᒧᑦ ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᖅ ᑕᐃᓐᓇ ᐸᐸᑦᑎᔪᖅ ᖃᒪᑦᑕᒥᓂᕐᓂᑦ.

ᑐᑭᓯᑎᖓ ᑎᑎᕋᖅᓯᒪᑦᑎᐊᕐᓗᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᔭᕇᖅᓯᒪᑦᑎᐊᕐᓗᒍᓗ.

ᑐᑭᓯᑏᑦ ᐊᓯᔾᔨᓂᖅᑲᑦ ᑐᓂᓯᓯᒪᓕᖅᑎᓪᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐅᖃᐅᑎᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᐊᓯᔾᔨᖅᑐᐊᓪᓚᑲᐸᑦ ᑐᑭᓯᑏᑦ.

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

ᐊᑭᓖᑦ ᑮᓇᐅᔭᒃᑯᕕᒻᒧᑦ ᐴᖅᑕᐅᑦᑕᐅᑎᒋᓗᓂ

ᐴᖅᑕᐅᑦᑕᐅᑎᒋᔅᑯᒍᕕᐅᒃ ᓯᒃᑮᑦ, ᑮᓇᐅᔭᒃᑯᕕᐊᓐᓄᑦ ᐴᖅᑕᐅᒐᔭᖅᑐᖅ.

ᐴᖅᑕᐅᑦᑕᐅᑎᒋᔅᑯᒍᕕᐅᒃ ᓯᒃᑭ, ᑎᑎᕋᓇᐊᖅᑲᒥᔪᑎᑦ ᑮᓇᐅᔭᒃᑯᕕᐊᓗᒻᒥᑦ ᐴᖅᑕᐅᑦᑕᐅᑎᒥᓂᐊᕐᓂᖓᓐᓂᒃ ᑮᓇᐅᔭᒃᑯᕕᐊᓕᕆᓂᕐᒧᑦ ᒪᓕᑦᑐᑦ ᑐᓂᓯᔪᓂᒃ ᐱᓇᓱᐊᕈᑎᖏᓐᓂ.

ᑮᓇᐅᔭᒃᑯᕕᐊᓗᓂᐅᑉ ᒥᔅᓵᓄᑦ.

ᑕᐃᒫᓪᓚᓇᒃ ᑎᑎᕋᑦᑎᐊᕐᓗᒍ ᑕᐃᒪᐃᓕᖕᒐᓪᓚᑦ ᑎᑎᕋᖅᓯᒪᔪᖅ ᐱᓇᓱᐊᖅᑐᔾᔭᐅᑉ ᐅᕝᕙᓘᓐᓃᑦ ᐱᔅᑯᑎᓂᒃ ᑭᒡᒐᖅᑐᐃᔪᖅ ᑮᓇᐅᔭᒃᑯᕕᐊᓗᒻᒥᑦ. ᑕᒫᓂᖃᐃ ᐱᖃᓯᐅᔾᔭᐅᓂᐊᖅᑐᑦ ᐃᒪᐃᑦᑐᓂ:

- ᑮᓇᐅᔭᒃᑯᕕᐅᑉ ᓈᓴᐅᑎᖓ ᑐᕌᑎᐅᓂᐊᕐᓂᖓᓄᑦ ᓈᓴᐅᑎᖓᓗ
- ᑎᒥᐅᔫᑉ ᓈᓴᐅᑎᖓ
- ᑮᓇᐅᔭᒃᑯᕕᐅᑉ ᓈᓴᐅᑎᖓ

ᓯᒃᑯᒥ ᑕᒪᒃᑯᐊ ᑎᑎᕋᖅᓯᒪᓗᐊᑦᑐᑦ, ᑮᓇᐅᔭᒃᑯᕕᐊᓗᒻᒥᑦ ᐴᖅᑕᐅᑦᑕᐅᑎᓂᐊᖅᑎᓪᓗᒍ ᑕᑕᑎᕆᐊᓕᑦᑕᓕᒃ, ᖃᕋᓴᐅᔭᒃᑯᓗ ᑮᓇᐅᔭᓕᕆᓂᕐᒧᑦ ᐱᔪᓇᕐᒥᔭᐃᑦ.

☐ Please select this option if you would like compensation by direct deposit.

Bank account information

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Transit number

☐☐☐
Institution number

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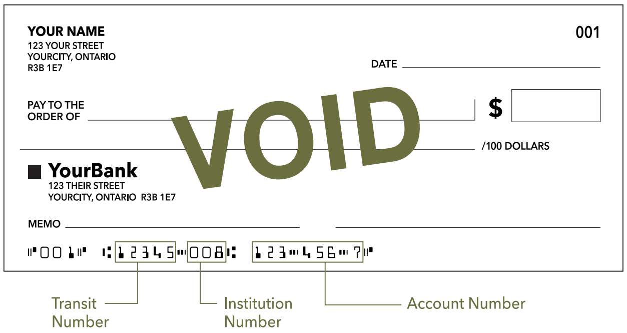
Account number (7-12 digits)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Account Number

ᖃᐅᔨᒪᔭᐅᑦᑎᐊᕆᐊᓖᑦ ᑭᓇ ᐊᑭᓕᖅᑕᐅᒐᔭᕐᒪᖔᖅ

ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᒍᕕᑦ, ᐃᓇᓱᐊᖅᑐᓄᑦ ᐱᖁᑎᓂᒃ ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑦ ᑐᖁᖓᔪᒧᑦ ᐱᓇᓱᐊᕈᔾᔭᔪᒧᑦ ᐱᔪᓐᓇᖅᑕᒥᓂᕐᒥᓂᒃ.

ᑮᓇᐅᔭᒃᑯᕕᒻᒥᑦ ᒪᑐᐃᖅᓯᓗᑎᑦ ᐱᖁᑎᓄᑦ, ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑦ ᔫᖅᑕᐅᑦᑕᐅᑎᒋᓗᑎᑦ ᑮᓇᐅᔭᒃᑯᕕᓐᓄᑦ. ᓯᒃᑭᐅᒍᓐᓇᕐᒥᔪᑦ, ᓯᒃᑭ ᐊᑎᖃᕐᓗᓂ ᐱᖁᑎᓅᖓᓗᐊᓂᒃ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒧᑦ ᐱᓇᓲᑕᐅᔪᒧᑦ.

ᐱᓇᓱᐊᖅᑐᖅ ᐊᖏᖅᑕᐅᓯᒪᓕᖅᑳᑦ ᕿᒪᐃᕕᐅᓂᕐᒨᖓᓗᐊᓂᒃ, ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑦ ᑕᐃᑯᖓᓪᓚᕆᒃ ᕿᒪᐃᕕᐅᓯᒪᔪᖅ. ᐱᓇᓱᐊᖅᑐᖅ ᐊᖏᖅᑕᐅᓯᒪᓕᖅᑳᑦ ᕿᒪᐃᕕᒥᓂᕐᓄᑦ ᐅᑭᐅᑭᓗᐊᖅᑳᑦ, ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑦ ᑮᓇᐅᔭᓂᒃ ᐸᐸᑦᑎᔨᓂᒃ ᑕᐃᑯᖓ ᕿᒪᑦᑕᐅᓯᒪᔪᒧᑦ.

ᑐᓂᓯᓂᐊᕐᓂᕈᕕᑦ ᑐᔅᓯᕋᐅᒻᒥᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᓐᓂᑦ (ᓴᖕᒋᓂᖃᖅᑎᑕᐅᓗᑎᑦ), ᓯᒃᑭᓕᐅᖅᑕᐅᒐᔭᖅᑐᖅ ᑐᔅᓯᕋᖅᑐᖅ ᑐᔫᑕᐅᓗᓂ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐃᓚᒍᑕᖓᓂ D–ᒥᑦ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ.

ᑕᐃᒪᐃᓂᖅᑳᑦ, ᑮᓇᐅᔭᒃᑯᕕᒻᒥᑦ ᒪᑐᐃᖅᓯᒪᔪᖃᕆᐊᓕᒃ ᐱᓇᓱᐊᖅᑐᒧᑦ ᑮᓇᐅᔭᖅᑖᖅᑎᑕᐅᓂᕐᒪᑦ, ᑭᓯᐊᓂᓕ ᐊᓯᐊᒍᑦ ᐋᖅᑮᓯᒪᓐᓂᖅᑲ ᐸᐃᑉᐹᖅᑎᒍᑦ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᓗᓂ ᑭᒡᒐᖅᑐᐃᓂᐊᖅᑐᖅ.

ᑭᐊᓪᓗ ᑮᓇᐅᔭᒃᑯᕕᒥᒻᒪᖔᒍ

- ᐱᓇᓱᐊᖅᑎᐅᒍᕕᑦ, ᑮᓇᐅᔭᒃᑯᕕᓕᕆᓃᑦ ᑎᑎᕋᕐᓗᒍ.
- ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᒍᕕᑦ, ᑮᓇᐅᔭᒃᑯᕖᑦ ᑎᑎᕋᕐᓗᒍ
- ᓱᓇᒃᑯᑖᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᑉᐸᑦ, ᑮᓇᐅᔭᒃᑯᕕᓕᕆᔾᔪᑎᖓᓂ ᑎᑎᕋᖅᓯᓗᑎᑦ ᓱᓇᒃᑯᑖᕐᓄᑦ.
- ᕿᒪᐃᕕᐅᓯᒪᔫᑉᐸᑕ, ᑮᓇᐅᔭᒃᑯᕕᓕᕆᔾᔪᑏᑦ ᑎᑎᕋᕐᓗᒍ.
- ᐱᓇᓱᐊᖅᑐᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᒪᐃᕕᐅᓯᒪᓐᓂᖅᑲᑦ ᐅᑭᐅᑭᑦᑑᓗᓂ, ᐱᓇᓱᐊᖅᑑᑉ ᑮᓇᐅᔭᒃᑯᕕᖓ ᑎᑎᕋᕆᐊᓕᒃ, ᑭᓯᐊᓂᓕ ᐊᓯᐊᓂ ᐋᖅᑮᓯᒪᓐᓂᖅᑲᑕ ᒪᓕᒡᓗᑎᑦ ᐸᐃᑉᐹᓂᑦ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᔪᒧᑦ ᑭᒡᒐᖅᑐᐃᔨᒧᑦ.

ᑕᐃᓐᓇᑦᓕᕆᐅᒻᒪᖔᖅ ᖃᐅᔨᒪᑦᑎᐊᕐᓗᑎᑦ ᑮᓇᐅᔭᒃᑯᕕᓕᕆᓂᖅ. ᑕᒻᒪᖅᓯᒪᓐᓂᖅᑲ ᑭᖑᕙᕋᔭᕐᖓᑦ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᔅᓴᐃᑦ.

ᓈᒻᒪᑦᑎᐊᕆᐊᖃᕐᓂᖏᑦ ᐱᒻᒪᕆᐅᒻᒪᑕ

ᐊᑕᐅᓯᐊᖕᒋᓪᓗᒋᑦ ᖃᐅᔨᓴᖃᑦᑕᒃᑭᑦ ᓈᓴᐅᑏᑦ ᑮᓇᐅᔭᒃᑯᕕᓐᓄᑦ ᐊᓯᐊᓅᓚᐅᖕᒋᓂᕐᓂᑦ.

ᑕᒻᒪᖅᓯᒪᔪᑦ ᑭᑭᑦᑎᓯᒪᔪᓘᓐᓃᑦ ᓈᓴᐅᑎᒥᑦ ᐊᑭᓕᐅᑎᔅᓯᐊᕐᒥᑦ ᑭᖑᕙᕋᔭᕐᒪᑕ.

ᑮᓇᐅᔭᒃᑯᕕᓕᕆᓂᕐᒥᑦ ᓇᓗᕈᔪᒃᑯᕕᑦ, ᖃᐅᔨᕆᐊᕈᓐᓇᕐᒥᔪᑎᑦ ᑮᓇᐅᔭᒃᑯᕕᒋᔭᕐᓂᑦ ᑐᓂᓯᓚᐅᖕᒋᓂᕐᓂᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᒻᒥᑦ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 30

ᐊᓯᔾᔩᓐᓂᕈᕕᑦ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᔅᓴᓐᓂᑦ

ᐊᓯᐊᒍᑦ ᐊᑯᓕᖅᑕᐅᔪᒪᓐᓂᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᔾᔨᓂᖅᑲᑦ ᑐᓂᓯᓚᐅᖅᑎᓪᓗᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ, ᖃᐅᔨᑲᕐᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑕᕝᕙᑦᑕᐅᑎᒋ
ᐅᖄᓚᕕᒋᔪᓇᖅᑕᐃᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑎ ᐅᕗᖓ 1-888-592-9101.

ᑕᒻᒪᖅᑕᐅᒐᔪᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓗᒋᑦ
• ᐊᑕᐅᓯᐅᓐᖏᑦᑐᒥᑦ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᒋᔪᒪᔭᕐᓂᑦ
• ᑮᓇᐅᔭᒃᑯᕕᒻᒥᑦ ᑕᒻᒪᕐᓂᕈᕕᑦ ᐃᓄᒻᒧᑦ ᑮᓇᐅᔭᒃᑯᕕᒻᒥᓘᓐᓃᑦ
• ᑎᑎᕋᕐᓗᒍ ᑕᒻᒪᖅᓯᒪᔪᖅ ᓇᓗᓇᐃᒃᑯᑎᖓ ᑮᓇᐅᔭᒃᑯᕕᐅᑉ ᐅᕝᕙᓘᓐᓃᑦ ᑮᓇᐅᔭᒃᑯᕕᖓᑦᑕ ᓈᓴᐅᑎᖓ
• ᐊᓯᔾᔨᓂᖅᑲᑦ ᑐᕌᕈᑏᑦ ᐅᖃᐅᓯᕆᓐᓂᖏᒃᑯᕕᐅᒃ.

ᓂᕈᐊᕐᓗᑎᑦ ᒪᓕᒋᐊᓕᓐᓂᑦ ᐱᓯᒪᑦᑎᐊᕋᓗᐊᕐᒪᖔᖅᐱᒋᑦ

ᓯᕗᒧᐊᓚᐅᓐᖏᓂᓐᓂᑦ, ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐃᒪᐃᑦᑐᓂᑦ:
• ᐊᑕᐅᓯᕐᒥᑦ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᔅᓴᓂᑦ ᑎᑎᕋᕐᓗᑎᑦ
• ᑐᕌᕈᑏᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐱᑎᐊᖅᓯᒪᓗᓂ ᓯᒃᑭᑖᖔᕈᒪᓐᓂᕈᕕᑦ
• ᑎᑎᕋᖅᑎᐊᖅᓯᒪᓗᓂ ᑮᓇᐅᔭᒃᑯᕕᓕᕆᓂᖅ ᐴᖅᓯᐅᑦᑕᐅᑎᒋᔪᒪᓐᓂᕈᕕᑦ ᑮᓇᐅᔭᒃᑯᕕᓐᓄᑦ
• ᑮᓇᐅᔭᒃᑯᕕᓕᕆᓂᕐᒧᑦ ᓈᓴᐅᑎᓕᒫᑦ ᑎᑎᕋᖅᓯᒪᑦᑎᐊᕆᐊᓖᑦ ᓈᒻᒪᑎᐊᕐᓗᑎᓪᓗ

ᐃᓚᒍᑕᖏᑦ − ᐃᓚᓯᒋᐊᖃᕐᓂᕈᕕᑦ ᐱᕙᕇᕋᐊᕐᓗᒍ

ᐃᓱᓕᑦᑎᓕᕈᕕᑦ ᐃᓚᖓᓐᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ. ᒪᓕᑦᑐᑦ ᖃᓄᐃᓕᖓᓂᖏᓐᓂ, ᐃᓚᒍᓕᒃ ᐱᔭᕇᕆᐊᓕᓐᓂᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐱᔭᕇᕆᐊᓖᑦ, ᑐᔫᑎᒋᓚᐅᓐᖏᓂᕐᓂᑦ ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ.
ᐊᑕᖏᑦᑖᓗᒋᔅᓴᐃᓇᕆᐊᑐᓐᖏᑦᑐᑦ ᐃᓚᒋᑕᐃᑦ ᐊᓯᖏᓐᓄᑦ ᐋᒡᒐᐅᒐᓗᐊᖅ. ᐃᓚᒍᑕᖏᑦ ᐱᖃᓯᐅᑎᒋᐊᓖᑦ ᐊᓯᖏᓐᓄᑦ ᖃᓄᐃᑦᑐᓄᑦ. ᐃᓚᖓᓪᓕ ᐊᑐᐊᖅᓯᔾᔪᑎᐅᓂᐊᓕᕐᒥᔪᖅ ᐃᓚᒋᑕᐃᑦ ᒥᔅᓵᓄᑦ ᓇᓗᓇᐃᔭᖅᓯᒪᑦᑎᐊᕐᓂᖏᑦ.

ᐃᓚᒍᑕᖓ A − ᐊᓯᒃᑲᓐᓂᖏᓐᓄᑦ ᒐᕙᒪᑐᖃᒃᑯᓐᓂ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᒥᓃᑦ ᐃᓚᒍᑕᖏᖅ ᐱᑕᕆᓖᑦ ᐱᑦᑎᐊᖅᑕᐅᓯᒪᓐᖏᒃᑯᕕᑦ/ᐋᓐᓂᖅᑕᐅᓯᒪᒍᕕᑦ ᐊᑕᐅᓯᐅᓐᖏᑦᑐᓄᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ ᐃᓂᓪᓚᖓᓂᓐᓂ ᐊᐅᓚᑕᐅᔪᓄᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ. ᐱᖃᐅᓯᔾᔨᒍᓐᓇᖅᑐᑦ ᐃᓂᓪᓚᖓᔪᒥᓂᐅᓂᕐᓄᑦ ᑕᐃᑲᓂᔅᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒥ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓂᓪᓚᑦᑐᒥᓂᐅᐸᑕ ᐊᓯᖏᓐᓄᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ. ᐊᑐᕐᓗᒍ ᐃᓚᒍᑕᖓ A ᑕᐃᑲᓂᔅᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒥ ᐃᓂᓪᓚᖓᓐᓂᖅᑲᑦ ᓯᕗᓂᖓᓂ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐊᑐᓂ ᐃᓂᓪᓚᖓᖃᑦᑕᕐᓂᒥᓂᖓᓐᓅᖓᔪᑦ. ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒍ ᐊᔾᔨᖓᓂᓘᓐᓃᑦ ᐱᓗᑎᑦ ᐃᓚᒍᑕᖓᓐᓂ A−ᒥᑦ ᖃᑦᑎᐊᖅᑎᑐᐃᓐᓈᓗᒃ ᐱᔪᓇᖅᑐᑎᑦ ᐊᔾᔨᖓᓐᓂ ᐱᓇᓲᑎᓄᑦ.

ᐃᓚᒍᑕᖓ B – ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐅᓂᒃᑳᑦᑎᐊᕐᓗᑎᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᑕ ᒥᔅᓵᓄᑦ ᐃᓚᒍᑕᖓᓂ ᐱᑕᖃᕆᐊᓕᒃ ᑎᑎᕋᕐᕕᔅᓴᖃᒃᑲᓐᓂᕆᐊᖃᕈᕕᑦ ᐱᑦᑎᐊᖅᑕᐅᓂᕆᓯᒪᓐᖏᑕᓐᓄᑦ/ ᐋᓐᓂᖅᑕᐅᓯᒪᓂᓄ ᐃᓂᓪᓚᖓᓂᓐᓂᑦ
ᐃᓂᓪᓚᖓᖃᑦᑕᓂᓂᓪᓘᓐᓃᑦ.
ᐱᖃᓯᐅᔾᔨᒍᓐᓇᖅᑐᑦ ᐱᑦᑎᐊᖅᑕᐅᓐᓃᑦ ᐋᓐᓂᖅᑕᐅᓃᓪᓘᓐᓃᑦ ᑕᕝᕙᓂᔅᓴᐃᓐᓇᐅᒐᓗᐊᖅᑲᑦ ᐋᓐᓂᐊᕕᒻᒥ ᐊᓯᐊᓂᓘᓐᓃᑦ. ᐊᑐᓂ ᑎᑎᕋᖃᑦᑕᕐᓗᒋᑦ ᐊᑐᖅᓯᒪᔭᑎᑦ, ᑭᐅᓗᒋᓪᓗ ᐊᐱᖅᑯᓰᑦ. ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕈᓐᓇᖅᑕᐃᑦ ᐊᔪᕆᓪᓗᒍᓘᓐᓃᑦ ᐃᓚᒍᑕᖓ B ᖃᑦᑎᐊᖅᑎᑐᐃᓐᓇᐅᒐᓗᐊᖅᑲᑦ ᐱᔭᕇᕋᓱᐊᕐᓗᒍ
ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ.

