



Court File No.: L051875

**IN THE SUPREME COURT OF BRITISH COLUMBIA**

**BETWEEN:**

**LARRY PHILIP FONTAINE et al**

Plaintiffs

-and-

**THE ATTORNEY GENERAL OF CANADA et al**

Defendants

Proceedings under the *Class Proceedings Act, R.S.B.C.*

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**CONSENT ORDER**

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**THIS MOTION**, made by Nunavut Tunngavik Incorporated and plaintiff/class member Simeon Mikkungwak on his own behalf and on behalf of all former students who resided at Kivalliq Hall for an Order regarding applications for the Common Experience Payment (“CEP”) and the Independent Assessment Process (“IAP”) in relation to former students of Kivalliq Hall, was heard in writing at the Court House in Vancouver, British Columbia.

**AND WHEREAS** on December 14, 2016, the reasons of Madam Justice Tulloch found that Kivalliq Hall met the test set out in Article 12.01 of the Indian Residential Schools Settlement Agreement (“IRSSA”), and qualified as an “Indian Residential School”, within the meaning of the IRSSA;

**AND WHEREAS** it was ordered by Madam Justice Tulloch on February 22, 2017, that Kivalliq Hall be added as an institution to Schedule “F” of the IRSSA;

AND UPON noting the consent of counsel,

1. **THIS COURT ORDERS THAT** Kivalliq Hall's operating dates relating to eligibility for the CEP and the IAP is between June 12, 1985 to December 31, 1997 (hereinafter referred to as the "Operation Dates").
2. **THIS COURT ORDERS THAT** former students who resided at Kivalliq Hall during the Operation Dates are eligible for the CEP and IAP as provided in the IRSSA but subject to the further orders below. Other people who qualify as Non-Resident Claimants, as defined in the IRSSA, during the Operation Dates are also eligible for the IAP as provided in the IRSSA but subject to the further orders below.
3. **THIS COURT ORDERS THAT** pursuant to Article 5.01 of the IRSSA, the Trustee will provide payment of the CEP to former Kivalliq Hall residents who:
  - a. resided at Kivalliq Hall during the Operation Dates;
  - b. were alive on May 30, 2005; and,
  - c. apply by providing one of the Applications attached as **Appendix "A"** to this Order within nine (9) months of this ~~Order being entered~~. The Application must be postmarked by 11:59 p.m. on April 25, 2019 ~~BB~~ January 25, 2020 ~~BB~~
4. **THIS COURT FURTHER ORDERS THAT** CEP Applications may be brought by the personal representative of former Kivalliq Hall students, and/or on behalf of deceased former residents of Kivalliq Hall in the same manner as for all other schools under the IRSSA;
5. **THIS COURT FURTHER ORDERS THAT** IAP Applications will be accepted for nine (9) months from the ~~date of the entry of this Order~~. Any applications dated and postmarked by 11:59 p.m. on April 25, 2019 ~~