ᐃᓚᒍᑕᖓ C − ᑐᖁᖓᓕᖅᑐᓄᑦ ᐱᔪᒪᔾᔪᑏᑦ: ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨ (ᐊᖏᖅᑕᐅᓯᒪᑉᐸᑦ
ᐊᖏᖅᑕᐅᓯᒪᓐᖏᒃᑲᓗᐊᖅᑯᑦ
ᐃᓚᒍᑕᖓ ᑐᓂᒋᐊᖃᕐᒥᔪᖅ ᐱᓇᓱᐊᖅᑐᒧᑦ ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨ, ᕿᒪᐃᕕᐅᓯᒪᔪᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐱᑎᑕᐅᒋᐊᓕᒃ (ᑯᐸᒃ ᑐᐊᒥ) ᐱᓇᓱᐊᕈᑎᐅᔪᑦ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒧᑦ. ᐃᓚᒍᑕᖓ ᓄᐊᑕᐅᔪᑦ ᐱᔭᐅᒋᐊᓖᑦ ᓇᓗᓇᐃᖅᓯᔾᔪᑕᐅᓂᐊᕐᖓ ᐃᕝᕕᑦ ᑎᒍᒥᐊᖅᑕᖏᓐᓂ ᐱᔪᓐᓇᕐᓂᖓᓐᓂᓪᓗ ᑐᓂᓯᑎᓪᓗᑎᑦ ᐱᓇᐊᕈᑎᒥᑦ ᑭᒡᒐᖅᑐᕐᓗᒍ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᖅ ᐱᓇᓱᒍᓐᓇᖅᑐᒥᓂᐅᒐᓗᐊᖅ. ᓯᕗᓪᓕᖅᐸᐅᑎᒋᐊᖃᕐᓂᖅᑲᑦ ᕿᒪᒃᑲᑯᓂᒃ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑐᒧᑦ

ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᑭᑦᑐᒧᑦ, ᐱᔭᕇᕆᐊᓖᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑎᑎᕋᕐᕕᒋᓗᒍ ᐃᓚᒍᑕᖓ C ᐊᒻᒪᓗ ᐸᐃᑉᐹᓂ ᓂᓯᓗᑎᑦ ᓇᒻᒥᓂᖅᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᓇᒻᒥᓂᖅ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 31

ᐃᓚᒍᑕᖓ D − ᓇᒻᒥᓂᖅ ᑭᒡᒐᖅᑐᐃᔨᖓ ᐱᔪᒪᔾᔪᑎᓄᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᓐᓄᑦ
ᐃᓚᒍᑕᖓᓐᓂ ᐱᔭᕆᐊᓖᑦ ᑐᓂᓯᓂᐊᕐᓗᓂ ᐱᓇᓲᑎᒥᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᓗᑎᓗ ᐅᕝᕙᓘᓐᓃᑦ ᓴᓐᖏᓂᖃᖅᑎᑕᐅᓗᓂ ᑎᒍᒥᐊᕐᓗᓂ ᑕᐃᔅᓱᒧᖓ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ. ᐃᓚᒍᑕᖏᑦ ᓄᐊᑕᐅᔪᑦ ᓴᓐᖏᓂᖃᖅᑎᑕᐅᓗᓂ ᐱᔪᓐᓇᕐᓗᑎ ᐱᓇᓱᐊᖅᑐᒥᑦ ᑭᒡᒐᖅᑐᐃᓗᓂ.

ᐃᓚᒍᑕᖓ E − ᐃᒻᒥᒃᑰᖅᑐᖅ ᒪᓕᒐᓕᕆᔨ

ᐃᓚᒍᑕᖓ ᐱᖃᓯᐅᑎᒋᐊᓕᒃ ᐃᑲᔪᖅᑕᐅᓐᓂᕈᕕᑦ ᒪᓕᒐᓕᕆᔨᒧᑦ ᐱᓇᓱᐊᖅᑎᓪᓗᑎᑦ. ᐃᓚᒍᑕᖓ ᑎᑎᕋᖅᓯᒪᔪᑦ ᒪᓕᒐᓕᕆᓂᕐᒥᑦ ᐱᖃᑎᖃᖅᑎᓪᓗᑎᑦ.

ᐃᓚᒍᑕᖓ F − ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᑕ ᑎᑎᕋᕐᕕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ
ᐃᓚᒍᑕᖓ ᑎᑎᕋᕆᐊᓖᑦ ᐱᖃᓯᐅᔾᔨᔪᑦ ᐃᑲᔫᑎᐅᔪᓐᓇᖅᑐᖅ ᐳᐃᒍᐃᔾᔮᖏᓐᓇᕕᑦ ᐱᖃᓯᐅᑎᒋᐊᓕᓐᓂᒃ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᑐᔪᐃᓚᐅᓐᖏᓂᕐᓂᑦ. ᐊᑐᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᕆᐊᓕᒃ ᕿᒥᕐᕈᔭᐅᑦᑎᐊᕐᓂᐊᕐᖓᑕ ᐱᓇᓱᐊᕈᑕᐅᔪᑦ. ᐱᖃᓯᐅᔾᔨᖏᑦᑐᑕᖃᕐᓂᖅᑲᑦ ᐃᓚᖓᓐᓂᓪᓘᓐᓃᑦ ᐱᔭᕇᖅᓯᒪᔪᖃᓐᖏᑉᐸᑦ, ᐊᑯᓂᐅᓂᖅᓴᐅᑎᑦᑎᒐᔭᕐᖓᑕ ᐱᓇᓱᐊᖅᑕᐃᑦ ᕿᒥᕐᕈᔭᐅᒋᐊᖃᕐᓂᖓ. ᕿᒥᕐᕈᑦᑎᐊᕐᓗᒋᑦ ᑐᐊᕕᓐᖏᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐱᖃᓯᐅᑎᒐᓗᐊᕐᒪᖔᑕ ᑕᐃᒫᒃ ᑭᖑᕙᓐᖏᓂᖅᓴᐅᓂᐊᕐᖓᑕ.

ᐱᓚᒍᑕᖅ A − ᐊᓯᒃᑲᓐᓂᖏᓐᓄᑦ ᒐᕙᒪᑐᖃᒃᑯᓐᓂ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ

ᐃᓂᓪᓚᓐᓂᒥᓃᑦ

ᐃᓚᒍᑕᖓᓂ ᐱᖃᓯᐅᑎᒋᐊᓕᒃ ᐱᑦᑎᐊᖅᑕᐅᓂᖏᑯᕕᑦ/ᐋᓐᓂᖅᑕᐅᓐᓂᕈᕕᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐃᓂᓪᓚᖓᑎᓪᓗᑎᑦ ᐱᓇᓱᐊᕐᓂᕐᓂᑦ.

ᐃᒪᐃᑦᑐᓂᒃ ᐱᖃᓯᐅᔾᔨᓗᑎᑦ:
• ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐃᓂᓪᓚᓐᓂᕈᕕᑦ ᑕᐃᑯᖓᔅᓴᐃᓐᓇᖅ ᒐᕙᒪᑐᑲᑦᑐᑦ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᖓᓐᓄᑦ
• ᐃᓂᓪᓚᓐᓂᕈᕕᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐊᑕᐅᓯᕐᒧᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᓄᑦ ᐋᓐᓂᐊᕕᖓᓐᓄᑦ
• ᑲᑎᓪᓗᒋᑦ ᑕᒪᒃᑮᒃ
ᐊᑕᐅᓯᑐᐊᕐᒥᑦ ᐃᓂᓪᓚᔅᓯᒪᓂᕐᓄᑦ ᑎᑎᕋᕐᓂᕈᕕᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ, ᑖᓐᓇ ᐃᓚᒍᑕᖓ ᐱᒋᐊᑐᓐᖏᑦᑐᖅ.

ᑖᓐᓇ ᐃᓚᒍᑕᐅᔪᖅ ᐊᐱᖅᓱᕐᓂᐊᖅᑐᑦ ᐅᓂᒃᑳᕈᓐᓇᕐᒪᖔᖅᐱᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᕐᓂᑦ. ᐃᓚᖏᓐᓄᑦ, ᐃᖅᑲᐅᒪᓇᓱᐊᕐᓗᒋᑦ
ᑕᒪᒃᑯᐊ ᑕᖃᓇᕐᖓ ᐊᔅᓱᕈᓐᓇᖅᑐᓪᓘᓐᓃᑦ. ᓄᖅᑲᖓᑲᐃᓐᓇᖃᑦᑕᕐᓗᑎᑦ ᐅᑎᕐᕕᒋᓂᐊᕋᕕᐅᒃ ᐃᓚᒍᑕᖓ ᐊᑐᐃᓐᓇᐅᓕᕐᒥᒍᕕᑦ. ᐊᑕᐅᑦᑎᐅᒃᑯᐊᓗᒃ ᐱᔭᕇᕆᐊᑐᓐᖏᐃᑦ.
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑏᑦ ᐊᑐᐃᓐᓇᑦᑎᐊᕐᒥᔪᑦ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᕈᕕᑦ ᑐᔅᓯᕌᕆᔭᕐᓂᑦ ᓇᑭᑦ ᐸᐃᑉᐹᓐᓂᑦ ᐱᔪᓐᓇᕐᒪᖔᖅᐱᑦ
ᐅᖃᐅᔨᒍᓐᓇᖅᑐᑦ. ᐱᔪᒪᔾᔪᑎᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ ᐅᖄᓚᒍᓐᓇᖅᑐᑎᑦ ᐅᕗᖓ 1-888-592-9101, ᐅᖃᐅᒥᓪᓗ ᐊᑐᕈᒪᔭᐃᑦ ᐊᑐᕐᓗᒍ ᓇᕿᓪᓗᒍᓗ 2.

ᐃᓚᒍᑕᖓ A ᑎᑎᕋᕐᕕᐅᑲᓐᓂᕈᓐᓇᖅᑐᖅ ᐃᓂᓪᓚᓐᓂᕈᕕᑦ ᐱᔭᐅᒍᒪᖅᑲᐅᔪᓂᒃ ᐃᓚᖓᓐᓂ 2A−ᒥᑦ. ᐊᑐᓂ ᐊᐱᖅᑯᓰᑦ ᐃᓚᒍᑕᖓᓐᓂ A−ᒥᑦ ᐊᑦᑐᐊᔪᐃᓐᓇᐃᑦ ᐊᑕᐅᓯᐊᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᑦᑐᒥᓂᕐᒧᑦ. ᑕᐃᒫᔅᓴᐃᓐᓇᖅ ᑎᑎᕋᕐᓗᒋᑦ ᐊᑐᓂ ᐃᓂᓪᓚᑲᓐᓂᖅᓯᒪᓐᓂᕈᕕᑦ
ᐊᑐᓂ ᐃᓂᓪᓚᑲᓐᓂᖅᑐᒥᓂᕐᓄᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ:
• ᐱᔭᕇᖅᑕᐃᓐᓇᕆᓗᒋᑦ ᐊᐱᖅᑯᓰᑦ
• ᓯᕗᒧᐊᑉᐸᓪᓕᐊᓂᖅ ᐊᓯᖏᓐᓅᕐᓗᓂ ᐃᓂᓪᓚᓐᓂᑯᒥᓂᕐᓅᖓᔪᑦ

ᑎᑎᕋᕐᕕᔅᓴᖃᒃᑲᓐᓂᕆᐊᖃᕈᕕᑦ ᐃᓚᒍᑕᖓᓐᓂ A−ᒥᑦ ᐊᑐᕈᓐᓇᖅᑐᑎᑦ, ᖃᕋᓴᐅᔭᕐᒨᓗᒋᑦ ᐊᔾᔨᖓᓂ ᐱᓗᑎᑦ
ᐃᓚᒍᖓᓐᓂ A−ᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐸᐃᑉᐹᒃᑲᓐᓂᑐᐃᓐᓇᕐᒥᑦ ᐊᑐᕐᓗᑎᑦ ᐱᖃᓯᐅᑎᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒧᑦ. ᐱᒻᒪᕆᐅᒻᒥᔪᖅ ᐃᓚᒍᑕᖓ A ᑐᓂᖃᓯᐅᑎᒋᐊᓕᒃ ᐱᔭᕆᖅᓯᒪᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.

ᑐᑭᓯᒋᐊᕈᑏᑦ ᐊᑐᓂ ᐃᓂᓪᓚᓐᓂᐅᓚᐅᖅᓯᒪᔪᒧᑦ

ᐊᑐᓂ ᐃᓚᒃᑲᓐᓂᖏᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᒥᓃᑦ, ᐊᔾᔨᖓᓐᓂ ᑐᑭᓯᒋᐊᕈᑎᑕᖅᑲᑲᓐᓂᕆᐊᓕᒃ ᓯᕗᓂᖓᓂ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐱᔪᒪᔾᔪᑎᒦᑦᑐᑦ, ᐱᖃᓯᐅᑎᓯᒪᔪᑦ:

- ᐊᑎᖓ ᐋᓐᓂᐊᕕᐅᑉ
- ᐃᓂᓪᓚᓐᓂᒥᓃᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᓪᓗᖓ
- ᐊᓂᑎᑕᐅᓂᒥᓃᑦ ᐅᓪᓗᖓᓘᓐᓃᑦ
- ᓇᓗᓇᐃᔭᕐᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒥ ᐃᓂᓪᓚᖕᓚᓂᒥᓃᑦ, ᐊᐱᖅᑯᓰᑦ ᑭᐅᓗᒋᑦ

ᑭᐅᓗᑎᑦ ᐊᑐᓂ ᐊᐱᖅᑯᓯᕐᓄᑦ ᐱᔪᓐᓇᕐᓂᓕᒫᓐᓄᑦ. ᓇᓗᕈᔪᒃᑯᕕᑦ ᐅᓪᓗᓪᓚᓇᖓᓐᓂ ᓇᓗᓇᐃᔭᕆᐊᓕᓐᓂᓪᓗ, ᒥᔅᓴᐅᓴᑦᑎᐊᕋᓱᑐᐃᓐᓇᕐᓗᒍ.

ᐊᒥᓱᑲᓪᓚᐃᑦ ᐃᓂᓪᓚᓐᓂᒥᓃᑦ ᑕᐃᑯᖓᔅᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ

ᐃᓂᓪᓚᓐᓂᕈᕕᑦ ᑕᐃᑯᖓᔅᓴᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐊᒻᒪᓗ ᐱᑦᑎᖅᑕᐅᓂᓐᖏᓪᓗᑎᑦ/ ᐋᓐᓂᖅᑐᒥᓂᐅᓪᓗᑎᑦ ᐃᓂᓪᓚᖕᓚᓂᓐᓂᑦ, ᑎᑎᕋᑦᑎᐊᕐᓗᑎᑦ ᐃᓂᓪᓚᖕᓚᓂᒥᓂᖅᑎᑦ ᐃᔩᒃᑯᑦ. ᐊᑐᓂ ᐃᓂᓪᓚᓐᓂᒥᓂᕐᓄᑦ ᓇᒻᒥᓂᖅ ᑭᐅᔭᕆᐊᓕᑦᑎᑦ ᐊᑐᓂ.

ᐃᓚᒃᑲᓐᓂᖅᓯᒪᔪᑦ ᓇᓗᓇᐃᔭᖅᓯᒪᔪᓂᒃ

ᐃᓚᒍᑕᖓ A ᑎᑎᕋᕝᕕᐅᑲᓐᓂᕈᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᒥᓂᕐᓄᑦ ᐊᓯᐊᓂ ᑎᑎᕋᕝᕕᒃᓴᕐᓄᑦ ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᒍᓪᓗ ᐋᓐᓂᐊᕕᒻᒥ ᐃᓂᓪᓚᓐᓂᓇᓚᐅᖅᓯᒪᔭᕐᓄᑦ. ᐅᓂᒃᑲᓇᓐᖏᓪᓗᑎᑦ ᐱᑦᑎᐊᑦᑕᐅᖅᓂᒥᓃᑦ/ᐋᓐᓂᐊᖅᑕᐅᓂᒥᓃᑦ ᐃᓚᒍᑕᖓᓂ A–ᒥᑦ. ᐱᑦᑎᐊᖅᑕᐅᓂᓐᖏᒻᒥᓃᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓃᑦ ᐅᓂᒃᑲᓇᔪᓐᓇᖅᑕᐃᑦ ᐃᓚᖓᓂ 2–ᒥᑦ ᐊᒻᒪᓗ, ᑕᐃᒪᐃᒋᐊᖅᑲᖅᑲᑦ, ᐃᓚᒍᑕᖓᓂ B–ᒥᑦ.

ᐱᖅᑯᓯᐅᑎᒋᐊᓖᑦ ᐸᐃᑉᐹᑦ

ᐸᐃᑉᐹᖅᕐᓂᕈᕕᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᓇᓚᐅᖅᓯᒪᔭᕐᓄᑦ ᐃᓚᒍᑕᖓᓄᑦ A–ᒧᑦ, ᐱᖅᑯᓯᐅᔾᔪᓐᓇᖅᑐᑦ ᐊᔾᔨᖏᓐᓂ. ᐸᐃᑉᐹᖅᑲᓐᖏᒃᑯᕕᑦ ᐱᖅᑯᓯᐅᑎᒋᐊᓕᓐᓂᑦ, ᐱᔭᕇᓇᐊᖅᒥᔭᐃᑦ ᓯᓚ ᐃᓚᒍᑕᖓ A.

ᐱᖅᑯᓯᐅᔾᔨᓐᓂᕈᐊᓐ ᐸᐃᑉᐹᓐᓂᑦ:

- ᐊᔾᔨᖓᓐᓂᑦ ᐱᖅᑯᓯᐅᔾᔨᓗᑎᑦ, ᐱᓪᓚᓇᓐᓂᒃ ᐱᖅᑯᓯᐅᔾᔨᖏᓪᓗᑎᑦ
- ᑎᑎᕐᓗᒋᑦ ᐊᑎᓪᓚᓇᑦ ᐊᑎᐅᔪᓪᓗ ᐃᓅᕕᒥᓃᓪᓗ ᐊᑐᓂ ᐊᔾᔨᖏᓂ

Additional Hospital

Information about your admission (required)

For each Federal Indian Hospital admission, answer the following questions as best as you can. Please provide as much information as you are comfortable sharing. *Example answers are provided as guidance only to assist you.*

1. **Province/Territory.** *Example: Alberta.*

2. **What is the name of the hospital you were admitted to?** *Example: Charles Camsell Hospital.*

3. **Month (MM) / year (YYYY) admission began.** *Example: 03/1965.*

   ☐☐ / ☐☐☐☐

4. **Month (MM) / year (YYYY) admission ended.** *Example: 06/1965.*

   ☐☐ / ☐☐☐☐

5. **For how long were you admitted to the hospital?** *Example: 3 months.*

6. **What was the reason for your admission?** *Example: Tuberculosis treatment.*

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 33

Additional Hospital continued

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).

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ᑕᒻᒪᖅᑕᐅᒐᔪᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓗᒋᑦ

• ᑲᑎᑎᓪᓗᒋᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ ᑭᐅᔭᕐᓄᑦ

• ᖄᖏᕐᓗᒋᑦ ᐊᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᕐᓄᑦ ᓇᓗᓇᓗᐊᖅᑲᑕ

• ᐋᓐᓂᐊᖅᑕᐅᓂᓯᓂᕆᓯᒪᔭᕐᓂᑦ ᐋᓐᓂᐊᕕᒻᒥᑦ ᐱᖃᓯᐅᔾᔨᓗᑎᑦ
ᐋᓐᓂᐊᕕᒻᒥ ᐃᓂᓪᓚᓂᓐᓅᓐᖏᖔᖅᑐᖅ

• ᐳᐃᒍᕐᓂᕈᕕᑦ ᐊᓂᓪᓚᕝᕕᒋᓚᐅᖅᓯᒪᔭᕐᓄᑦ

ᐃᓚᒍᑕᖓ A ᑎᑎᕋᕐᕕᐅᖏᐊᓖᑦ ᐳᐃᒍᕐᔭᐃᒃᑯᑏᑦ

ᐊᓯᐊᓅᖅᐸᓪᓕᐊᓗᑎᑦ, ᖃᐅᔨᒪᑦᑎᐊᕆᐊᕐᓗᑎᑦ ᐃᒫᒃ:
• ᐊᑐᓂ ᐱᖃᓯᐅᔾᔭᑎᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ
ᐊᑐᓂ ᑎᑎᕋᕐᓗᒋᑦ

• ᐋᓐᓂᐊᕕᒻᒥ ᐊᑎᖏᑦ ᐊᔾᔨᒌᒋᐊᓖᑦ ᓂᕈᐊᖅᓯᒪᔭᕐᓂᑦ ᐃᓚᖓᓐᓂ
2−ᒥᑦ

• ᐅᓪᓗᖏᑦ ᑎᑎᕋᑦᑎᐊᕐᓗᒋᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᕐᓄᑦ,
ᖃᐅᔨᒪᒍᕕᒋᑦ

• ᐊᔾᔨᒌᒋᐊᓖᑦ ᐃᖅᑲᐅᒪᑦᑎᐊᕋᓱᐊᕐᓗᑎᑦ ᑎᑎᕋᖅᑕᕐᓂᑦ

• ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓃᑦ/ᐋᓐᓂᖅᑕᐅᓃᑦ ᑎᑎᕋᕐᓗᒋᑦ ᓴᓂᕐᕙᕐᓗᒋᓪᓗ
ᐃᓚᖓᓐᓄᑦ 2B−ᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓚᒍᑕᖓᓐᓄᑦ B−ᒧᑦ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 34

ᐃᓚᒍᑕᖓ B − ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐅᓂᒃᑳᑦᑎᐊᕐᓗᑎᑦ ᒐᕙᒪᑐᖃᒃᑯᑦ ᐊᓪᓚᐃᑦ ᐋᓐᓂᐊᕕᖓᑕ ᒥᔅᓵᓄᑦ
ᐃᓚᒍᑕᖏᑦ ᑖᒃᑯᐊ ᐅᓂᒃᑳᔅᓴᖃᒃᑲᓐᓂᕐᓂᕈᕕᑦ ᐱᑦᑎᐊᖅᑕᐅᓂᖏᑦᑐᒥᓂᐅᓂᓐᓄᑦ/ ᐋᓐᓂᐊᖅᑕᐅᓂᒥᓂᕐᓄᑦ ᐱᔭᕇᕆᐊᖃᖅᑕᑎᑦ ᐃᓚᖓᓐᓂ 2B−ᒥᑦ
ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ. ᐱᒻᒪᕆᐅᒻᒥᔪᖅ ᐃᓚᒍᑕᖓ B ᑐᓂᖃᓯᐅᑎᒋᐊᓕᒃ ᐱᔭᕆᖅᓯᒪᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᓂᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ.

ᓇᓗᓇᐃᔭᑦᑎᐊᖅᑕᐃᓐᓇᕆᒍᕕᒋᑦ ᐊᑐᖅᑕᒥᓂᖅᑎᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᓐᓄᑦ/ᐋᓐᓂᖅᑕᒥᓂᐅᓂᓐᓄᑦ ᐃᓚᖓᓐᓃᑦᑐᑦ 2B−ᒥᑦ ᐊᒻᒪᓗ ᑎᑎᕋᕐᕕᔅᓴᖃᒃᑲᓐᓂᕆᐊᑐᓐᖏᑦᑐᑦ, ᐃᓚᒍᑕᖅ ᑖᓐᓇ ᐱᔭᕇᕆᐊᑐᓐᖏᑕᐃᑦ.

ᑖᓐᓇ ᐃᓚᒍᑕᖓ ᐅᓂᒃᑳᑐᐃᓐᓇᖁᔨᔪᖅ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᕐᓄᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓂᕐᓄᑦ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ. ᑕᒪᓐᓇ ᐊᔅᓱᕈᓐᓇᕈᓐᓇᖅᑐᖅ. ᐊᑕᐅᑦᑎᒃᑯᐊᓗᒃ ᑲᒪᒋᒋᐊᑐᓐᖏᑕᑎᑦ. ᓄᖅᑲᕈᓐᓇᖅᑐᑎᑦ, ᑕᖃᐃᖅᓯᕐᓗᑎᑦ ᐅᑎᕐᕕᒋᓂᐊᕐᓗᒍ ᑖᓐᓇ ᐃᓚᒍᑕᖅ ᐊᑐᐃᓐᓇᐅᓕᕈᕕᑦ. ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎ ᐊᑐᐃᓐᓇᐅᔪᖅ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᕈᕕᑦ ᐊᐱᖅᑯᓯᕐᓂᑦ ᑎᑎᕋᖅᓯᒪᔪᓂᓪᓗ ᓇᑭᑦ ᐱᔪᓐᓇᕐᒪᖔᖅᐱᑦ.
ᐅᖃᐅᔾᔨᒐᔭᓐᖏᑦᑐᓪᓕ ᑭᓱᓂᑦ ᑎᑎᕋᕆᐊᖃᕐᒪᖔᖅᐱᑦ, ᑭᓯᐊᓂᓕ ᐃᑲᔪᖅᑐᐃᑐᐃᓐᓇᕋᔭᖅᑐᑦ ᐱᓕᕆᕙᓪᓕᐊᓂᓐᓂᑦ. ᐱᔪᒪᔾᔪᑎᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ ᐅᖄᓚᒍᓐᓇᖅᑐᑎᑦ ᐅᕗᖓ 1-888-592-9101, ᐅᖃᐅᒥᓪᓗ ᐊᑐᕈᒪᔭᐃᑦ ᐊᑐᕐᓗᒍ ᓇᕿᓪᓗᒍᓗ 2.
ᐃᓱᒪᒃᑯᑦ ᐊᔅᓱᕈᓗᐊᓕᕈᕕᑦ ᐃᑲᔪᖅᑕᐅᔪᒪᒍᕕᑦ, ᐊᑭᖃᓐᖏᑦᑐᓂᑦ ᐅᖄᓚᕕᖃᕈᓐᓇᖅᑐᑎᑦ ᒪᑐᐃᖓᐃᓐᓇᖅᑐᑦ ᓂᕆᐅᒋᔭᖃᕐᓂᕐᒥᑦ ᐃᓅᓇᓱᐊᑦᑎᐊᕐᓂᕐᒧᑦ (Hope for Wellness Helpline) ᐅᕗᖓ 1-855-242-3310 ᐅᕝᕙᓘᓐᓃᑦ www.HopeForWellness.ca.

ᐊᑐᓂ ᐊᐱᖅᑯᓰᑦ ᐃᓚᒍᑕᖓᓐᓂ B−ᒥᑦ ᐊᑕᐅᓯᕐᒧᑦ ᐊᑐᖅᓯᒪᔭᕐᓅᖓᔪᑦ ᐱᑦᑎᐊᖅᑕᐅᓂᖏᓐᓂᓐᓄᑦ/ᐋᓐᓂᐊᖅᑕᒥᓂᐅᓂᕐᓄᑦ ᑕᐃᒫᔅᓴᐃᓐᓇᖅ ᑭᐅᓂᐊᖅᑕᑎᑦ ᐱᖓᓲᔪᖅᑐᑦ ᐊᐱᖅᑯᓰᑦ ᐊᑐᓂ ᐊᑐᖅᓯᒪᔭᓐᓄᑦ. ᐊᑐᓂ ᐊᑐᒃᑲᓂᖅᓯᒪᔭᕐᓂᑦ ᐱᑦᑎᐊᖅᑕᐅᓯᒪᓐᖏᓂᕐᓄᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓂᕐᓄᑦ:
• ᐱᔭᕇᕐᓗᒋᑦ ᐊᐱᖅᑯᓰᑦ 1-ᒥᑦ 6−ᒧᓄᑦ
• ᐊᓯᐊᓅᖔᓕᕐᒥᒋᓪᓗ ᐊᑐᖅᑕᒥᓂᕐᓂᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓃᑦ/ᐋᓐᓂᖅᑕᐅᓯᒪᓃᓪᓗ.
ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕈᓐᓇᖅᑕᐃᑦ ᐊᔪᕆᓪᓗᒍᓘᓐᓃᑦ ᐃᓚᒍᑕᖓ B ᖃᑦᑎᐊᖅᑎᑐᐃᓐᓇᐅᒐᓗᐊᖅᑲᑦ ᐱᔭᕇᕋᓱᐊᕐᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᐃᑦ. ᐊᑐᓂ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᕐᓗᑎ/ᐋᓐᓂᖅᑕᒥᓂᐅᓂᕐᓄᑦ, ᐊᐱᖅᑯᓰᖅ 1-ᒥᑦ 6−ᒧᓄᑦ ᐱᔪᓐᓇᕐᓂᓕᒫᓐᓄᑦ ᑭᐅᓇᓱᐊᕐᓗᒋᑦ. ᑖᒃᑯᐊ ᐊᐱᖅᑯᓰᑦ ᐃᒪᐃᑦᑑᖃᑦᑕᕐᓂᐊᖅᑐᖅ ᓲᕐᓗ:
• ᖃᖓ ᐱᑦᑎᐊᖅᑕᐅᓂᓐᖏᒻᒪᖔᖅᐱᑦ/ᐋᓐᓂᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ
• ᓇᒥ ᑕᐃᒪᐃᓐᓂᕐᒪᖔᑕ
• ᑭᒃᑯᑦ ᐃᓚᒋᔭᐅᓐᓂᖅᑲᑦ
• ᖃᓄᐃᑦᑐᖃᕐᓂᒪᖔᖅ
• ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᒋᑦ ᐃᖅᑲᐅᒪᔭᑎᑦ

ᐋᑦᑑᑎᐅᒧᑦ ᑭᔾᔪᓰᑦ ᐊᐱᖅᑯᓰᑦ ᑭᖑᓂᖓᓐᓃᑦᑐᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᐃᑲᔫᑎᐅᔪᓇᖅᑐᑦ ᐃᓕᓐᓄᑦ. ᑭᐅᓗᒋᑦ ᓇᒻᒥᓂᖅ ᐅᖃᐅᓯᕐᓂᑦ ᐊᑐᕐᓗᑎᑦ. ᒪᓕᒐᓕᕆᓂᑦᑎᒍᑦ ᐅᖃᐅᓯᕐᓂᑦ ᐊᑐᕆᐊᑐᓐᖏᑦᑐᑦ ᐋᓐᓂᐊᓲᖅᑎᕈᔪᓂᓪᓘᓐᓃᑦ ᐅᖃᐅᓯᕐᓂᑦ.

ᐊᑦᑐᐊᔪᓂᒃ ᓂᕈᐊᕐᓗᑎᑦ ᖃᓄᑎᒋ ᐋᓐᓂᖅᑕᐅᑎᒋᓐᓂᕐᒪᖔᖅᐱᑦ ᐅᖃᐅᓯᓖᑦ
ᐅᒃᓂᑳᕆᖅᑲᐅᔭᑎᑦ ᐃᓚᒍᑕᖓᓐᓂ B−ᒥᑦ ᐊᔾᔨᒋᔭᕆᐊᓕᖏᑦ ᖃᓄᑎᒋ ᐋᓐᓂᖅᑕᐅᑎᒋᓐᓂᕐᒪᖔᖅᐱᑦ ᓂᕈᐊᖅᓯᒪᔭᕐᓂᑦ ᐃᓚᖓᓐᓂ 2B−ᒥᑦ ᑎᑎᕋᓚᐅᖅᑐᒋᑦ ᐊᑐᖅᓯᒪᔭᓕᒫᑎᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᓐᓄᑦ/ᐋᓐᓂᖅᑕᐅᓂᕐᓄᑦ ᐃᓚᖓᓐᓃᑦᑐᓂᒃ 2B−ᒥᑦ ᐊᒻᒪᓗ ᐃᓚᒍᑕᖓᓐᓂ B−ᒥᑦ, ᕿᒥᕐᕈᑦᑎᐊᕐᓗᒋᑦ ᖃᓄᑎᒋ ᐋᓐᓂᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ ᓂᕈᐊᕐᓗᑎᑦ 2B−ᒥ ᐊᔾᔨᒋᓗᓂᒋᑦ ᐋᓐᓂᖅᑕᐅᓂᒥᓂᓕᒫᓐᓄᑦ. ᐊᓯᔾᔨᕈᓐᓇᖏᑦᑕᐃᑦ ᓂᕈᐊᖅᑕᒥᓃᑦ ᖃᓄᑎᒋᐅᓐᓂᕐᒪᖔᖅ ᐋᓐᓂᖅᑕᐅᓪᓗᑎᑦ ᑐᓂᓯᒪᓕᕈᕕᐅᒃ ᐱᓇᓲᑏᑦ.

ᐊᒥᓱᓂᒃ ᐋᓐᓂᐊᑯᓐᓂᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᕐᓂᑦ
ᐊᑐᓂ ᐊᑐᖅᓯᒪᔭᑎᑦ ᑎᑎᕋᖅᓯᒪᒋᐊᓖᑦ ᐃᓛᒃᑯᑦ. ᑕᐃᒪᐃᑦᑐᖃᒃᑲᓂᕐᓂᖅᑲᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓪᓗᑎᑦ/ᐋᓐᓂᖅᑕᐅᓗᑎᑦ:
• ᐊᔾᔨᒌᓐᖏᑦᑐᓂᒃ ᐋᓐᓂᐊᕕᓐᓂᑦ, ᐅᕝᕙᓘᓐᓃᑦ

• ᐊᓯᐊᓂ ᐃᓂᓪᓚᖓᑎᓪᓗᑎᑦ

ᐱᖃᓯᐅᑎᒋᐊᓖᑦ ᐸᐃᑉᐹᑦ

ᐸᐃᑉᐹᓐᓂᑦ ᑐᓂᓯᒋᐊᑐᙱᑦᑐᑎᑦ ᐱᔭᕇᕋᓱᐊᕐᓗᒍ ᐃᓚᒍᑕᖓ. ᐸᐃᑉᐹᓐᓂᑦ ᐱᖃᓯᐅᔾᔨᒋᐊᖃᙱᒃᑯᕕᑦ, ᐱᔭᕇᕈᓐᓇᖅᑕᐃᑦ ᓱᓕ ᐃᓚᒍᑕᖓ B. ᐸᐃᑉᐹᖃᙱᒃᑯᕕᑦ ᐱᑦᑎᐊᖅᑕᐅᙱᓐᓂᓪᓗ/ᐋᓐᓂᖅᑕᐅᓂᕐᓄᑦ ᐱᖃᓯᔾᔨᒍᓐᓇᖅᑐᑎᑦ ᑕᐃᒪᐃᒍᒪᒍᕕᑦ.

- ᐊᔾᔨᙱᓐᓂ ᐱᖃᓯᐅᔾᔪᑎᐅᓇᕐᓗᑎᑦ, ᐸᐃᑉᐹᓪᓚᑖᓇᙱᑦᑕᕐᓂᑦ.
- ᑎᑎᕋᕐᓗᒋᑦ ᐊᑎᓪᓚᕇᑦ ᐊᑎᕈᓰᓪᓗ ᐃᓅᕕᒥᓃᓪᓗ ᐊᑐᓂ ᐊᔾᔨᙱᓐᓂ

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.*

ᑕᒻᒪᖅᑕᐅᕙᖏᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓗᒋᑦ

- ᖄᖏᑲᐃᓐᓇᕈᓐᓇᖅᑕᐃᑦ ᐱᑦᑎᑐᐊᖅᑕᐅᓯᒪᙱᓐᓃᑦ/ᐋᓐᓂᖅᑕᐅᓯᒪᓂᑦ ᐃᖅᑲᐅᒪᔭᓇᐊᙱᑕ ᐱᔭᓇᐊᑐᒻᒪᑕ
- ᕿᕐᒥᕈᔭᓇᐊᔅᓴᖅ ᐳᐃᒍᕐᓂᕈᕕᑦ ᓇᓪᓕᐊᓂ ᐋᓐᓂᖅᑕᐅᓂᒥᓂᕐᓂᑦ ᓂᕈᐊᕐᓗᑎᑦ ᐃᓚᖓᓂ 2B−ᒥᑦ
- ᐊᔅᓯᕈᓐᓇᓗᐊᖅᑐᖅ ᐅᓂᒃᑳᓇᐊᖓ ᑕᒪᒃᑯᓂᖓ

ᐃᓚᒍᑕᖓ B ᑎᑎᕋᖅᓯᒪᔪᑦ ᐳᐃᒍᐃᙱᒃᑲᓗᐊᕐᒪᖔᖅᐱᑦ ᐊᑐᐊᒐᑦ

ᐊᓯᐊᓄᖅᐸᓪᓕᐊᓗᑎᑦ, ᖃᐅᔨᒪᑦᑎᐊᕋᐊᕐᓗᑎᑦ ᐃᒫᒃ:

- ᐊᐱᖅᑯᓰᑦ 1-ᒥᑦ 6−ᒧᓄᑦ ᑭᐅᓯᒪᔭᑎᑦ ᐊᑐᓂ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ ᐱᑦᑎᐊᖅᑕᐅᙱᓂᕐᓄᑦ/ᐋᓂᖅᑕᐅᓂᕐᓄ
- ᐋᓂᐊᕕᒻᒥ ᐊᑎᖏᑦ ᐊᔾᔩᕆᐊᓖᑦ ᓂᕈᐊᖅᓯᒪᔭᕐᓂᑦ ᐃᓚᖓᓂ 2−ᒥᑦ
- ᐃᑲᔪᖅᑐᐃᔾᔪᑏᑦ ᖃᓄᑎᕆᐅᒪᙲᑕ ᓂᕈᐊᕐᓗᒍ ᐃᓚᒍᑕᖓ 2B
- ᐊᑐᕐᓗᒍ ᐃᓚᒍᑕᖓ B ᑭᓯᐊᓂ ᓇᓗᓇᐃᔭᖅᓯᒪᑦᑎᐊᓃᙱᑦᑐᓄᑦ

ᐃᓚᒍᑕᖅ C – ᑐᕐᑯᖓᓕᖅᑐᓄᑦ ᐱᔪᒪᔾᔪᑏᑦ: ᐱᕐᑯᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔾ (ᐊᖏᖅᑕᐅᓯᒪᑉᐸᑦ ᐊᖏᖅᑕᐅᓯᒪᙱᒃᑲᓗᐊᖅᑯᑦ)

ᐃᓚᒍᑕᖓ ᑖᓐᓇ ᑐᓂᕆᐊᓕᒃ ᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᐱᓇᓱᒃᑲᔭᖅᑐᒥᑦ ᐃᓅᒍᓐᓃᖅᓯᒪᒥᑦ. ᐃᓚᒍᑕᖓ ᓇᒻᒥᓂᖅ ᑎᑎᕋᕐᓗᒋᑦ ᐅᓂᒃᑳᓗᒋᓪᓗ ᐱᔪᓐᓇᖅᑎᑕᐅᓪᓗᑎᑦ ᑐᓂᓯᓗᑎᑦ ᐱᓇᓱᐊᕈᑎᓂᒃ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒧᑦ ᐃᓚᒋᔭᒥᓂᕐᒧᑦ. ᓯᕗᓪᓕᖅᐸᐅᑎᒋᐊᖃᕐᓂᖅᑲᑦ ᕿᒪᒃᑲᑯᓂᒃ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑐᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᑭᑦᑐᒧᑦ, ᐱᔭᓈᓇᐊᓖᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᑎᑎᕋᕐᕕᒋᓗᒍ ᐃᓚᒍᑕᖓ C ᐊᒻᒪᓗ ᐸᐃᑉᐹᓂ ᓂᓯᓗᑎᑦ ᓇᒻᒥᓂᖅᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᓇᒻᒥᓂᖅ.

ᐊᔾᔩᙱᑦᑐᓂᒃ ᒪᓕᒐᖅᑲᖓᑕ ᑎᑎᖅᑲᓂᓪᓗ ᐱᔭᓇᐊᖅᑲᕐᒥᔪᑦ ᐱᕐᑯᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔾᐅᓚᒍᐊᕈᐱᐞ, ᕿᒪᑦᑕᒥᓂᕐᓄᑦ ᑯᐸᒻᒥ, ᐅᕝᕙᓘᓐᓃᑦ ᕿᒪᐃᕕᐅᔪᓄᑦ ᐱᓇᓱᐊᕈᑎᐅᔪᓂᒃ. ᐅᖅᑲᓚᒫᑦᑎᐊᕐᓗᒋᑦ ᐱᔾᔪᖅᑕᑐᐊᓇᓗᒋᑦ ᐃᓕᓐᓄᑦ ᐊᑦᑐᐊᔪᓄᑦ.

ᐃᕝᕕᑦ ᓲᕐᓗ ᐱᓇᓱᐊᖅᑐᑎᑦ ᑐᓂᓯᓗᑎᑦ ᐱᓇᓱᑭᑎᓂᒃ

ᑖᓇ ᐊᐱᖅᓱᖅᑐᖅ ᐃᕝᕕᑦ ᒥᔅᓵᓄᑦ ᐱᕐᑯᑎᓂᒃ ᑭᒡᒐᖅᑐᐃᓂᕐᒧᑦ ᕿᒪᐃᕕᐅᔪᒥᓂᕐᓄᓪᓗᓐᓃᑦ, ᐃᓅᒍᓐᓃᖅᓯᒪᙱᑦᑐᕐᓕ ᒥᔅᓵᓐᖓᙱᑦᑐᑦ. ᐃᒻᒥᒃᑯᑦ ᑭᒡᒐᖅᑐᐃᔾᐅᒍᐃᑉ ᕿᒪᑦᑕᒥᓂᕐᓄ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᕐᓂᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᒪᐃᕕᐅᓯᒪᔪᖅ ᐅᑭᐅᑭᑦᑐᒧᑦ, ᐸᐃᑉᐹᓂᑦ ᐱᖅᓯᐅᕐᓯᑦᑎᐊᖅᑐᑦ ᐅᓂᒃᑳᓗᒋᓪᓗ ᑭᒡᒐᖅᑐᐃᔾᐅᑎᓪᓗᑎᑦ ᑲᒪᒋᓗᒋᑦ.

ᒪᓕᒐᖅᑎᒍᑦ ᐊᑏᑦ ᑎᑎᕋᖅᓯᒪᓂᖓ

ᓈᒪᓗᒍ ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᒪᓕᒐᖅᑎᒍᑦ. ᐊᔾᔩᒋᐊᓖᑦ ᐊᑎᑦ ᒐᕙᒪᒃᑯᓐᓂᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ. ᑐᑭᓯᒋᐊᑭᑏᑦ ᐱᔭᐅᒋᐊᓖᑦ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᐃᓇᓗᒋᑦ.

Your name (required)

Your name must match your government-issued identification (ID).

First name:

Middle name (if applicable):

Last name:

ᓇᓗᓇᐃᒃᑯᑏᑦ ᐸᐃᑉᐹᑦ

ᐱᖅᑲᓯᐅᔾᔨᐊᖅᑲᖅᑐᑎᑦ ᐸᐃᑉᐹᒥᑦ ᐊᔾᔨᖓᓂ ᖃᐅᒪᒃᑯᓐᓂᖓᖅᑐᓂ ᓇᓗᓇᐃᒃᑯᑎᑦ. ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᑦ ᐸᐃᑉᐹᓚᓂᕿᔅᓯᓂᑦ ᑐᐃᑦᑕᐃᓕᕐᑦ. ᑐᔪᐃᓗᑎᑦ ᑭᓯᐊᓂ ᐊᒥᓲᓕᖅᑎᓯᒪᒥᑦ. ᐱᖅᑲᓯᔾᔭᓗᐅᖏᓂᖏᓐᓂᑦ ᐊᔾᔨᖓᓂ ᐸᐃᑉᐹᒥᑦ, ᖃᔾᔨᐊᑦᑎᐊᕐᓗᒋᑦ ᐊᑏᑦ ᓇᓗᓇᐃᒃᑯᑎᓗ ᐊᔾᔩᒃᑲᓗᐊᕐᒪᖔᑎᒃ ᑎᑎᖅᑕᒥᓂᕐᓂᓗ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᐊᓕᒻᒥᑦ. ᑎᑎᖅᓯᒪᔪᖅᑕᓕᒃ ᓈᒻᒪᒃᓴᐅᔪᒃ ᐊᑐᐃᓐᓇᐅᓗᑎᑦ ᒪᐱᒐᕐᒥ 11-ᒥ ᐊᑐᐊᒐᕐᓂᑦ.

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

ᑐᕿᑏᑦ

ᑐᕿᑏᑦ

ᑎᑎᕋᕐᓗᒍ ᑎᑎᖅᑲᐅᓯᐊᖅᑲᑦᑕᕐᓂᐊᕿᕕᑦ ᑐᑭᓯᒋᐊᑭᑏᑦ ᐱᔭᐅᒋᐊᓖᑦ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕐᕕᒋᔭᐃᓇᓗᒋᑦ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑐᕿᑭᑎᓐᓂᒃ ᐊᑐᕿᔭᖅᑐᑦ ᑎᑎᖅᑲᓂᑦ ᑐᔪᐃᓗᓂ ᑐᑭᓯᒃᑲᓂᑭᒪᓐᓂᖅᑲᑦ, ᑎᑎᖅᑲᓂᓪᓗ ᐱᔪᓇᕐᓂᖏᓐᓂ ᓇᓗᓇᐃᖅᓯᔪᓂᒃ, ᐱᔭᕆᐊᖅᑲᑕ, ᑮᓇᐅᔭᖅᑖᕐᓂᓪᓗ ᓯᒃᑭᒥᑦ. ᐱᖅᓯᐅᑎᔭᐃᓇᓗᒋᑦ ᐅᑯᐊ:

- ᐊᖅᑯᑎᐅᑉ ᐊᑎᖓ, ᓈᓴᐅᑎᖓ, ᐊᕕᑦᑐᖅᓯᒪᓂᖏᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᐅᑉ ᓈᓴᐅᑎᖓ
- ᓯᑎ, ᑕᐅᓐ ᓄᓇᓖᑦ ᓘᓐᓃᑦ
- ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᓂᖓ ᐅᑭᐅᖅᑐᒥᓗ
- ᓄᓇᓕᕐᔪᐊᑉ ᓇᓗᓇᐃᒃᑯᑕᖓ
- ᓄᓇᓕᕐᔪᐊᖅ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 37

(With or Without a Grant of Authority)

Your mailing address (required)

Street number Street name

Unit P.O. Box (if applicable)

City / Town / Community Postal Code

Province / Territory Country

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.

Your email address

(if available):

Your telephone number
(recommended): - - Ext.

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

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ᓇᔪᑲᐃᓐᓇᖅᑕᖓ

ᑐᕌᕈᑏᑦ ᒫᓐᓇ ᓇᔪᐃᓐᓇᔾᔮᖏᑕᕐᓃᓂᖅᑲᑦ ᐊᖏᕐᕋᒥ, ᐱᖃᓯᐅᑎᑦᑎᐊᕐᓗᑎᑦ ᑕᒪᒃᑯᐊ. ᑕᒪᓇ ᐊᑑᑎᓐᖏᑉᐸᑦ ᐃᓕᓐᓄᑦ, ᑎᑎᕋᕐᕕᒋᒋᐊᑐᓐᖏᑕᐃᑦ.

ᐃᕐᖐᕐᓈᖅᑕᐅᑏᑦ
ᐃᕐᖐᕐᓈᖅᑕᐅᑏᑦ ᐃᑲᔪᕐᓂᖃᕋᔭᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ ᐃᓕᓐᓄᑦ ᖃᐃᓂᒋᐊᖅᓴᕋᐃᓐᓂᖅᓴᐅᖃᑦᑕᕈᓐᓇᕋᔭᕐᖓᑦ. ᓇᕿᓪᓗᒍ ᒪᕐᕉᐊᖅᑎ ᑎᑎᕋᖅᓯᒪᓂᖓ ᖃᐅᔨᒋᐊᑦᑎᐊᕐᓂᐊᕐᓗᒍ ᐊᓯᐊᓅᓚᐅᓐᖏᓂᓐᓂᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒥᑦ ᑐᕌᕈᑎᖃᓐᖏᒃᑯᕕᑦ, ᑖᓇ ᑎᑎᕋᕐᕕᒋᒋᐊᑐᓐᖏᑦᑐᖅ.

ᐅᖄᓚᐅᑏᑦ
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒥᑦ ᐅᖄᓚᒋᐊᖃᕋᔭᕐᖓᑦ ᑐᑭᓯᑦᑎᐊᕈᒪᓗᑎᑦ ᑕᒪᑐᒥᖓ ᐅᕝᕙᓘᓐᓃᑦ ᐸᐃᑉᐹᓐᓂᑦ ᑐᓂᔅᓯᕋᕐᓗᓂ. ᐅᖄᓚᐅᑏᑦ ᑎᑎᕋᕐᓗᒍ ᐅᖄᓚᕕᐅᒋᐊᖃᕐᓂᕈᕕᑦ, ᓲᕐᓗ ᐅᖄᓚᐅᑎᕋᓛᑉᐱᑦ ᓈᓴᐅᑎᖓ, ᐊᖏᕐᕋᓐᓂᑦ ᐃᖅᑲᓇᐃᔭᕐᕕᓂᓪᓘᓐᓃᑦ.

ᐱᔪᓐᓇᕐᓃᑦ ᑐᓂᓯᒍᑎᑦ ᐱᓇᓲᑎᒥᑦ

ᖃᐅᔨᒃᑲᐃᒋᐊᖃᖅᑐᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒥᑦ ᐱᔪᓐᓇᕐᓂᖃᕐᓂᓐᓂᑦ ᑐᓂᓯᒍᓐᓇᕐᓂᓐᓂᑦ ᐱᓇᓱᐊᕈᑎᒥᑦ ᑎᑎᕋᕐᓗᒍ ᓯᒃᑭᑦᑕᑲᓪᓚᒻᒧᑦ ᐊᔾᔨᖓᓂᓪᓗ ᑐᓂᓯᒍᑎᑦ ᐸᐃᑉᐹᓂᑦ ᑐᓂᓯᒋᐊᖃᕈᕕᑦ.

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)
☐ **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 only 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		
☐ **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		
☐ **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.*

ᑐᓂᕐᕈᑏᑦ ᐱᔪᓐᓇᖅᑎᑕᐅᓂᖏᓐᓂ – ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᓕᒫᓂᒃ ᐅᑭᐅᖅᑕᖅᑐᒥᒍ ᑭᓯᐊᓂᓕ ᐋᒡᒐ ᑯᐸᒻᒥ.

ᐱᔭᕇᕆᐊᓕᒃ ᑖᓐᓇ ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᓐᓂᕈᕕᑦ ᑯᐸᒃ ᓯᓚᑖᓂ. ᐊᑎᖅᑲᕐᓂᕈᕕᑦ ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᓗᑎᑦ ᓈᒻᒪᑦᑎᐊᕐᓗᑎᓪᓗ, ᐃᒪᐃᑦᑐᓂᑦ ᑐᓂᓯᒋᐊᖃᖅᑐᑎᑦ:

- ᑐᖁᔪᒧᑦ ᑎᑎᖅᑲᒥᑦ ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᐊᔾᔨᖓᓂ, ᐊᒻᒪᓗ
- ᐊᔾᔨᖓᓂ ᐱᔭᕇᖅᓯᓯᒪᒋᐊᖅᑲᖅᑐᑎᑦ ᕿᒪᑦᑕᒥᓂᖏᓐᓂ, ᐊᑎᓕᐅᖅᓯᒪᓗᓂ ᑐᖁᔪᒥᓂᖅ ᒪᕐᕉᓐᓄᒃ ᑕᑯᓐᓇᖅᓯᒪᔫᓐᓄᒃ ᐊᑎᓕᐅᖅᑕᐅᓯᒪᓗᓂ ᐅᕙᓐᓄᑦ ᑎᑎᖅᑲᖅᑕᒥᓂᕐᒥᑦ ᐃᓅᒍᓐᓃᖅᑐᒥᓂᕐᒧᑦ.

ᑎᒃᑯᐊᖅᑕᐅᓯᒪᒍᕕᑦ ᐱᖁᑎᓄᑦ ᑭᒡᒐᖅᑐᐃᔨᐅᓗᑎᑦ ᐃᖅᑲᖅᑐᐃᕕᑎᒍᑦ ᐅᕙᓐᓄᑦ ᒐᕙᒪᒃᑯᓂ ᐱᔪᓐᓇᐅᑎᓕᓐᓂᑦ, ᐃᒪᐃᑦᑐᓂᑦ ᐱᑕᖃᐅᖅᓯᒪᒋᐊᖃᕐᒥᔪᑦ:

- ᑐᖁᔪᒧᑦ ᑎᑎᖅᑲᒥᑦ ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᐊᔾᔨᖓᓂ, ᐊᒻᒪᓗ
- ᐊᔾᔨᖓᓂ ᑐᓂᔭᐅᓂᒥᓂᕐᓄᑦ ᐸᐃᑉᐹᕐᒥᑦ, ᑎᑎᖅᑲᒥᑦ ᐊᓪᓚᑦᑎᓂᑦ, ᐅᕙᓐᓄᑦ ᐊᓯᖏᓐᓂ ᐸᐃᑉᐹᓂᑦ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᓂᕋᔭᕐᓂᑦ ᐅᖃᖅᓯᒪᔪᓂᑦ.

ᑐᓂᔭᐅᓯᒪᓂᕐᓄᑎᑦ ᐸᐃᑉᐹᑎᒍᑦ – ᑯᐸᒥ

ᐱᔭᕆᕐᓗᒍ ᑖᓐᓇ ᐱᕐᑯᑎᓄᑦ ᐊᐅᓚᑕᐅᔪᓂᒃ ᑯᐸᐃᒃ ᒪᓕᒐᖏᑎᒍᑦ. ᐊᑎᖃᕈᕕᑦ ᕿᒪᐃᔪᒥᓂᕐᒧᑦ ᓈᒻᒪᑦᑐᓂᑐ ᑯᐸᒻᒥ, ᐃᒪᐃᑦᑐᓂᒃ ᐱᖃᓯᐅᔾᔨᕆᐊᖃᑐᑎᑦ:

- ᑐᕐᑯᔪᒧᑦ ᑎᑎᖅᑲᒥᑦ ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᐊᔾᔨᖓᓂ, ᐊᒻᒪᓗ
- ᐊᔾᔨᖓᓂ ᐊᑎᓕᐅᖅᓯᒍᓇᖅᑐᒥᑦ ᒪᓕᒐᖅᑎᒍᑦ ᕿᒪᒃᑯᒥᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐊᒡᒐᓄᑦ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ ᕿᒪᒃᑯᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑕᑯᓐᓇᖅᑐᕖᒥᑦ ᓇᓗᓇᐃᖅᑕᐅᓯᒪᔪᒥᑦ ᐃᖅᑲᖅᑐᐃᔨᒧᑦ

ᑎᓕᔭᐅᓯᒪᒍᕕᑦ ᕿᒪᐃᕕᐅᓯᒪᓗᑎᑦ ᐊᓚᑦᑎᒧᑦ ᐱᕐᑯᑎᓂᒃ ᑯᐸᒻᒥ, ᐃᒪᐃᑦᑐᓂᒃ ᐱᖃᓰᔾᔨᕆᐊᖃᖅᑐᑎᑦ:

- ᑐᕐᑯᔪᒧᑦ ᑎᑎᖅᑲᒥᑦ ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᐊᔾᔨᖓᓂ
- ᐊᔾᔨᖓᓂᑦ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᓂᕐᓄᑦ ᕿᒪᐃᕕᐅᓯᒪᓂᕐᓄᑦ
- ᐊᔾᔨᖓᓂ ᐸᐃᑉᐹᕐᒥᑦ ᕿᒪᒃᑯᓕᐊᖑᓯᒪᔪᒥᑦ (Chambre des notaires) ᑯᐸᐃᒻᒥ ᐊᒻᒪᓗ ᐊᓪᓚᑯᖓᓂ ᑯᐸᒃ.
- ᐊᔾᔨᖏᓐᓂ ᐸᐃᑉᐹᓂᑦ (Revenu Québec) ᑯᐸᒻᒥ LM-14-V ᐅᕝᕙᓘᓐᓃᑦ LM-14.1-V ᐊᒻᒪᓗ MR-14.A-V

ᕿᒪᐃᕕᐅᓯᒪᔪᖅ

ᑖᓐᓇ ᑎᑎᕋᕐᓗᒍ ᑭᓯᐊᓂ ᐱᑕᖃᓐᖏᑉᐸᑦ ᑐᓂᔭᒥᓂᕐᓂᑦ ᐱᔪᓇᐅᑎᒥᑦ ᐊᒻᒪᓗ ᑐᓂᓯᓗᑎᑦ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ ᕿᒪᑦᑕᒥᓂᕐᓂᑦ. ᑐᓂᓯᒍᕕᑦ ᑭᒻᒦᖅᑐᐃᓗᑎᑦ ᕿᒪᑦᑕᒥᓂᕐᓄᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᒃᑭᑦᑐᒥᑦ, ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᑐᓂᓯᕆᐊᖃᕐᒥᔪᑎᑦ ᑭᒻᒦᖅᑐᕈᓐᓇᖁᕕᕆᑦ ᕿᒪᐃᑯᐅᓯᒪᔪᑦ. ᐃᒪᐃᑦᑐᓂᑦ ᑐᓂᓯᕆᐊᖃᕐᒥᔪᑎᑦ:

- ᑐᕐᑯᔪᒧᑦ ᑎᑎᖅᑲᒥᑦ ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᐊᔾᔨᖓᓂ, ᐊᒻᒪᓗ
- ᑎᑎᖅᑲᓂᑦ ᖃᓄᖅ ᐃᓚᕆᒻᒪᖖᒫᖅᐱᐅᒃ ᑕᐃᓐᓇ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᖅ ᐱᓇᓱᐊᕈᓯᐊᑦ

ᐱᕙᕆᕐᓗᕆᑦ ᓈᒃᐅᑎᓖᑦ 1-ᒥᑦ 3–ᒧᑦ ᕿᒪᑦᑕᐅᓯᒪᔪᓄᑦ ᑕᑕᑎᖕᐊᓕᒃ. ᑐᓂᓯᒍᕕᑦ ᑭᒻᒦᖅᑐᐃᓗᑎᑦ ᕿᒪᑦᑕᒥᓂᕐᓄᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᒃᑭᑦᑐᒥᑦ, ᓇᓗᓇᐃᒃᑯᑎᒥᑦ ᑐᓂᓯᕆᐊᖃᕐᒥᔪᑎᑦ ᑭᒻᒦᖅᑐᕈᓐᓇᖁᕕᕆᑦ ᕿᒪᐃᑯᐅᓯᒪᔪᑦ.

> **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. ☐ **Surviving spouse** (legally married or common-law) at the time of Claimant's death		
2. ☐ **Child** (or child's legal guardian)	3. ☐ **Grandchild** (or grandchild's legal guardian)	4. ☐ **Parent**
5. ☐ **Sibling** (brother/sister)	6. ☐ **Child of sibling** (niece/nephew)	7. ☐ **Other**

> **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).

ᐸᐃᑉᐹᕿᒥᑦ ᐱᖃᓯᐅᔾᔨᕐᒋᒃᑯᕕᑦ ᖃᓄᖅ ᐃᓚᒋᒻᒪᖔᖅᐱᐅᒃ ᑐᖁᖕᒐᔪᖅ ᐱᓇᓱᐊᕈᔾᔭᐃᑦ, ᓇᓗᓇᐃᖅᓯᔾᔪᑎᒥᑦ ᓯᓚᓂᕋᕈᑎᒥᑦ ᐱᖃᓯᐅᔾᔨᕆᐊᖃᖅᑐᑎᑦ. ᐃᓚᖓᓂ ᐊᑎᓕᐅᖅᓯᒪᔪᖃᕿᐊᓕᒃ ᐃᑲᔪᖅᑐᐃᔨᒥᑦ.

ᐃᑲᔪᖅᑐᐃᔪᖅ ᐅᖃᓕᒫᔅᓴᐃᓐᓇᕆᐊᖃᓐᖏᑦᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᓇᐊᓕᒻᒥᑦ ᐅᕝᕙᓘᓐᓂᑦ ᓇᓗᓇᐃᖅᓱᑎᓂ ᓈᒻᒪᓐᖏᓐᓂ ᐋᓂᐊᖅᑕᐅᓯᒪᔪᓂᒃ ᓇᓗᓇᐃᔭᖅᓯᒪᔪᓂᒃ. ᐃᑲᔪᖅᑐᐃᔨ ᐃᒪᐃᑦᑑᒍᓐᓇᖅᑐᖅ:

- ᒪᓕᒐᖅᑎᒍᑦ ᐱᔪᓇᕐᓂᖃᖅᑎᑕᐅᔪᖅ ᐃᓕᓴᖅᓯᒍᓐᓇᖅᑐᓂ
- ᑲᒥᓴᓇ ᓯᓚᓂᕋᕈᑎᓕᒃ (ᐅᑭᐅᖅᖅᑐᒥ ᓄᓇᓂᑦ ᐊᓪᓚᑦᑎ ᑮᓇᐅᔭᓕᕆᔨ)
- ᐊᓪᓚᐃᑦ ᐊᖏᔪᖅᑳᖓ, ᑲᑎᒪᔨ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓄᐃᑦ ᓄᓇᓕᖓᓂ ᓯᕗᓕᖅᑎ
- ᒪᓕᒐᓕᕆᔨ
- ᓘᑦᑖᖅ
- ᑮᓇᐅᔭᓕᕆᔨᒪᕆᒃ (CPA)
- ᐸᓖᓯ
- ᐊᓯᖏᓐᓂᓪᓗ ᐱᓕᕆᔨᒪᕆᓐᓂᑦ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᓇᐊᓕᒻᒥᑦ

ᐃᑲᔪᖅᑐᐃᔨ ᐃᒪᐃᒍᓐᓇᖅᑐᖅ:

- ᑕᑯᓐᓇᕐᓗᓂ ᕿᒪᐃᕕᐅᓯᒪᔪᖅ ᐊᑎᓕᐅᕐᓗᓂ (ᓇᒻᒥᓂᕐᓚᑖᖅ ᑕᑯᓐᓇᕐᓗᓂ ᖃᕋᓴᐅᔭᒃᑯᕐᓘᓐᓃᑦ)
- ᓇᒻᒥᓂᖅ ᑎᑎᕋᑦᑎᐊᕐᓗᓂᐅᒃ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᓇᐊᓕᒻᒥᑦ ᐊᑎᖓ, ᑕᐃᔫᓯᖓ, ᑐᕌᕈᑎᖓ, ᐊᑎᓕᐅᕈᓯᖓᓂᓪᓗ

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

Heir first name (printed)

Heir last name (printed)

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.**

Guarantor first name

Guarantor last name

Guarantor title

Guarantor position

Guarantor employer/organization

Street number

Street name

Unit

City / Town / Community

Postal Code

Province / Territory

Country

Telephone number - -

Email address (if available)

SIGN

Signature of Guarantor (required)

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

ᑕᒻᒪᖅᑕᐅᒐᔪᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓗᒋᑦ

- ᑐᓂᓯᓗᓂ ᐃᓚᒍᑕᖓᓐᓂ ᑕ–ᒥᑦ ᖃᓄᐃᑦᑑᓂᖓᓐᓂ ᐱᔪᓐᓇᕐᓂᖓᓂ ᓂᕈᐊᓐᖏᓪᓗᓂ
- ᑐᔪᐃᒋᐊᓕᒃ ᐸᐃᑉᐹᓪᓚᑖᖏᓐᓂ ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᒃ
- ᐱᖃᓯᐅᔾᔨᖏᑦᑐᑦ ᐸᐃᐹᓂᒃ ᐱᓕᕆᔨᐅᓂᕐᓄᑦ
- ᐱᔭᕇᕐᓗᒋᑦ ᕿᒪᑦᑕᓂᒃ ᑎᑎᕋᕆᐊᓕᓐᓂᒃ ᑐᓂᐅᔭᓯᒪᓂᖓᓄᑦ ᐱᔪᓐᓇᕐᓂᕐᒥᑦ ᐱᑕᓕᒻᒥᑦ
- ᐱᖃᐅᓯᔾᔨᖏᓪᓗᓂ ᖃᓄᖅ ᐃᓚᒋᒻᒪᖕᒫᒍ ᑕᐃᒪᐃᒋᐊᖃᖅᑎᓪᓗᒍ

ᐃᓚᒍᑕᖓ ᑕ ᑎᑎᕋᕆᐊᓖᑦ ᑭᑭᒃᑎᓂᐊᓐᖏᓐᓇᕕᑦ ᒪᓕᒐᐃᑦ

ᐊᓯᐊᓅᖅᐸᓪᓕᐊᓗᑎᑦ, ᖃᐅᔨᒪᑦᑎᐊᕆᐊᖅᑐᑎᑦ ᐃᒫᒃ:

- ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᐱᔭᕆᖅᓯᒪᓗᒋᑦ ᓈᒻᒪᑦᑎᐊᖅᑐᑎᓪᓗ
- ᐊᔾᔨᖓᓐᓂ ᓇᓗᓇᐃᒃᑯᑎᕕᑦ ᐱᖃᓯᐅᑎᓯᒪᓗᒍ
- ᐱᔪᓐᓇᕐᓂᖓᓐᓂ ᑎᑎᕋᑎᐊᕐᓗᒍ ᓯᒃᑭᑦᑕᒥ
- ᐸᐃᑉᐹᓪᓚᒫᑦ ᐱᖃᓯᐅᑎᕆᐊᓖᑦ ᐱᓕᕆᐊᓐᓂᑦ ᐃᓚᓕᐅᑎᓗᒋᑦ
- ᐊᔾᔨᖏᓐᓂ ᑐᑭᓯᔭᕐᓂᑦᑎᐊᕐᓗᑎᓪᓗ ᐅᖃᓕᒫᒐᕐᓂᕐᓗᑎᓪᓗ

ᐃᓚᒍᑦᑕᖓ D – ᓇᒻᒥᓂᖅ ᑭᒻᒪᖅᑐᐃᔨᖓ ᐱᔪᒪᔾᔪᑎᓄᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᓐᓄᑦ

ᐃᒻᒥᒃᑯᑦ ᑭᒻᒪᖅᑐᐃᔪᖅ ᑐᓂᓯᒍᓇᖅᑐᑦ ᐱᔪᓇᐅᑎᒥᒃ ᐊᓯᐊᓂᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ: ᓇᒻᒥᓂᖅ ᑕᐃᒪᐃᑦᑐᓕᕆᔪᓇᓐᖏᑦᑐᒥᑦ.

ᐃᒻᒥᒃᑯᑦ ᑭᒻᒪᖅᑐᐃᔪᖅ ᐃᓚᕿᔭᐅᔪᓇᖅᑐᖅ, ᐱᓯᒪᑦᑎᐅᒍᓇᖅᑐᖅ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᔪᖅ ᐃᓱᒪᓕᐅᖅᑎᐅᓂᐊᕐᓗᓂ, ᒪᓕᒐᖅᑎᒍᑦ ᐱᔪᓇᖅᑎᑕᐅᑐᐊᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒪᓕᐅᕐᓗᑎᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ.

ᑖᓇ ᐃᓚᒍᑦᑕᖓ ᓇᒻᒥᓂᖅ ᐅᓂᒃᑳᕐᓗᑎᑦ ᒪᓕᒐᖅᑎᒍᓪᓗ ᐱᔪᓇᖅᑎᑕᐅᓂᑦ ᑭᒻᒪᖅᑐᐃᒍᓇᓂᕐᓂᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ.

ᑖᓇ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒃ ᕿᒪᐃᕕᐅᓯᒪᔪᒧᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᑭᑦᑐᒧᑦ, ᐱᔭᕇᕆᐊᓖᑦ ᑖᓐᓇ ᐃᓚᒍᑦᑕᖓ. ᑖᓇ ᐱᓇᓲᑎ ᐱᔭᕇᕐᓂᐊᕈᕕᐅᒃ ᓱᓕ ᐃᓅᔪᖅ ᐊᒻᒪᓗ ᐃᓂᓪᓚᕐᑎᑕᐅᓚᐅᖅᓯᒪᔪᖅ ᒪᕙᒪᑐᖅᑲᒃᑯᑦ ᐊᓪᓚᓄ ᐋᓐᓂᐊᕕᖓᓐᓂ, ᐱᔭᕇᕆᐊᓖᑦ ᑖᓐᓇ ᐃᓚᒍᑦᑕᖓ ᑕᐃᓐᓇᐅᓐᖏᑦᑐᖅ ᐃᓚᒍᑦᑕᖓ C.

ᐃᕝᕕᑦ ᓲᕐᓗ ᐱᓇᓱᐊᖅᑐᑎᑦ ᑐᓂᓯᓗᑎᑦ ᐱᓇᓱᕈᑎᓂᒃ

ᑖᓇ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᔪᖅ ᐃᕝᕕᑦ ᒥᔅᓵᓄᑦ, ᐱᓐᓇᐊᖅᑑᑉ ᒥᔅᓵᓅᖏᑦᑐᖅ.

ᒪᓕᒐᖅᑎᒍᑦ ᐊᑏᑦ ᑎᑎᕋᖅᓯᒪᓂᖓ

ᑎᑎᕋᕐᓗᒍ ᐊᑎᓕᒫᑦ ᒪᓕᒐᖅᑎᒎᖅᐸᑦᑐᖅ. ᒐᕙᒪᒃᑯᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ ᒪᓕᓪᓗᒍ ᑎᑎᕋᖅᓯᒪᓂᖓ ᑎᑎᕋᕆᐊᓖᑦ. ᑐᑭᓯᒋᐊᕈᑏᑦ ᐱᔭᐅᒋᐊᓖᑦ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕝᕕᒋᔭᐃᓇᕆᓗᒋᑦ.

ᓇᓗᓇᐃᒃᑯᑏᑦ ᐸᐃᑉᐹᑦ

ᐱᖃᓯᔾᔨᐊᖃᖅᑐᑎᑦ ᐊᔾᔨᖓᓂ ᓵᖓᓂ ᑐᓄᐊᓃᑦᑐᒥᓪᓗ ᒐᕙᒪᒃᑯᓃᖕᖑᖅᑐᓂᒃ ᓇᓗᓇᒃᑯᑎᓂᑦ ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᑦ ᐸᐃᑉᐹᓪᓚᕆᒋᔭᕐᓂᑦ ᑐᔪᐃᑦᑕᐃᓕᒋᑦ. ᑐᔪᐃᓗᑎᑦ ᑭᓯᐊᓂ ᐊᒥᓲᓕᖅᑎᓯᒪᒥᑦ. ᐱᖃᓯᔾᔨᓚᐅᖏᓂᓐᓂᑦ ᐊᔾᔨᖓᓂᒃ ᐸᐃᑉᐹᓪᒥᑦ, ᖃᔭᐅᒋᐊᑦᑎᐊᕐᓗᒋᑦ ᐊᑏᑦ ᓇᓗᓇᐃᒃᑯᑎᓗ ᐊᑉᐲᒃᑲᓗᐊᕐᒪᖕᓚᑎᒃ ᑎᑎᕋᖅᑕᒥᓂᕐᓂᓪᓗ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ. ᑎᑎᕋᖅᓯᒪᔪᖅᑕᓕᒃ ᓈᒻᒪᒋᔭᔪᓂᒃ ᐊᑐᐃᓐᓇᐅᓪᓗᑎᑦ ᒪᑉᐱᒐᕐᒥ 11–ᒥ ᐊᑐᐊᒐᕐᓂᑦ.

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

ᑐᕌᒐᑏᑦ

ᑐᕌᒐᑏᑦ ᑎᑎᕋᕐᓗᒍ ᑎᑎᖅᑲᐅᓯᐊᖅᑲᑦᑕᕐᓂᐊᕋᕕᑦ ᑐᑭᓯᒋᐊᕈᑏᑦ ᐱᔭᐅᒋᐊᓖᑦ. ᐊᑕᖏᕐᓗᒋᑦ ᑎᑎᕋᕝᕕᒋᔭᐃᓇᕆᓗᒋᑦ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑐᕌᒐᑏᑦ ᐊᑐᕐᓗᒍ ᑎᑎᖅᑲᒥ ᑐᔾᓯᖅᑯᖅᓴᖅᑐᖅ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖕᖑᖅᑲᖅᑐᓂᒃ, ᑎᑎᖅᑲᓂᒃ ᐱᔪᓇᖅᓯᓂᕐᓂᑦ, ᐊᒻᒪᓗ ᐊᑐᓇᐊᖅᑲᑦᑐᖅᑲᖅᓯᓂᖅᑲᑦ, ᑮᓇᐅᔭᖅᑖᖅᓯᓂᑦ ᓯᒃᑭᑐᓗᓂ. ᐱᖃᓯᐅᑎᔭᐃᓇᓇᓗᒋᑦ ᐅᑯᐊ:

- ᐊᖅᑯᑎᐅᑉ ᐊᑎᖓ, ᓈᓴᐅᑎᖓ, ᐊᕕᑦᑐᖅᓯᒪᓂᖏᑦ ᐊᒻᒪᓘᓐᓃᑦ ᑎᑎᖅᑲᓂᐊᕝᕕᐅᑉ ᓈᓴᐅᑎᖓ
- ᓯᑎ, ᑕᐅᓐ ᓄᓇᓖᑦᓘᓐᓃᑦ
- ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᓂᖓ ᐅᑭᐅᖅᑐᒥᓗ
- ᓄᓇᓕᕐᔪᐊᑉ ᓇᓗᓇᐃᒃᑯᑕᖓ
- ᓄᓇᓕᕐᔪᐊᖅ

ᓇᔪᐃᓇᖅᑕᖓ

ᑐᕌᒐᑏᑦ ᒫᓐᓇ ᓇᔪᐃᓐᓇᕐᔭᖏᑦᑕᕐᓃᓂᖅᑲᑦ ᐊᖏᕐᕋᒥ, ᐱᖃᓯᐅᑎᑦᑎᐊᕐᓗᒋᑦ ᑕᒪᒃᑯᐊ. ᑕᒪᓇ ᐊᑑᑎᓐᖏᑉᐸᑦ ᐃᓕᖕᓄᑦ, ᑎᑎᖅᑲᒥᒃ ᐊᑐᓐᖏᑦᑕᐃᑦ.

ᐃᕐᖐᕐᓈᖅᑕᐅᑏᑦ

ᐃᕐᖐᕐᓈᖅᑕᐅᑏᑦ ᐃᑲᔪᕐᓂᖃᕋᔭᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ ᐃᓕᓐᓄᑦ ᖃᐃᓂᒋᐊᖅᓴᕋᐃᓐᓂᖅᓴᐅᖃᑦᑕᕈᓐᓇᕋᔭᕐᖓᑦ. ᓇᕿᓪᓗᒍ ᒪᖀᐊᖅᑎ ᑎᑎᕋᖅᓯᒪᓂᖓ ᖃᐅᔨᒋᐊᑦᑎᐊᕐᓂᐊᕐᓗᒍ ᐊᓯᐊᓅᓚᐅᙱᓂᓐᓂᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒥᑦ ᑐᖀᕈᑎᖃᙱᒃᑯᕕᑦ, ᑖᓐᓇ ᑎᑎᕋᕐᕕᒋᒋᐊᑐᙱᑦᑐᖅ.

ᐅᖄᓚᐅᑏᑦ

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒥᑦ ᐅᖄᓚᒋᐊᖃᕋᔭᕐᖓᑦ ᑐᑭᓯᑦᑎᐊᕈᒪᓗᑎᑦ ᑕᒪᑐᒥᖓ ᐅᕝᕙᓘᓐᓃᑦ ᐸᐃᑉᐹᓐᓂᑦ ᑐᓂᔅᓯᕋᕐᓗᓂ. ᐅᖄᓚᐅᑏᑦ ᑎᑎᕋᕐᓗᒍ ᐅᖄᓚᕕᐅᒋᐊᖃᕐᓂᕈᕕᑦ, ᓲᕐᓗ ᐅᖄᓚᐅᑎᕋᓛᑉᐱᑦ ᓈᓴᐅᑎᖓ, ᐊᖏᕐᕋᖕᓂᑦ ᐃᖅᑲᓇᐃᔭᕐᕕᓂᓪᓗᓐᓃᑦ.

ᐱᔪᓐᓇᕐᓃᑦ ᑐᓂᓯᓗᑎᑦ ᐱᓇᓲᑎᒥᑦ

ᐅᖃᐅᓯᑎᒋᐊᓖᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᖃᓄᖅ ᐱᔪᓐᓇᕐᓂᖃᖅᑎᑕᐅᒪᖔᖅᐱᑦ ᑐᓂᒥᐊᓕᓪᓗᓂᑦ ᐱᓇᓱᐊᕈᑎᓐᓄᑦ ᑎᑎᕐᓗᒍ ᓯᒃᑭᑦᑕᖅ ᐸᐃᑉᐸᓂᓪᓗ ᐱᖃᓯᐅᔾᔨᓪᓗᑎ ᐱᒋᐊᓕᓐᓂᑦ.

☐ **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.	- 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		
☐ **Power of Attorney (POA)**	You have the legal authority to manage the Claimant's financial and property matters.	- Power of Attorney Document signed by the grantor with two witnesses; AND - Relevant court order (if POA was contested or clarified by a court).

ᐃᒻᒥᒃᑯᑦ ᑭᒻᒪᖅᑐᐃᓂᖅ

ᐱᔭᕇᓇᓇᐊᓖᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒻᒪᖅᑐᐃᓂᖅ ᐱᓇᓱᐊᕈᓯᐅᑎᓪᓗᑎᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒥᑦ. ᐊᔾᔨᖓᓂ ᑐᓂᓯᐊᖅᑕᐅᔪᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒻᒪᖅᑐᐃᔪᒍᕕᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ.

- ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᖅᑕᖅᑐᒥ ᑎᒃᑯᐊᖅᑕᐅᓂᕐᒧᑦ ᑎᓕᓯᔾᔪᑎᒥᑦ
- ᒪᕗᒪᑐᖅᑯᓐᓂ ᑎᒃᑯᐊᖅᑕᐅᓂᕐᒧᑦ ᑎᓕᓯᔾᔪᑎ
- ᑎᑎᖅᑲᖅ ᐊᓪᓚᑦᑎᒥᑦ
- ᐸᐃᑉᐹᕐᒥᑦ ᐃᓕᓴᓇᓯᐅᔾᔪᑎᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᖅᑲᖅᑐᐃᕕᒻᒥ ᑎᓕᓯᔾᔪᑎᒥᑦ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᓂᕐᒧᑦ ᐃᒻᒥᒃᑯᑦ ᑭᒻᒪᖅᑐᐃᓂᐊᖅᑎᓪᓗᑎᑦ

ᑎᑎᖅᑲᖅ ᑐᑭᓯᓇᕐᑎᐊᕆᐊᓕᒃ ᐱᔪᓐᓇᖅᑎᑕᐅᒪᕖᑦ ᑲᒪᓂᐊᕐᓗᑎᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ. ᐱᖃᓯᐅᑎᓱᑎᑦ ᐊᔾᔨᖏᑦ ᑐᑭᓯᓇᕐᑎᐊᕆᐊᓕᑦ ᐸᐃᑉᐹᑦ. ᐸᐃᑉᐹᓪᓚᓛᑦᑕᖏᓐᓂ ᑐᔪᐃᒥᐊᖃᖏᑦᑐᖅ ᐊᔾᔨᐅᑎᓇᖏᓐᓂ

ᐱᔪᓐᓇᖅᑎᑕᐅᓯᒪᔪᖅ ᑎᒍᒥᐊᖅᑎ

ᑖᓐᓇ ᐱᔭᕇᓇᐊᓕᒃ ᐱᔪᓐᓇᖅᑎᑕᐅᒍᕕᑦ ᑎᒍᒥᐊᖅᑎᑕᐅᓗᑎᑦ

ᐃᒪᐃᑦᑐᓂᑦ ᐱᖃᓯᐅᔾᔨᓕᐊᖅᑐᑎᑦ:

- ᐊᔾᔨᖓᓂ ᐊᑎᓕᐅᖅᓯᒪᔪᒥᑦ ᐱᔪᓐᓇᖅᑎᑕᐅᓂᕐᓂᑦ, ᐊᒻᒪ
- ᐊᔾᔨᖓᓂ ᐃᖅᑲᖅᑐᐃᕕᒻᒥᖔᖅᑐᒥᑦ ᐸᐃᑉᐸᒥᑦ, ᐱᑕᖃᕐᓂᖅᐸᑦ

ᐱᔪᓐᓇᖅᑎᑕᐅᓂᕐᓂᑦ ᐱᐅᓯᑐᐊᖑᓂᖅ ᐊᒻᒪ ᐊᑐᖅᑕᐅᔪᓐᓇᕐᓂᖓ ᐱᓇᓱᐊᕐᓗᓂ.

ᐱᖃᓯᐅᔾᔨᒋᐊᓕᑦ ᑐᑭᓯᔭᕐᓂᖅᑎᐊᖅᑐᒥᑦ ᐸᐃᑉᐹᒥᑦ ᑭᓯᐊᓂ. ᐸᐃᑉᐹᓪᓚᓛᑦᑕᖏᓐᓂ ᑐᔪᐃᒥᐊᖃᖏᑦᑐᖅ ᐊᔾᔨᐅᑎᓇᖏᓐᓂ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 44

ᑕᒻᒪᖅᑕᐅᒐᔪᑦᑐᑦ ᐊᑐᖅᑕᐃᓕᒪᓗᒋᑦ
• ᐱᔭᕇᕆᐊᓕᒃ ᐃᓚᒍᑕᖓ D ᒪᓕᒐᖅᑎᒎᓐᖏᑦᑑᒐᓗᐊᖅ
ᐱᔪᓇᕐᓂᖃᕐᓗᓂ
• ᑐᔪᐃᒋᐊᓕᒃ ᐸᐃᑉᐹᓪᓚᑖᖏᓐᓂ ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᒃ
• ᐱᖃᓯᐅᔾᔨᓐᓂᕈᕕᑦ ᑐᑭᓯᔭᕐᓂᑦᑎᐊᓐᖏᑦᑐᓂᒃ ᑭᓇ
ᐱᔪᓇᕐᓂᖃᕐᒪᖔᖅ
• ᑮᓇᐅᔭᒃᑯᕕᐅᑉ ᒥᔅᓵᓄᑦ ᑐᓂᓯᒍᕕᑦ ᐱᓇᓱᐊᖅᑑᑉ ᐊᑎᕆᓐᖏᑕᖓᓂ
• ᑎᑎᕋᕐᕕᒋᓐᖏᓪᓗᑎᑦ ᑭᒃᑯᓄᑦ ᑐᑭᓯᒋᐊᖅᑕᐅᔪᓇᕐᒪᖔᑕ

ᐃᓚᒍᑕᖓ D ᒪᓕᒋᐊᓖᑦ ᑎᑎᕋᕐᓗᒋᑦ ᑭᑭᑦᑎᖏᒃᑲᓗᐊᕐᒪᖔᖅᐱᑦ
ᐊᓯᐊᓅᖅᐸᓪᓕᐊᓗᑎᑦ, ᖃᐅᔨᒪᑦᑎᐊᕆᐊᕐᓗᑎᑦ ᐃᒫᒃ:
• ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ ᐱᔭᕆᖅᓯᒪᓗᒋᑦ ᓈᒻᒪᑦᑎᐊᕐᓗᑎᓪᓗ
• ᐊᔾᔨᖓᓐᓂ ᓇᓗᓇᐃᒃᑯᑎᕕᑦ ᐱᖃᓯᐅᑎᓯᒪᓗᒍ
• ᐱᔪᓐᓇᕐᓂᖓᓐᓂ ᑎᑎᕋᑎᐊᕐᓗᒍ ᓯᒃᑭᑦᑕᒥ
• ᐱᔪᓐᓇᕐᓂᓐᓄᑦ ᑎᑎᖅᑲᓂᑦ ᐱᖃᓯᐅᑎᔭᐃᓐᓇᕆᕆᐊᓖᑦ
• ᐊᔾᔨᖏᓐᓂ ᑐᑭᓯᔭᕐᓂᑦᑎᐊᕐᓗᑎᑦ ᐅᖃᓕᒫᒐᕐᓂᕐᓗᑎᓪᓗ

ᐃᓚᒍᑕᖓ E − ᐃᒻᒥᒃᑰᖅᑐᖅ ᒪᓕᒐᓕᕆᔨ
ᒪᓕᒐᓕᕆᔩᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᑭᒡᒐᖅᑐᐃᓗᑎᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᑲᔪᕐᓂᕈᕕᑦ ᐱᓇᓱᐊᖅᑐᒧᑦ, ᐱᔭᕇᕆᐊᓖᑦ ᐃᓚᒍᑕᖓ. ᐱᓇᓱᐊᖅᑐᖅ ᒪᓕᒐᓕᕆᔨᑦᑖᔅᓴᐃᓐᓇᕆᐊᖃᓐᖏᑦᑐᓂᑦ ᑐᓂᓯᓂᐊᕐᓗᑎᑦ ᐱᓇᓲᑎᒥᑦ. ᐃᑲᔪᖅᑕᐅᔪᓐᓇᖅᑐᑎᑦ ᐊᑭᖃᓐᖏᑦᑐᒥᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ ᐊᒻᒪᓗ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ.

ᐃᓚᒍᑕᖏᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᒪᓕᒐᓕᕆᔩᑦ ᒥᔅᓵᓄᑦ ᐊᒻᒪᓗ ᐃᑲᔪᖅᑐᐃᓗᑎᑦ ᑮᓇᐅᔭᑎᒍᑦ ᐊᑭᓕᕆᐊᓕᓐᓂᑦ, ᐱᔭᕆᐊᖃᖅᑲᑕ.

ᒪᓕᒐᓕᕆᔨᐅᑉ ᒥᔅᓵᓄᑦ
ᑖᓐᓇ ᓇᓗᓇᐃᔭᐃᔪᖅ ᐃᒻᒥᒃᑰᖅᑐᒥᑦ ᒪᓕᒐᓕᕆᔨᐅᑉ ᒥᔅᓵᓄᑦ ᐃᑲᔪᖅᑐᒥᓂᕐᒥᑦ ᐃᓕᓐᓂᑦ ᐱᓇᓱᐊᖅᑎᓪᓗᑎᑦ. ᒪᓕᒐᓕᕆᔨ ᐱᔭᕇᖅᓯᒋᐊᓕᒃ ᑕᒪᑐᒥᖓ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ.

ᐸᐃᑉᐹᑦ ᐱᖃᓯᐅᑎᒋᐊᓖᑦ ᐊᑭᖏᓐᓄᑦ ᒪᓕᒐᓕᕆᔨᒧᑦ ᑐᔅᓯᕋᐅᑏᑦ
ᒪᓕᒐᓕᕆᔨ ᐊᑭᓕᖅᑕᐅᔪᒪᔾᔪᑎᖏᓐᓂ ᑐᔅᓯᕋᖅᑐᖅ ᑮᓇᐅᔭᖅᑖᔅᓴᓂᒃ, ᐃᒪᐃᑦᑐᓂᒃ ᐱᖃᐅᓯᔾᔨᒋᐊᓕᒃ ᐸᐃᑉᐹᓕᒫᓂᒃ:

• ᐱᔭᕇᖅᓯᔪᑦ ᐃᓚᒍᑕᖓ E ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ
• ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᑭᓕᖅᑕᐅᓂᐊᕐᓂᕐᓄᑦ ᐊᖏᕈᑎᒥᑦ ᐱᔪᓱᐊᖅᑐᒧᑦ ᐊᒻᒪᓗ ᒪᓕᒐᓕᕆᔨ

• ᐱᔭᕇᖅᓯᒪᔪᑦ ᐃᒻᒥᒃᑰᖅᑐᓄᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐊᑭᖏᑦ ᑐᔅᓯᕋᐅᑎᓄᑦ ᑕᑕᑎᕆᐊᓕᒃ, ᑐᓂᓗᒍ ᒪᓕᓪᓗᑎᑦ ᐃᒻᒥᒃᑰᖅᑐᒥᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ
ᐊᑭᓕᕆᐊᓕᓐᓄᑦ ᒪᓕᒐᕐᓂᑦ
ᑎᑎᕋᕐᓗᑎᑦ ᐊᑭᓕᖅᑕᐅᓂᐊᕐᓂᕐᓄᑦ ᐊᖏᕈᑎᒥᑦ ᐱᔭᕆᐊᓕᒃ.
ᒪᓕᒐᓕᕆᔨ ᑲᒪᒋᐊᓕᒃ ᐸᐃᑉᐹᓐᓂᒃ ᐱᔭᕇᕆᐊᓕᓂᒃ ᑐᓂᓗᒋᓪᓗ.

ᑎᑎᕋᖅᓯᒪᔪᒥᑦ ᑮᓇᐅᔭᖅᑖᕐᓂᐊᕐᓂᕐᒧᑦ ᐊᖏᕈᑎᒥᑦ ᑎᑎᖅᑲᐅᔪᖅ ᓇᓗᓇᐃᖅᑕᐅᒋᐊᓕᒃ.
• ᐊᖏᖅᓯᒪᒐᕕᑦ ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᓂᐊᕐᓂᓐᓄᑦ ᐱᓇᓱᐊᕐᓂᕐᒧᑦ, ᐊᒻᒪᓗ
• ᒪᓕᒐᐃᑦ ᐃᓗᐊᓂ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐱᔨᑦᑎᕋᕐᓂᖓᓐᓄᑦ ᐱᑕᓖᑦ

ᑮᓇᐅᔭᖅᑖᕐᓂᐊᕐᓂᕐᒧᑦ ᐊᖏᕈᑏᑦ ᒪᓕᒋᐊᓖᑦ ᐋᖅᑭᓱᖅᓯᒪᔪᓂᒃ ᐃᒻᒥᒃᑰᖅᑐᓄᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐊᑭᖏᑕ ᒪᓕᒐᖏᓐᓂ.
ᐊᐱᖅᑯᑎᔅᓴᖃᕐᓂᕈᕕᑦ ᑮᓇᐅᔭᖅᑖᕐᓂᐊᕐᓂᕐᒧᑦ ᐊᖏᕈᑎᒥᑦ, ᐅᖃᐅᓯᕆᔪᓐᓇᖅᑕᑎᑦ ᒪᓕᒐᓕᕆᔨᓄᑦ.

ᒪᓕᒐᖅᑎᒍᑦ ᐊᑭᖏᑦ ᐊᐅᓚᑕᐅᔪᑦ ᐊᔾᔨᒌᓐᖏᑦᑐᓄᑦ ᒪᓕᒐᕐᓄᑦ
ᐱᓇᓱᐊᖅᑐᖅ ᑮᓇᐅᔭᖅᑖᖅᑲᑦ, ᒪᓕᒐᓕᕆᔨ ᐃᑲᔪᖅᑐᒥᓂᖅ ᑐᔅᓯᕋᕈᓐᓇᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒥᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐊᑭᔅᓴᖏᓐᓄᑦ,
ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᐊᖏᖅᑕᐅᑉᐸᑕ.

ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑦ, ᒪᓕᑦᑐᑎᑦ ᐊᖏᕈᑕᐅᓯᒪᔪᓂᒃ ᐊᒻᒪᓗ ᐃᒻᒥᒃᑯᑦ ᒪᓕᒐᓕᕆᔩᑦ ᐊᑭᖏᓐᓂ ᒪᓕᒐᕐᓂᑦ, ᐊᑭᓖᒐᔭᖅᑐᑦ ᒪᓕᒐᓕᕆᔨᒋᔭᕐᓂᑦ ᑲᓇᑕᒥ ᐊᕕᑦᑐᖅᓯᒪᔪᓂᒃ ᐅᑭᐅᖅᑕᖅᑐᒥᓪᓘᓐᓃᑦ 5%−ᒥᑦ ᐊᓯᖏᓪᓗ ᐊᑭᓕᕆᐊᓖᑦ, ᑖᒃᓰᔭᕈᑏᓪᓗ, ᐊᑭᓕᖅᑕᐅᒋᐊᓕᒃ ᐃᑲᔪᕐᓂᖓᓐᓄᑦ ᐊᖏᖅᑕᐅᖅᑳᓚᐅᕐᓗᓂ ᐱᔪᒪᔾᔪᑎᓕᒃᑯᑦ. ᐲᖅᓯᕕᐅᒐᔭᓐᖏᑦᑐᖅ ᐊᖏᖅᑕᐅᓯᒪᔪᖅ ᐱᓇᓱᐊᖅᑐᖅ ᑮᓇᐅᔭᓂᒃ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 45

ᐲᖅᓯᕕᐅᒋᐊᖃᓐᖏᑦᑐᑦ ᐃᖅᑲᖅᑐᐃᕕᑎᒍᑦ ᑕᐃᒪᐃᑎᑕᐅᔪᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᑭᓕᐅᑎᒥᓂᕐᓂᑦ. ᒪᓕᒐᓕᕆᔨ ᐊᖏᓂᖅᓴᒥᑦ ᐱᒋᐊᖃᖅᑐᒋᑉᐸᑕ
5% ᐅᖓᑖᓄᑦ, ᐃᖅᑲᖅᑐᐃᕕᑎᒍᑦ ᑐᔅᓯᕋᕈᓐᓇᖅᑐᑦ ᑎᑭᓪᓗᒍ 10%. ᐊᖏᖅᑕᐅᑉᐸᑦ, ᖄᒃᑲᓐᓂᖓᒍᑦ ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓂ ᐲᖅᑕᐅᒋᐊᖃᕋᔭᓐᖏᑦᑐᑦ ᐊᑭᓕᐅᑎᒥᓂᕐᓂᑦ ᐱᓇᓱᐊᖅᓯᒪᔫᑉ ᑮᓇᐅᔭᖅᑖᖏᓐᓂ.
ᒪᓕᒐᓕᕆᔨ ᐱᓇᓱᐊᖅᑐᒥᑦ ᑭᒡᒐᖅᑐᐃᔨᒥᓪᓘᓐᓃᑦ ᐊᖏᖅᑕᐅᓯᒪᓐᖏᑦᑐᓂᑦ ᑮᓇᐅᔭᓂᒃ ᑐᔅᓯᕌᒥᓂᕐᓂᑦ ᑐᔅᓯᕋᕆᐊᖃᓐᖏᑦᑐᖅ ᒪᓕᒐᓕᕆᔨ ᐊᑭᓕᐅᑎᐅᒋᐊᓕᓐᓂᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓂ.

ᑮᓇᐅᔭᖅᑖᕋᓱᐊᕐᓂᕐᒧᑦ ᐊᖏᕈᑎ ᐊᒻᒪᓗ ᐃᒻᒥᒃᑰᖅᑐᖅ ᒪᓕᒐᓕᕆᔨᐅᑉ ᐊᑭᖏᑕ ᒪᓕᒐᖏᑦ ᐱᔪᓇᖅᑲᑕ, ᒪᓕᒐᓕᕆᔨ ᐃᓛᒃᑯᑦ ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓚᑦᑎ ᐸᐃᑉᐹᓂᑦ ᐱᔭᕆᐊᓕᖏᓐᓂ ᐱᓯᒪᓕᖅᑲᑦ.
ᒪᓕᒐᓕᕆᔨ ᑭᓯᐊᓂ ᐊᑭᓕᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᐃᒪᐃᑦᑐᓂᒃ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᐱᓯᒪᓕᖅᑲᑦ:
• ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᐊᑭᓕᖅᑕᐅᓂᐊᕐᓂᕐᓄᑦ ᐊᖏᕈᑎᒥᑦ
• ᓇᓗᓇᐃᖅᓯᓯᒪᓪᓗᑎᑦ ᑭᖑᓪᓕᖅᐹᒥ ᐊᑭᓕᖅᑕᐅᓂᐊᖅᓯᒪᓂᖓᓐᓂ
• ᐱᔭᕇᖅᓯᒪᔪᓂᒃ ᐃᒻᒥᒃᑯᑦ ᒪᓕᒐᓕᕆᔨ ᐊᑭᓕᑕᐅᔾᔪᑎᔅᓴᖓᓐᓄᑦ ᑐᔅᓯᕋᑎᒥᑦ
• ᑮᓇᐅᔭᖅᑖᕈᓐᓇᕐᓂᖓᓐᓂ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓂ
ᑭᖑᓪᓕᖅᐹᒥ ᐊᑭᓕᖅᑕᐅᓂᐊᕐᓂᖓᓐᓂ ᑐᑭᓕᒃ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᕿᒥᕐᕈᓯᒪᓪᓗᓂ ᐱᓇᓱᐊᕈᑎᔅᓴᒥᑦ ᓇᓗᓇᐃᖅᓯᓪᓗᓂᓗ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᒋᓂᐊᖅᑕᖏᑕ ᐊᒥᓲᓂᖏᓐᓂ.
ᒪᓕᒐᓕᕆᔨ ᐱᔭᕆᐊᓕᓐᓂᑦ ᓈᒪᓐᖏᑉᐸᑦ ᑮᓇᐅᔭᖅᑖᔅᓴᓄᑦ ᐊᖏᕈᑎᖓᓐᓃᑦᑐᓂᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐃᒻᒥᒃᑯᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐊᑭᖏᓐᓂ ᒪᓕᒐᕐᓂᑦ ᐊᑭᓕᖅᑕᐅᒍᓐᓇᕋᔭᓐᖏᑦᑐᖅ.

ᐃᓚᒍᑕᖓ E ᑎᑎᕋᖅᓯᒪᔪᑦ ᑭᑭᑦᑎᖏᒃᑲᓗᐊᕐᒪᖔᖅᐱᑦ ᑎᑎᕋᕆᐊᓖᑦ

ᐊᓯᐊᓅᓚᐅᓐᖏᓂᓐᓂᑦ, ᐅᑯᐊ ᑎᑎᕋᕐᕕᒋᓗᒋᑦ:
• ᐃᓚᒍᑕᖓ E ᐱᔭᕇᖅᑕᐅᒋᐊᓕᒃ ᑭᓯᐊᓂ ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑐᒥᓂᕐᒧᑦ ᐱᓇᓱᐊᖅᑎᓪᓗᑎᑦ
• ᒪᓕᒐᓕᕆᔨ ᐱᔭᕇᖅᓯᒋᐊᓕᒃ ᑖᔅᓱᒪ ᒥᔅᓵᓅᖓᔪᓂᒃ
• ᐊᔾᔨᖓᓐᓂ ᑎᑎᕋᖅᓯᒪᔪᒥᑦ ᐊᑭᓕᖅᑕᐅᓂᐊᕐᓂᕐᓄᑦ ᐊᖏᕈᑎᒥᑦ ᐱᖃᓯᐅᔾᔨᓗᓂ
• ᑖᔅᓱᒥᖓᓪᓚᕆᒃ ᑕᑕᑎᕆᐊᓕᒻᒥᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐊᑭᓕᖅᑕᐅᔾᔪᑎᔅᓴᖓᓐᓄᑦ ᐊᑐᕆᐊᓖᑦ ᐊᒻᒪᓗ ᒪᓕᓪᓗᑎᑦ ᐃᒻᒥᒃᑰᖅᑐᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ
ᐊᑭᖏᓐᓂ ᒪᓕᒐᕐᓂᑦ

ᐃᓚᒍᑕᖓ F - ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᑕ ᑎᑎᕋᕐᕕᒃ ᐱᔪᒪᔾᔪᑎᓂᒃ
ᐃᓚᒍᑕᖓ ᑎᑎᕋᕐᓗᒋᑦ ᑭᑭᑦᑎᖏᒃᑲᓗᐊᕐᒪᖔᖅᐱᑦ ᐃᑲᔫᑎᐅᔪᖅ ᕿᒥᕐᕈᓕᕈᕕᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᑐᔫᑎᒋᓚᐅᓐᖏᓂᓐᓂᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ.

ᑐᐊᕕᐊᕆᓐᖏᓪᓗᒋᑦ ᑲᒪᒋᓗᒋᑦ ᖃᐅᔨᓴᑦᑎᐊᕐᓗᒋᑦ ᑭᑭᑦᑎᖏᒃᑲᓗᐊᕐᒪᖔᖅᐱᑦ ᑭᖑᕙᕐᓂᐊᖏᒻᒪᑕ. ᐃᓚᑰᓐᓂᖅᑲᑕ ᑎᑎᕋᕆᐊᓖᓪᓗ ᐱᔭᕇᖅᓯᒪᓐᖏᑉᐸᑕ, ᐊᑯᓂᐅᓂᖅᓴᐅᒐᔭᖅᑐᖅ ᐱᓇᓱᐊᕈᑏᑦ ᕿᒥᕐᕈᔭᐅᒐᓱᐊᖅᑎᓪᓗᒍ.

ᓯᕗᓪᓕᖅᐹᒥ 1 − ᓇᓗᓇᐃᔭᑦᑎᐊᕐᓗᖏᑦ ᐃᕝᕕᑦ ᒥᔅᓵᓅᖓᔪᑦ
ᐱᔭᕇᖅᓯᒪᑦᑎᐊᕋᓗᐊᕐᒪᖔᑕ ᖃᐅᔨᓴᕐᓗᒋᑦ ᐅᑯᐊ:
ᐃᓚᖓ 1A − ᐱᓇᓱᐊᖅᑑᑉ ᒥᔅᓵᓅᖓᔪᑦ
• ᒪᓕᒐᖅᑎᒍᑦ ᐊᑏᑦ ᐊᔾᔨᒋᔭᕆᐊᓕᖓ ᓇᓗᓇᐃᒃᑯᑎᑉᐱᑦ
• ᐊᔾᔨᖓᓐᓂ ᓇᓗᓇᐃᒃᑯᑎᑉᐱᑦ ᐱᖃᓯᐅᔾᔨᓗᑎᑦ
ᐃᓚᖓ 1B − ᐱᓇᓱᐊᖅᑑᑉ ᑐᕌᕈᑎᖏᑦ ᐅᖄᓚᐅᑎᖏᓪᓗ
• ᑐᕌᕈᑏᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑎᒍᑦ ᐱᔭᕇᖅᓯᒪᑦᑎᐊᕐᓗᒍ
• ᐅᖄᓚᐅᑏᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᕕᓪᓗ ᑐᕌᕈᑎᖓ ᑕᒻᒪᖅᓯᒪᓐᖏᓪᓗᑎᑦ, ᐱᖃᓯᐅᑎᑉᐸᑕ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 46

ᐊᐃᑉᐸᖓᓐᓂ 2 − ᓇᓗᓇᐃᑦᑎᐊᕐᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒥᒻ ᐃᓂᓪᓚᕝᕕᒥᓂᑎᑦ ᖃᐅᔨᓴᑦᑎᐊᕐᓗᒋᑦ ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᖅᐱᒋᑦ:
ᐃᓚᖓ 2 − ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᑦᑐᖅ: ᐊᑎᖓ ᐅᓪᓗᖓᓪᓗ
• ᐋᓐᓂᐊᕕᓕᒫᑦ ᐃᓂᓪᓚᕝᕕᒥᓂᖅᑎᑦ ᓂᕈᐊᖅᓯᒪᑦᑎᐊᕐᓗᒋᑦ
• ᐃᓂᓪᓚᕝᕕᒥᓃᑦ ᐊᓂᑎᑕᐅᓂᒥᓂᖅᐱᓪᓗ ᐅᓪᓗᖏᑦ ᑎᑎᕋᖅᓯᒪᓗᒋᑦ, ᖃᐅᔨᒪᒍᕕᒋᑦ
ᐃᓚᖓᓐᓂ 2A− ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᑦᑐᖅ: ᐃᓚᓕᐅᑎᒋᐊᓖᑦ
• 9 ᐊᐱᖅᑯᓰᑦ ᑭᐅᑦᑎᐊᕐᓗᒍᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ
• ᐊᑕᐅᓯᐅᓐᖏᑦᑐᒧᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐃᓂᓪᓚᓚᐅᖅᓯᒪᒍᕕᑦ, ᖃᐅᔨᒋᐊᕐᓗᒍ ᐃᓚᒍᑕᖅ A ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᖅ.

ᐱᖓᔪᐊᓐᓂ 3 − ᓇᓗᓇᐃᖅᓯᒪᔭᑎᑦ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ/ ᐋᓐᓂᖅᑕᐅᓂᕆᓚᐅᖅᓯᒪᑎᓪᓗ ᒥᔅᓵᓄᑦ
ᖃᐅᔨᓴᑦᑎᐊᕐᓗᒋᑦ ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᖅᐱᒋᑦ:
ᐃᓚᖓ 2B − ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᕆᓚᐅᖅᓯᒪᔭᑎᑦ/ ᐋᓐᓂᖅᑕᐅᓂᕆᓚᐅᖅᓯᒪᑎᓪᓗ ᓂᕈᐊᕐᓗᒋᑦ
• ᖃᓄᑎᒋ ᐋᓐᓂᐊᖅᑕᐅᓂᕐᒪᖔᖅᐱᑦ ᑎᑎᕋᕐᓗᒋᑦ
• ᖁᕝᕙᓯᓐᓂᖏᑦ ᓈᓴᐅᑏᑦ ᑎᑎᕋᕐᓗᒋᑦ ᓇᓗᓇᐃᑦᑎᐊᕐᓗᒋᑦ ᓯᒃᑭᑦᑕᒥ
• ᐅᑭᐅᑦ ᐊᖏᖅᓯᒪᓃᓪᓗ ᓇᓗᓇᐃᖅᓯᓯᒪᓃᑦ ᑎᑎᕋᑦᑎᐊᕐᓗᒋᑦ ᐊᑐᖅᑲᑕ
• ᐱᖓᓲᔪᖅᑐᑦ ᐊᐱᖅᑯᓰᑦ ᑭᐅᔭᐃᓐᓇᕆᓗᒋᑦ ᐊᑐᓂ ᐋᓐᓂᐊᖅᑕᐅᓯᒪᓂᕐᓄᑦ
• ᑎᑎᕋᕐᕕᔅᓴᖃᒃᑲᓐᓂᕆᐊᖃᕈᕕᑦ, ᐊᑐᕐᓗᒍ ᐃᓚᒍᖓ B

ᑎᓴᒪᖓᓐᓂ 4 − ᓇᓗᓇᐃᖅᑕᐅᓂᖏᑦ ᐊᑭᓕᐅᑕᐅᓂᐊᖅᑐᑦ ᒥᔅᓵᓄᑦ
ᖃᐅᔨᓴᑦᑎᐊᕐᓗᒋᑦ ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᖅᐱᒋᑦ:
ᐃᓚᖓ 3 − ᐊᑭᓕᖅᑕᐅᓂᕕᑦ ᓇᓗᓇᐃᔭᖅᓯᒪᔪᑦ
• ᐊᑕᐅᓯᕐᒥᑦ ᐊᑭᓕᖅᑕᐅᓂᐊᕐᓂᕐᓄᑦ ᓂᕈᐊᕐᓗᑎᑦ
• ᑮᓇᐅᔭᒃᑯᕕᓕᕆᓂᕐᒥᑦ ᐱᔭᕇᖅᓯᓗᑎᑦ ᑕᒻᒪᖅᑕᐃᓕᓗᒋᓪᓗ ᐴᖅᑕᐅᒐᔭᖅᑐᑦ ᑮᓇᐅᔭᒃᑯᕕᓐᓄᑦ
ᐱᔪᒪᔾᔪᑎ ᑐᖁᖓᔪᒨᑉᐸᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᖃᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᑭᐅᑭᓗᐊᖅᑲᑦ, ᖃᐅᔨᒋᐊᕐᓗᒍ ᐊᑭᓖᔾᔪᑎᔅᓴᓄᑦ ᑐᑭᓯᒋᐊᕈᑎ ᐊᔾᔨᒋᒐᓗᐊᕐᒪᖔᒍ ᒪᓕᒐᑦ ᐅᖃᖅᓯᒪᔪᑦ ᓯᕗᓂᖓᓂ ᐊᑐᐊᒐᕐᓂᑦ.

ᑕᓪᓕᒪᖓᓐᓂ 5 − ᓇᓗᓇᐃᕐᔭᒋᑦ ᐱᔭᕆᐊᓖᑦ ᐃᓚᒍᑕᐃᑦ
ᐱᔭᕆᕐᓗᒋᑦ ᑭᓯᐊᓂ ᐃᓚᒍᑕᐃᑦ ᐃᓕᓐᓄᑦ ᐊᑑᑎᔪᑦ.
• ᐃᓚᒍᑕᖓ A – ᐱᔭᕇᕐᓗᒋᑦ ᐊᑕᐅᓯᐅᓐᖏᑦᑐᒧᑦ ᐃᓂᓪᓚᓚᐅᖅᓯᒪᒍᕕᑦ

• ᐃᓚᒍᑕᖓ B – ᐱᔭᕇᕐᓗᒋ ᐊᑕᐅᓯᐊᓐᖑᓐᖏᑐᑦ ᐱᑦᑎᐊᖅᑕᐅᓯᒪᓐᖏᒃᑯᕕᑦ/ᐋᓐᓂᖅᑕᐅᓯᒪᒍᕕᑦ ᑕᕝᕙᓂᔅᓴᐃᓐᓇᐅᓐᓂᕋᓗᐊᖅᑲᑦ ᐋᓐᓂᐊᕕᒻᒥ
ᐊᓯᖏᓐᓂᓪᓘᓐᓃᑦ

• ᐃᓚᒍᑕᖓ C – ᐱᔭᕇᕐᓗᒋᑦ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒨᑉᐳᑦ ᐃᓇᓱᐊᕈᑎᒃ
• ᐃᓚᒍᑕᖓ D – ᐱᔭᕇᕐᓗᒋᑦ ᐱᓇᓱᐊᕈᔾᔨᒍᕕᑦ ᑎᒥᒥᑎᒍᑦ ᐊᔪᕈᑎᓕᒻᒧᑦ
• ᐃᓚᒍᑕᖓ E – ᐱᔭᕇᕐᓗᒋᑦ ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᓐᓂᕈᕕᑦ ᐱᓇᓱᐊᕐᓂᓐᓄᑦ.
ᐃᓚᒋᑕᖏᖏᓐᓄᑦ C, D or E, ᖃᐅᔨᒋᐊᕐᓗᑎᑦ:
• ᐊᔾᔨᖏᓐᓂ ᐱᔭᕆᐊᓕᒃ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᐱᖃᓯᐅᑎᓗᒋᑦ
• ᐸᐃᑉᐹᓪᓚᑖᕐᓂᑦ ᑐᔪᐃᒋᐊᖃᓐᖏᑦᑐᑎᑦ
• ᐸᐃᑉᐹᑦ ᑐᑭᓯᔭᕐᓂᕐᓗᑎᑦ ᐅᖃᓕᒫᒐᕐᓂᓪᓗᑎᓪᓗ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 47

ᐱᖓᓲᔪᖅᑐᖓᓐᓂ 6 − ᓇᓗᓇᐃᕐᔭᒋᑦ ᐊᑎᓕᐅᕈᓯᑎᑦ ᐊᒻᒪᓗ ᓇᓗᓇᐃᒃᑯᑕᐃᑦ ᖃᐅᔨᓴᑦᑎᐊᕐᓗᒋᑦ ᐱᔭᕇᖅᓯᒪᒐᓗᐊᕐᒪᖔᖅᐱᒋᑦ:
• ᐊᑎᓕᐅᕈᑎᓐᓄᑦ ᐊᑎᓕᖅᑕᐅᖏᓐᓇᕆᐊᓖᑦ
• ᓯᒃᑭᑦᑕᐃᑦ ᑎᑎᖅᓯᕕᒋᔭᐃᓐᓇᕆᐊᓖᑦ
• ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᐊᑎᓕᐅᕆᐊᓖᑦ ᐅᓪᓗᖏᓪᓗ ᑎᑎᕋᕐᓗᒋᑦ

7−ᖓᓐᓂ − ᕿᒥᕐᕈᓱᖓᐅᑎᓗᒍ ᑐᔫᑎᒋᓚᐅᓐᖏᓂᓐᓂᑦ
ᑐᔪᐃᓚᐅᓐᖏᓂᓐᓂᑦ ᐱᓇᓲᑎᓐᓂᒃ, ᓇᓗᓇᐃᑦᑎᐊᕐᓗᒋᑦ ᐅᑯᐊ:

• ᑎᑎᕋᕐᕕᒋᔭᐃᓐᓇᕆᒋᐊᓖᑦ
• ᐊᔾᔨᖏᓐᓂ ᐸᐃᑉᐹᓂᒃ ᐱᖃᓯᐅᔾᔨᓗᑎᑦ
• ᐊᑏᑦ ᐃᓅᕕᒥᓃᓪᓗ ᑕᑯᔅᓴᐅᒋᐊᓕᒃ ᐱᖃᓯᐅᑎᔭᓐᓂᑦ ᐸᐃᑉᐹᓂᑦ
• ᐊᔾᔨᖏᓐᓂ ᑐᔫᑎᓕᒫᓐᓂᒃ ᐱᓯᒪᑦᑎᒋᐊᖃᖅᑐᑎᑦ
ᐳᐃᒍᐃᓐᓂᕈᕕᑦ, ᐱᔭᕆᕋᓱᐊᑦᑕᐅᑎᒋᓗᒋᑦ.

ᐃᑲᔪᖅᑕᐅᔪᓐᓇᖅᑐᑎᑦ ᑐᔪᐃᓚᐅᖏᓂᓐᓂᑦ ᐱᓇᓲᑎᓐᓂᑦ
ᐱᔭᕇᖅᓯᒪᓱᒋᓐᖏᒃᑯᕕᑦ ᐱᓇᓲᑎᓐᓂᒃ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᑲᔪᖅᑕᐅᒍᒪᒍᕕᑦ ᕿᒥᕐᕈᓗᒍ, ᐃᑲᔪᖅᑎᔅᓴᖅᑕᖃᕐᒥᔪᖅ.
ᖃᐅᔨᒋᐊᕈᓐᓇᖅᑐᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᖓᓐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎᒧᑦ ᐅᖄᓚᓗᑎᑦ 1-888-592-9101 ᐅᖃᐅᓰᑦ ᐊᑐᕈᒪᔭᐃᑦ ᓂᕈᐊᕐᓗᒍ ᒪᓕᓪᓗᒍ ᓇᕿᓪᓗᒍ 2.
ᑕᑯᒋᐊᕈᓇᕐᒥᔪᑎᑦᑕᐅ ᐅᕗᖓ www.IHSettlement.ca.

ᑐᔫᑎᒋᓕᕐᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ
ᐱᔭᕇᖅᓯᒪᓕᕈᕕᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᐊᒻᒪᓗ ᐃᓚᒍᑕᐃᑦ ᐱᔭᕆᐊᓖᑦ, ᑐᔫᑎᒋᓕᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ ᓂᕈᐊᕐᓗᑎᑦ ᓇᓖᕌᕈᑎᓂᒃ ᐊᑖᓃᑦᑐᓂ. ᓂᕈᐊᕐᓗᑎᑦ ᓇᓕᕌᕈᑎᒥᑦ ᐃᓕᓐᓄᑦ ᓈᒻᒪᓛᒥᑦ. ᓂᕈᐊᕈᑎᓕᒫᑦ ᓈᒻᒪᑦᑐᐃᓐᓇᐃᑦ ᓇᓪᓕᐊ.

ᓇᓖᕌᕈᑎᒃ 1 − ᖃᕋᓴᐅᔭᒃᑯᑦ ᐱᓇᓱᐊᕐᓂᖅ

ᐱᔭᕇᕐᓗᒋᑦ ᑐᓂᓗᒋᓪᓗ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐅᕗᖓ www.IHSettlement.ca/Claims ᐱᓇᓱᐊᖅᑐᓄᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐃᒪᐃᑎᑦᑎᒍᓐᓇᖅᑐᑦ:
• ᓇᓗᓇᐃᒃᑯᑎᑖᕆᐊᖃᖅᑐᑎᑦ
• ᑕᑕᑎᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᖃᕋᓴᐅᔭᕐᒥᑦ ᐊᑐᕐᓗᑎᑦ, ᐱᓐᖑᕈᑎᒥᑦ ᐅᖄᓚᐅᑎᕋᓛᒻᒥᓪᓘᓐᓃᑦ
• ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒋᑦ ᐊᔾᔨᓐᖑᐊᑦ ᓵᖓᓃᑦᑐᑦ ᑐᓄᐊᓃᑦᑐᓪᓗ ᓇᓗᓇᒃᑯᑎᕕᑦ ᐊᓯᖏᓪᓗ ᐸᐃᑉᐹᑦ.
• ᑐᖅᑯᓐᓈᕕᒻᒨᕐᓗᒋᑦ ᐱᕙᓪᓕᐊᔭᑎᑦ ᐅᑎᕐᕕᒋᓂᐊᕋᕕᒋᑦ
ᖃᕋᓴᒃᑯᑦ ᓇᕿᑦᑕᑎᓪᓗᑎᑦ, ᑎᑎᕋᕐᕕᐅᔪᓐᓇᕆᐊᖃᖅᑐᑎᑦ ᐅᖄᓚᐅᑎᕋᓛᒃᑯᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓂᐱᓕᐅᖅᑐᖃᕐᓗᓂ ᐅᖄᓚᐅᑎᓐᓄᑦ. ᑕᐃᒪᐃᒋᐊᖃᖅᑐᑎᑦ
ᐱᔪᓐᓇᖅᓯᑎᖁᓪᓗᒋᑦ ᐊᓯᔾᔨᒋᐊᓖᑦ ᐊᓯᖏᓐᓄᓪᓗ ᑕᑯᔭᐅᒋᐊᖃᕐᓇᑎᑦ.
ᐱᓇᓱᑦᑐᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑐᓂᓯᒋᐊᖃᕐᒥᔪᑦ ᐱᓇᓲᑎᒥᓂᒃ ᐊᑐᐊᖅᓯᒍᓐᓇᕐᓗᑎᓪᓗ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᑎᑎᕋᕐᕕᒋᖃᑦᑕᕐᓗᒋᓪᓗ ᑭᑭᑦᑎᖏᒃᑲᓗᐊᕐᒪᖔᖅᐱᑦ ᐱᔭᕇᕆᐊᓕᓐᓂᑦ ᑐᓂᒋᐊᓕᓐᓂᓪᓗ.
ᑐᓂᓯᒪᓕᕈᕕᒋᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ, ᑎᑎᖅᑲᐅᓯᐊᑦᑕᐅᑎᒋᒐᔭᖅᑐᑎᑦ ᓇᓗᓇᐃᖅᓯᔾᔪᑎᒥᑦ ᐱᔭᐅᒻᒪᑕ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 48

ᓇᓖᕌᕈᑎᒃ 2 − ᖃᕋᓴᐅᔭᒃᑯᑦ (ᑕᑕᑎᕆᐊᓕᒻᒥᑦ PDF−ᖑᓪᓗᓂ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ)
ᖃᕋᓴᐅᔭᒃᑯᑦ ᓇᕿᑦᑕᕐᕕᒋᓗᒍ ᐱᓇᓱᐊᕈᑎᔅᓴᖅ ᑕᑕᑎᕆᐊᓕᒃ

• ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐅᕗᖓ www.IHSettlement.ca ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒍᓗ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ.
• ᑐᖅᑯᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᓐᓂᑦ ᖃᕋᓴᐅᔭᕐᓄᑦ, ᐱᓐᖑᐊᕈᑎᓐᓄᑦ ᐅᖄᓚᐅᑎᕋᓛᓄᓪᓘᓐᓃᑦ.

• ᑕᑕᑎᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ ᓇᕿᑦᑕᕐᓗᒋᑦ ᑕᕝᕗᖓ PDF−ᒧᑦ.
• ᑐᖅᑯᕐᓗᒋᑦ ᐱᔭᕇᖅᑕᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ.

• ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᐱᔭᕇᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᒻᒥᑦ, ᐊᔾᔨᓐᖑᐊᓪᓗ ᐊᔪᕆᓪᓗᒋᑦ ᐅᑯᐊ:
º ᓵᖓ ᑐᓄᐊᓗ ᓇᓗᓇᐃᒃᑯᑎᕕᑦ, ᐊᒻᒪᓗ
º ᐊᓯᖏᑦ ᐸᐃᑉᐹᑦ ᐱᔭᕆᐊᓖᑦ.
ᑐᔫᑎᒋᓗᒋᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᐅᕗᖓ: Claims@Admin.IHSettlement.ca
ᑎᑎᖅᑲᐅᓯᐊᕋᔭᖅᑐᑎᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐱᔭᐅᓯᒪᓕᕐᓂᖏᓐᓂ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓚᑦᑎᒥᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᓐᓂᑦ ᐱᔭᐅᓯᒪᓕᖅᑲᑕ.

ᓇᓖᕌᕈᑎᒃ 3 − ᐸᐃᑉᐹᒨᓚᐅᕐᓗᒋᑦ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᑐᔫᑎᒋᓗᒋᑦ
ᐱᔭᕇᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ ᐸᐃᑉᐹᒨᕐᓗᒋᑦ ᐃᕐᖐᓈᖅᑕᐅᑎᒃᑯᑦ ᑐᔫᑎᒋᓗᒋᓪᓗ.
• ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐅᕗᖓ www.IHSettlement.ca ᐸᐃᑉᐹᒨᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ.
• ᐊᒡᒐᓐᓄᑦ ᑎᑎᕋᕐᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ.
• ᐊᔪᕆᓪᓗᒋᑦ ᐊᔾᔨᓕᐅᕐᓗᒋᓪᓘᓃᑦ:
º ᐸᐃᑉᐹᓕᒫᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ
º ᓵᖓ ᑐᓄᐊᓗ ᓇᓗᓇᐃᒃᑯᑎᕕᑦ
º ᐊᓯᖏᓐᓂ ᐸᐃᑉᐹᓐᓂᑦ ᐱᖃᓯᐅᑎᒋᐊᓕᓐᓂᑦ
• ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᑐᔪᐃᓚᐅᓐᖏᓂᓐᓂᑦ, ᖃᐅᔨᒋᐊᖅᑳᓗᒋᑦ:
º ᐸᐃᑉᐹᓕᒫᑦ ᐱᖃᓯᐅᑎᓗᒋᑦ
º ᐸᐃᑉᐹᑦ ᓈᓴᐅᑎᖏᑦ ᑕᑯᔅᓴᐅᓗᑎᑦ
º ᓵᖓᓃᑦᑐᑦ ᑐᓄᐊᓃᑦᑐᓪᓗ ᐊᔪᕆᑦᑕᐃᓐᓇᕆᓗᒋᑦ
º ᐊᔾᔨᓐᖑᐊᑦ ᑕᑯᔅᓴᐅᑦᑎᐊᕐᓗᑎᑦ ᐅᖃᓕᒫᕋᔅᓴᐅᓗᑎᓪᓗ
• ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᐊᔪᕆᓪᓗᒋᑦ ᖃᕋᓴᐅᔭᕐᒧᑦ ᐊᔾᔨᓐᖑᐊᓪᓘᓐᓃᑦ Claims@Admin.IHSettlement.ca.
ᑎᑎᖅᑲᐅᓯᐊᕋᔭᖅᑐᑎᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐱᔭᐅᓯᒪᓕᕐᓂᖏᓐᓂ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓚᑦᑎᒥᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᓐᓂᑦ ᐱᔭᐅᓯᒪᓕᖅᑲᑕ.

ᓇᓖᕌᕈᑎᒃ 4 − ᐸᐃᑉᐹᒨᕐᓗᒋᑦ ᓱᒃᑲᔪᒃᑰᓕᕐᓗᒋᑦ
ᐱᔭᕇᕈᓐᓇᕐᒥᔭᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ ᐸᐃᑉᐹᒨᕐᓗᒋᑦ ᓱᒃᑲᔪᒃᑯᑦ ᑐᔫᑎᒋᓕᕐᓗᒋᑦ.
ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐅᕗᖓ www.IHSettlement.ca ᐊᓯᐊᓄᓪᓘᓐᓃᑦ:

• ᖃᕋᓴᐅᔭᕐᒨᖅᑲᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ, ᖃᕋᓴᐅᔭᒃᑯᑦ ᐱᔭᕇᕐᓗᒋᑦ, ᐸᐃᑉᐹᒨᕐᓗᒋᓪᓗ, ᐅᕝᕙᓘᓐᓃᑦ
• ᐸᐃᑉᐹᒨᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ ᐊᒡᒐᓐᓄᑦ ᑕᑕᑎᓕᕐᓗᒋᑦ
ᓱᒃᑲᔪᒃᑯᑦ ᐱᔭᕇᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ, ᐊᒻᒪᓗ:
º ᓵᖓ ᑐᓄᐊᓗ ᓇᓗᓇᐃᒃᑯᑎᕕᑦ
º ᐊᓯᖏ ᐸᐃᑉᐹᑦ

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 49

ᓱᒃᑲᔪᒃᑯᑦ ᓈᓴᐅᑎᖓ: 1-416-966-5701

ᓱᒃᑲᔪᒃᑯᑦ ᑐᔫᑎᒋᓚᐅᕐᓗᒋᑦ, ᐱᔭᐅᓂᖏᓐᓂ ᓇᓗᓇᐃᖅᓯᔾᔪᑎᑖᕋᔭᖅᑐᑎᑦ.
• ᐸᐃᑉᐹᓕᒫᑦ ᑐᔫᑎᒋᓗᒋᑦ
• ᐊᒥᓲᓂᖏᑦ ᐸᐃᑉᐹᑦ ᐊᔾᔨᒋᔭᕆᐊᓕᖏᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ ᐱᖃᓯᐅᑎᓯᒪᔪᓪᓗ
• ᐸᐃᑉᐹᒥ ᑐᓂᐊᓃᑦᑐᓪᓗ ᑐᑭᓯᓇᕆᐊᓖᑦ ᐅᖃᓕᒫᕋᔅᓴᐅᓗᑎᓪᓗ
• ᐊᔾᔨᓐᖑᐊᑦ ᑕᑯᔅᓴᐅᑦᑎᐊᕐᓗᑎᑦ ᐅᖃᓕᒫᕋᔅᓴᐅᓗᑎᓪᓗ
ᑎᑎᖅᑲᐅᓯᐊᕋᔭᖅᑐᑎᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐱᔭᐅᓯᒪᓕᕐᓂᖏᓐᓂ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓚᑦᑎᒥᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᓐᓂᑦ ᐱᔭᐅᓯᒪᓕᖅᑲᑕ.

ᓇᓖᕌᕈᑎᒃ 5 − ᐸᐃᑉᐹᒨᕐᓗᒍ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᑐᔫᑎᒋᓕᕐᓗᒍ
ᐱᔭᕇᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ ᐊᒡᒐᓐᓄᑦ ᑎᑎᕋᕐᓗᒋᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑰᖅᑎᓕᕐᓗᒋᑦ
• ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐅᕗᖓ www.IHSettlement.ca ᐸᐃᑉᐹᒨᕐᓗᒋᑦ ᖃᐅᔨᒋᐊᕐᓗᑎᑦ ᐅᕗᖓ ᐅᖄᓚᓗᑎᓪᓘᓐᓃᑦ 1-888-592-9101
ᐸᐃᑉᐹᒥ ᐱᔪᒪᓗᑎᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ.
• ᐊᒡᒐᓐᓄᑦ ᑎᑎᕋᕐᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓖᑦ.
• ᐸᐃᑉᐹᒨᖅᑲᕐᓗᒋᑦ:
º ᓇᓗᓇᐃᒃᑯᑎᑎᑦ
º ᐊᓯᖏᑦ ᐸᐃᑉᐹᑦ
• ᐊᔾᔨᖏᓐᓂ ᐱᓯᒪᑦᑎᓗᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᐱᓯᒪᑦᑎᒋᐊᖃᕋᕕᑦ.
• ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᑐᔫᑎᒋᓗᒍᑦ ᐊᔾᔨᖏᑦ ᐅᕗᖓ:
FIH Claims Administrator
P.O. Box 5493 STN MAIN
Newmarket, ON L3Y 0J4
ᐊᒥᓲᓕᖅᑎᓯᒪᓐᖏᑦᑐᓂᑦ ᐸᐃᑉᐹᓪᓚᕆᒋᔭᕐᓂᑦ ᑐᔪᐃᑦᑕᐃᓕᒋᑦ. ᑐᔪᐃᓗᑎᑦ ᑭᓯᐊᓂ ᐊᒥᓲᓕᖅᑎᓯᒪᒥᑦ.
ᑎᑎᖅᑲᐅᓯᐊᕋᔭᖅᑐᑎᑦ ᑎᑎᖅᑲᓂᐊᕐᕕᒃᑯᑦ ᐱᔭᐅᓯᒪᓕᕐᓂᖏᓐᓂ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓚᑦᑎᒥᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᕆᐊᓕᓐᓂᑦ ᐱᔭᐅᓯᒪᓕᖅᑲᑕ.

ᐃᖅᑲᐃᑎᑦᑎᒋᐊᕈᑎᒃ ᑐᔪᐃᒍᒪᔪᓄᑦ ᓇᓖᕌᕈᑏᑦ
• ᑐᔪᐃᓗᑎᑦ ᐊᔾᔨᑐᐊᖏᓐᓂ, ᐸᐃᑉᐹᓪᓚᑖᓐᖏᑦᑐᓂᒃ
• ᐊᑏᑦ ᐃᓅᕕᒥᓃᓪᓗ ᑎᑎᕋᖅᓯᒪᓗᑎᑦ ᐊᔾᔨᖏᓐᓂᓪᓗ ᐱᖃᓯᐅᔾᔨᓗᑎᑦ.
• ᐊᔾᔨᖏᓐᓂ ᐱᓯᒪᑦᑎᓗᑎᑦ ᑭᑯᓱᓕᒫᑦᑎᐊᕐᓂᑦ ᑐᔫᑎᓐᓂᑦ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᑐᓂᓯᓂᐊᕐᓗᓂ ᒪᑐᕕᖃᖅᑐᑦ
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᐱᔭᕆᐊᓕᒃ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᒪᑐᕕᖃᖅᑐᑦ ᐃᓱᒪᖅᓴᖅᓯᐅᕈᑕᐅᒋᐊᖃᕋᔭᕐᖓᑕ ᑮᓇᐅᔭᖅᑖᕐᓂᐊᕐᒪᖔᖅᐱᑦ
ᒪᑐᕕᖃᖅᑐᑦ ᑐᓂᓯᓂᐊᕐᓗᓂ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᔪᓚᐃ 27, 2028.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 50

ᑐᓂᓯᒌᕈᕕᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᖃᓄᐃᒃᑲᔭᕐᖓᑕ
ᑐᓂᓯᒌᕈᕕᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᕿᒥᕐᕈᔭᐅᒐᔭᖅᑐᖅ ᐊᑕᐅᓯᐊᖑᓐᖏᑦᑐᖅ ᐱᔪᓐᓇᕋᓗᐊᕐᒪᖔᖅᐱᑦ, ᖃᑦᑎᓂᓪᓗ ᑮᓇᐅᔭᖅᑖᕋᔭᕐᒪᖔᖅᐱᑦ. ᖃᓄᐃᓘᕆᐊᖃᕋᔭᓐᖏᑦᑐᑎᓪᓕ. ᖃᐅᔨᒃᑲᖅᑕᐅᒐᔭᖅᑐᑎᑦ ᑭᑭᑦᑎᓐᓂᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒪᓕᐅᕇᖅᓯᒪᓕᕐᓂᖅᑲᑕ.

ᓯᕗᓪᓕᖅᐹᖓ 1: ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᖓ ᕿᒥᕐᕈᒐᔭᖅᑐᑦ ᐱᓇᓲᑎᓐᓂᑦ
ᑐᓂᔭᐅᓯᒪᓕᕇᖅᑲᑕ ᐱᓇᓲᑏᑦ, ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᕿᒥᕐᕈᒐᔭᖅᑐᖅ ᐸᐃᑉᐹᓕᒫᑦᑎᐊᑦ ᐱᖃᓯᐅᑎᒋᐊᓖᑦ ᐱᓯᒪᔭᐅᒐᓗᐊᕐᒪᖔᑕ
ᑎᑎᕋᖅᑕᐅᓗᑎᓪᓗ ᑕᒪᒃᑯᐊ.
ᓇᓪᓕᐊᓐᓂ ᑭᑭᑦᑎᓐᓂᕕᑦ, ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᖃᐅᔨᒋᐊᕋᔭᖅᑐᑦ ᐃᓕᓐᓄᑦ.
ᐊᕐᕌᒍᒥᑦ ᐊᑕᐅᓯᕐᒥᑦ ᐱᕕᖃᖅᑐᑎᑦ ᑭᑭᑕᒥᓂᕐᓂᑦ ᑐᓂᓯᒐᓱᐊᕐᓗᑎᑦ. ᑕᐃᑲᓂ, ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᐃᖅᑲᐃᑎᑦᑎᒋᐊᕈᑎᒥᑦ ᑐᔪᐃᖃᑦᑕᕋᔭᖅᑐᖅ.

ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᓇᓗᓇᐃᖅᓯᖁᔨᓐᓂᖅᑲᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ, ᐃᓕᓐᓄᑦ ᖃᐅᔨᒋᐊᕋᔭᖅᑐᑦ ᐃᒪᐃᑦᑐᒥᑦ ᐊᑎᖃᕐᓗᑎᑦ

“FedIndHospSA” ᐅᕝᕙᓘᓐᓃᑦ “613-209-4286” ᐅᖄᓚᐅᑎᖓ ᑕᑯᔅᓴᐅᓗᓂ. ᑖᓐᓇ ᓇᓗᓇᐃᖅᓯᔾᔪᑎᖓ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒥᑦ. ᐅᖄᓚᕕᒋᓐᖏᓪᓗᒍ ᓈᓴᐅᑎᒧᑦ ᓴᖅᑭᖅᑐᒧᑦ. ᐅᖄᓚᕕᐅᒐᓱᓐᓂᕈᕕᑦ ᑭᐅᓐᓂᖏᒃᑯᕕᐅᒃ ᐅᖄᓚᒍᓐᓇᖅᑐᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᖓᓐᓄᑦ
ᐅᕗᖓ 1-888-592-9101, ᐅᖃᐅᓰᑦ ᐊᑐᕈᒪᔭᐃᑦ ᓂᕈᐊᕐᓗᒍ ᒪᓕᓪᓗᒍ ᓇᕿᓪᓗᒍ 1..
ᐱᓇᓱᐊᖅᑐᒧᑦ ᐊᓪᓚᑦᑎ ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ ᑎᑎᕋᑐᐃᓐᓇᕆᐊᖃᕐᒥᔪᖅ ᐃᓕᓐᓄᑦ. ᐃᕐᖐᕐᓈᖅᑕᐅᑎᒃᑯᑦ “GeneralInfo@Contact. IHSettlement.ca,” ᑕᑯᔅᓴᐅᓗᑎᑦ ᐃᒫᒃ “IH Settlement General Info” ᑐᔫᑕᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ: “No-Reply@Admin.IHSettlement.ca” ᐅᕝᕙᓘᓐᓃᑦ “No-Reply@Portal.IHSettlement.ca,” ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᓄᑦ.

ᐊᐃᑉᐸᖓ 2: ᐱᔪᓇᖅᑐᓄᑦ ᐃᓱᒪᓕᐅᕐᓂᖏᑦ
ᐱᔭᕇᖅᓯᒪᓕᖅᑲᑕ ᐱᓇᓱᐊᕈᑎᑎᑦ, ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑐᔪᐃᒐᔭᖅᑐᖅ ᐱᓇᓱᐊᕈᑎᓐᓂᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᕿᒥᕐᕈᔭᐅᒐᔭᕐᖓᑕ ᐱᔪᓐᓇᕋᔭᕐᒪᖔᖅᐱᑦ.
ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑦ ᕿᒥᕐᕈᒐᔭᓐᖏᑦᑐᓪᓕ ᑕᒪᒃᑯᓂᖓ ᐱᑦᑎᐊᖅᑕᐅᖏᓐᓂᒥᓂᕐᓂᑦ/ᐋᓐᓂᖅᑕᐅᓂᒥᓂᕐᓂᑦ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑦ ᑎᑎᖅᑲᖁᑎᖃᕐᖓᑕ ᐅᕝᕙᓘᓐᓃᑦ ᑐᑭᓯᒋᐊᖁᑎᓂᒃ ᐱᓇᓱᐊᕐᓂᐅᑉ ᒥᔅᓵᓄᑦ, ᑐᓂᔭᐅᒐᔭᖅᑐᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑐᒧᑦ. ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑦ ᐱᔪᓐᓇᓂᕐᓂᑦ ᐊᑐᓕᖁᔭᓕᐅᕋᔭᖅᑐᑦ, ᑭᓯᐊᓂᓕ ᐃᓱᒪᓕᐅᖅᑎᐅᓐᖏᑦᑐᑦ ᐱᔪᓐᓇᕋᔭᕐᒪᖔᖅᐱᑦ.
ᐱᔪᓐᓇᖅᑐᑦ ᐃᓱᒪᓕᐅᖅᑕᐅᓲᑦ ᑭᓯᐊᓂ ᐱᓇᓱᑦᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ.
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑏᑦ ᐃᓱᒪᓕᐅᕋᔭᖅᑐᑦ ᐱᔪᓇᕐᒪᖔᖅᐱᑦ ᖃᐅᔨᒃᑲᐃᓗᑎᓪᓗ ᑎᑎᖅᑲᑎᒍᑦ.
ᐊᖏᕈᕕᑦ ᐱᔪᓐᓇᕐᒪᖔᖅᐱᑦ ᐃᓱᒪᓕᐅᖅᑐᒥᓂᕐᓄᑦ, ᖃᓄᐃᓘᕆᐊᖃᕋᔭᓐᖏᑦᑐᑎᑦ. ᐱᓇᓱᐊᖅᑕᐃᑦ ᑲᔪᓯᒐᔭᖅᑐᖅ, ᑮᓇᐅᔭᖅᑖᔅᓴᓂᑦ ᕿᒥᕐᕈᖔᓕᕐᓗᑎᑦ
ᑕᐃᒃᑯᐊ.

ᐊᐃᑉᐸᖓ 2a: ᐱᔪᓐᓇᖅᑐᓂᒃ ᐃᓱᒪᖅᓴᖅᓯᐅᕈᑎᖃᒃᑲᓂᕐᓂᖅ
ᓈᒻᒪᓴᓐᖏᒃᑯᕕᑦ ᐱᔪᓐᓇᓂᕐᒧᑦ ᐃᓱᒪᓕᐊᒥᑦ, ᐃᓱᒪᖅᓴᖅᓯᐅᒃᑲᓐᓂᖁᔨᒍᓐᓇᖅᑐᑎᑦ ᐃᒻᒥᒃᑰᖅᑐᒥᑦ ᕿᒥᕐᕈᔨᒥᑦ. ᑐᑭᓯᒃᑲᓐᓂᕈᒪᒍᕕᑦ ᖃᓄᖅ ᐃᖅᓱᒪᖅᓴᖅᓯᐅᒃᑲᓐᓂᕈᓐᓇᕐᒪᖔᑕ ᐃᓱᒪᓕᐊᒥᓂᕐᒥᑦ ᐱᑕᓕᒃ. ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑦ ᑐᔅᓯᕋᕈᓐᓇᕐᒥᔪᑦ ᐃᓱᒪᖅᓴᖅᓯᐅᓕᖅᑭᖁᔨᓗᑎᑦ.
ᐃᒻᒥᒃᑰᖅᑐᖅ ᕿᒥᕐᕈᔨ ᑕᐱᖃᓐᖏᑦᑐᖅ ᑎᒃᑯᐊᖅᑕᐅᓯᒪᔪᖅ ᐃᖅᑲᖅᑐᐃᕕᒻᒥ. ᐃᒻᒥᒃᑰᖅᑐᖅ ᕿᒥᕐᕈᔨ ᕿᒥᕐᕈᒐᔭᖅᑐᖅ ᐃᓱᒪᖅᓴᖅᓯᐅᕈᑕᐅᒃᑲᓐᓂᖁᔭᐅᔪᓂᒃ ᐱᔪᓐᓇᕐᓂᖏᓐᓂ ᐃᓱᒪᓕᐅᓕᕋᔭᖅᑐᖅ ᑭᖑᓪᓕᖅᐹᖑᓗᓂᓗ ᐃᓱᒪᐊᓂᑦ.
ᐃᓚᖏᓐᓂ, ᐃᒻᒥᒃᑰᖅᑐᖅ ᕿᒥᕐᕈᔨ ᐊᐱᖅᓱᕈᓐᓇᖅᑐᖅ ᓈᒻᒪᓴᖅᐸᖅᑐᓂᒃ ᑲᑎᒪᔨᓛᓂᑦ ᕿᒥᕐᕈᔭᐅᖁᔨᓗᓂ ᐱᓇᓲᑎᒥᑦ. ᓈᒻᒪᓴᖅᐸᑦᑐᓂᒃ ᑲᑎᒪᔨᕋᓛᑦ
ᐊᑐᐊᖅᓯᑎᑦᑎᒐᔭᖅᑐᑦ ᐊᔾᔨᐅᓐᖏᑦᑐᓂᒃ ᐱᓇᓱᐊᕈᑕᐅᔪᓂᒃ. ᕿᒥᕐᕈᖁᔭᐅᒐᔭᖅᑐᑦ ᑭᓯᐊᓂ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᓱᒪᖅᓴᖅᓯᐅᕈᑕᐅᒃᑲᓐᓂᕆᐊᓕᓐᓂᑦ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᖅᑲᑕ ᐅᕝᕙᓘᓐᓪᓃᑦ ᐱᖃᐅᓯᑎᓯᒪᓐᓂᖏᑉᐸᑕ ᒪᓕᒐᕐᓂᑦ.
ᐱᔪᓇᖅᑐᑦ ᐃᓱᒪᓕᐅᕐᓂᖏᑦ ᐃᒻᒥᒃᑰᖅᑐᓄᑦ ᕿᒥᕐᕈᔨᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓈᒻᒪᔅᓴᖃᑦᑕᖅᑐᓂᒃ ᑲᑎᒪᔨᕋᓛᓂᑦ ᑭᖑᓪᓕᖅᐹᖑᓪᓗᓂᓗ ᐃᓱᒪᓕᐊᖅ.

ᐱᓇᓱᐊᕐᓂᐊᕐᓗᓂ ᑕᑕᑎᕆᐊᓕᓐᓄᑦ ᐊᑐᐊᒐᐃᑦ — 51

ᐱᖓᔪᐊ 3: ᑮᓇᐅᔭᖅᑖᔅᓴᓄᑦ ᕿᒥᕐᕈᔭᐅᓂᖏᑦ
ᐱᓇᓱᐊᖅᑐᓄᑦ ᐱᔪᓐᓇᓂᖏᑦ, ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑏᑦ ᕿᒥᕐᕈᓲᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᖃᔨᐅᓇᓱᐊᖅᑐᑎᓪᓗ ᖃᑦᑎᓂᒃ ᑮᓇᐅᔭᖅᑖᕋᔭᕐᒪᖔᖅᐱᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᒪᓕᒐᐃᑦ ᒪᓕᑦᑐᒋᑦ.
ᑮᓇᐅᔭᖅᑖᕈᓐᓇᖅᑐᑦ ᑕᒫᓂ $10,000-ᓂᒃ ᑎᑭᓪᓗᒍ $20,000 ᒪᓕᑦᑐᑦ ᖃᓄᑎᒋ ᐋᓐᓂᐊᖅᑕᐅᓯᒪᒻᒪᖔᖅᐱᑦ ᓇᓗᓇᐃᖅᓯᒪᔭᕐᓂᑦ ᐱᓇᓲᑎᓐᓂᑦ. ᐊᖏᕐᕈᕕᑦ ᑮᓇᐅᔭᖅᑖᔅᓴᐃᑦ ᐃᓱᒪᓕᐊᖑᒐᔭᖅᑐᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎᒧᑦ, ᖃᓄᐃᓘᕆᐊᖃᓐᖏᑦᑐᑎᓪᓕ. ᐊᑭᓕᐅᑎᔅᓴᐃᑦ ᑲᒪᒋᔭᐅᑦᑕᓕᖅᑯᖅ.

ᐱᖓᔪᐊ 3a: ᑮᓇᐅᔭᖅᑖᔅᓴᓄᑦ ᐃᓱᒪᖅᓴᖅᓯᐅᕈᑕᐅᒃᑲᓂᖅᑐᑦ.
ᓈᒻᒪᓴᓐᖏᒃᑯᕕᑦ ᖃᑦᑎᓂᑦ ᑮᓇᐅᔭᖅᑖᕋᔭᕐᒪᖔᖅᐱᑦ ᐃᓱᒪᓕᐊᒥᓂᕐᒧᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑐᒧᑦ, ᐃᓱᒪᖅᓴᖅᓯᐅᓕᖅᑭᖁᔨᒍᓐᓇᖅᑐᑎᑦ ᐃᒻᒥᒃᑰᖅᑐᒥᑦ ᕿᒥᕐᕈᔨᒥᑦ. ᐱᑕᓕᒃ ᐃᓱᒪᖅᓴᖅᓯᐅᓕᖅᑭᑲᓐᓂᖁᔨᓂᐅᑉ ᒥᔅᓵᓄᑦ ᐃᓱᒪᓕᐊᒥᓂᕐᒥᑦ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓐᓂᕈᕕᑦ.
ᐃᒻᒥᒃᑰᖅᑐᖅ ᕿᒥᕐᕈᔨ ᕿᒥᕐᕈᒐᔭᖅᑐᖅ ᐃᓱᒪᖅᓴᖅᓯᐅᓕᖅᑭᖁᔭᐅᔪᓂᒃ ᑮᓇᐅᔭᖅᑖᔅᓴᑦ ᒥᔅᓵᓄᑦ ᕿᒥᕐᕈᑲᓐᓂᕋᔭᖅᑐᖅ ᐃᓱᒪᖅᓴᖅᓯᐅᕐᓗᓂ ᑭᖑᓪᓕᖅᐹᒥᓗ ᐃᓱᒪᓕᐅᖅᑎᐅᒐᔭᖅᑐᓂ.

ᐃᓚᖏᓐᓂ, ᐃᒻᒥᒃᑰᖅᑐᖅ ᕿᒥᕐᕈᔨ ᐊᐱᖅᓱᕈᓐᓇᖅᑐᖅ ᓈᒻᒪᓴᖅᐸᖅᑐᓂᒃ ᑲᑎᒪᔨᓛᓂᑦ ᕿᒥᕐᕈᔭᐅᖁᔨᓗᓂ ᐱᓇᓲᑎᒥᑦ ᓇᓗᓇᓗᐊᖅᑲᑕᓘᓐᓃᑦ ᐅᕝᕙᓘᓐᓃᑦ
ᐊᔾᔨᐅᖏᑦᑐᓂᒃ ᒪᒐᕐᓃᑉᐸᑕ.
ᑮᓇᐅᔭᖅᑖᔅᓴᓄᑦ ᐃᓱᒪᓕᐅᖅᑕᐅᒐᔭᖅᑐᑦ ᐃᒻᒥᒃᑰᖅᑐᖅ ᕿᒥᕐᕈᔨᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓈᒻᒪᓴᖅᐸᑦᑐᓂ ᑲᑎᒪᔨᕋᓛᓄᑦ ᑭᖑᓪᓕᖅᐹᖑᒐᔭᖅᑐᓂ ᐃᓱᒪᓕᐊᖅ.

ᑎᓴᒪᖓ 4: ᐊᑭᓕᖅᑕᐅᓃᑦ
ᖃᑦᑎᐅᒐᔭᕐᒪᖔᖅ ᑮᓇᐅᔭᖅ ᐃᓱᒪᓕᐊᖅ, ᐱᓇᓱᑦᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑲᒪᓕᕋᔭᖅᑐᖅ ᐊᑭᓕᐅᑎᔅᓴᒥᑦ ᓂᕈᐊᖅᓯᒪᔭᕐᓂᑦ, ᓯᒃᑭᐅᓂᐊᖅᑲᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑮᓇᐅᔭᒃᑯᕕᓐᓄᑦ ᐴᖅᑕᐅᑦᑕᐅᑎᒋᓗᓂ. ᖃᓄᐃᓘᕆᐊᖃᓐᖏᑦᑐᑎᓪᓕ ᑮᓇᐅᔭᖅᑖᕐᓂᐊᓕᖅᑎᓪᓗᑎᑦ.
ᑐᓂᓯᒍᕕᑦ ᐱᓇᓲᑎᒧᑦ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᒧᑦ, ᐊᑭᓕᐅᑎᐅᒐᔭᖅᑐᖅ ᐱᖁᑎᓐᓅᖅᑕᐅᓗᓂ ᑕᐃᑯᖓ ᑐᕌᕋᔭᖅᑐᖅ.
ᒪᓕᒐᓕᕆᔨᒧᑦ ᐃᑲᔪᖅᑕᐅᓐᓂᕈᕕᑦ, ᐊᑭᓕᖅᑕᐅᒐᔭᖅᑐᑎᓪᓕ ᐃᓕᓐᓄᓪᓚᕆᒃ ᑐᕌᕐᓗᓂ. ᐃᓛᒃᑰᖓᒻᒪᑦ ᒪᓕᒐᓕᕆᔨ ᐊᑭᓕᖅᑕᐅᔪᒪᔾᔪᑎᖏᑦ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ
ᐊᑭᖏᓐᓄᑦ.

ᑐᕌᕈᑏᑦ ᐅᖄᓚᐅᑏᓪᓘᓐᓃᑦ ᐊᓯᔾᔨᓂᖅᑲᑕ, ᐅᖃᐅᑎᓗᒍ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᑕᕝᕙᑦᑕᐅᑎᒋ ᑎᑎᖅᑲᓯᐊᑎᑦ ᐊᑭᓕᐅᑎᑎᓪᓗ ᑭᖑᕙᖅᓯᒪᖁᓇᒋᑦ.

ᑭᖑᓪᓕᖅᐹᒥ ᐃᖅᑲᐅᑎᑦᑎᒋᐊᕈᑏᑦ ᐃᑲᔪᖅᑐᐃᔾᔪᑏᓪᓗ
ᐱᔭᕇᕋᓱᐊᕐᓗᒋᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᑐᐊᕕᐊᕆᓐᖏᓪᓗᒋᑦ, ᐱᓗᐊᖅᑐᒥᑦ ᐅᓂᒃᑳᓂᐊᖅᑎᓪᓗᑎᑦ ᐊᑐᖅᓯᒪᔭᕐᓂᑦ. ᓇᒻᒥᓂᖅ ᑐᐊᕕᓐᖏᓪᓗᑎᑦ ᑲᒪᒋᔪᓐᓇᖅᑕᑎᑦ ᐃᑲᔪᖅᑕᐅᔪᓐᓇᕆᓪᓗᑎᑦ ᐊᖅᑯᑖᓂ.
ᐃᓄᑑᑎᓐᖏᒍᓐᓇᖅᑕᑎᑦ ᑖᒃᑯᐊ.

ᐃᑲᔪᖅᑎᔅᓴᖅᑕᓕᒃ
• ᐱᓇᓱᐊᖅᑐᓄᑦ ᐊᓪᓚᑦᑎ ᖃᐅᔨᒃᑲᐃᒍᓐᓇᕐᒥᔪᖅ ᖃᓄᐃᓕᖓᓂᕐᒧᖔᑕ ᐱᓇᓱᐊᖅᑕᑎᑦ, ᑭᐅᔪᓐᓇᖅᑐᓂᓗ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐱᓇᓲᑎᒥᓂᖅᑎᑦ ᒥᔅᓵᓄᑦ,
ᐊᓯᖏᓐᓂᓪ ᑐᑭᓯᒍᒪᓐᓂᕈᕕᑦ, ᒪᓕᒐᓕᕆᔨᐅᓪᓗ ᒥᔅᓵᓄᑦ
• ᒪᓕᒐᓕᕆᔨ ᐊᑐᐃᓐᓇᐅᒻᒥᔪᖅ ᒪᓕᒐᓕᕆᓂᕐᒧᑦ ᐊᐱᕆᔪᒪᓐᓂᕈᕕᐅᒃ ᑮᓇᐅᔭᖅᑑᕈᑎᔅᓴᓄᑦ ᐊᖏᕈᑎᖓᓐᓅᖅᑐᓂᒃ.
• ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎ ᑐᑭᓯᑎᑦᑎᑲᓐᓂᕈᓐᓇᕐᒥᔪᖅ ᐱᓇᓱᐊᖅᑐᓄᑦ ᑕᑕᑎᕆᐊᓕᓐᓂᑦ ᒥᔅᓵᓄᑦ, ᑎᑎᖅᑲᐃᑦ ᒥᔅᓵᓄᑦ ᐱᔭᒥᓂᕐᓄ ᐅᓂᒃᑳᕈᓐᓇᖅᑐᓂ,
ᖃᓄᐃᓕᖓᓂᐊᓕᕐᒪᖔᖅᐱᓪᓗ ᐅᖃᕐᓗᓂ. ᑭᓱᒥᑦ ᑎᑎᕋᕆᐊᖃᕐᒪᖔᖅᐱᑦ ᐅᖃᕋᔭᓐᖏᑦᑐᖅ, ᑭᓯᐊᓂᓕ ᐃᑲᔪᕈᓇᖅᑐᖅ ᑭᓱᓂᑦ ᑐᔅᓯᕋᕐᒪᖔᑕ ᓇᑭᓪᓗ ᓇᓂᔭᔅᓴᐅᒻᒪᖔᑕ.
• ᖃᐅᔨᒋᐊᕈᓐᓇᕐᒥᔪᑎᑦ ᐱᓇᓱᐊᖅᑐᓄᑦ ᐃᑲᔪᖅᑎᒥᑦ ᐅᖄᓚᓗᑎᑦ ᐅᕗᖓ 1-888-592-9101, ᐅᖃᐅᒥᓪᓗ ᐊᑐᕈᒪᔭᐃᑦ ᐊᑐᕐᓗᒍ ᓇᕿᓪᓗᒍᓗ 2.
• ᐅᓪᓗᒥᒧᑦ ᖃᓄᐃᓕᖓᓕᕐᓂᓐᖏᓐᓂ, ᑐᑭᓯᒋᐊᕐᕖᑦ, ᑭᐅᔭᐅᓗᑎᓪᓗ ᐊᐱᖅᑯᒦᑦ www.IHSettlement.ca.
ᐃᓚᖏᓐᓂ ᑲᒪᑎᓪᓗᑎᑦ ᐊᔅᓱᕈᓐᓇᖅᑐᓂᒃ ᐃᖅᑲᐃᑎᑦᑎᒍᑕᐅᒍᓐᓇᕐᒥᔪᑦ ᐃᑉᐱᓐᓂᐊᒍᓐᓇᑕᓐᓂᓪᓗ. ᖃᓄᓐᖏᑦᑐᖅ ᓄᖅᑲᖓᑲᐃᓐᓇᖃᑦᑕᕐᓗᓂ, ᐅᑎᕐᕕᒋᓂᐊᑐᐃᓐᓇᕐᓗᒍ.

ᐊᑭᖃᓐᖏᑦᑐᑦ, ᑲᓐᖑᓇᖅᑐᓂᓪᓗ ᐅᖃᕐᕕᖃᕈᓇᖅᑐᑎᑦ ᓂᕆᐅᒋᔭᖃᕐᓂᕐᒧᑦ ᐃᓅᓇᓱᐊᑦᑎᐊᕐᓂᒧᓪᓗ (Hope for Wellness) ᐅᖄᓚᐅᑎᒃᑯᑦ 1-855-242-3310 ᐅᕘᓇᓘᓐᓃᑦ www.HopeForWellness.ca. ᐃᓅᓯᓕᕆᔨᒥᑦ ᐅᖃᖃᑎᖃᕈᓇᖅᑐᑎᑦ ᖃᓪᓗᓈᑎᑐᑦ, ᐅᐃᕖᑎᑐᑦ, ᐃᖅᑭᓕᑦᑎᑐᑦ,
ᐅᔨᕝᕗᐃᑎᑐᑦ ᐃᓄᑦᑎᑐᓪᓗ ᑐᔅᓯᕋᕐᓂᕈᕕᑦ

www.IHSettlement.ca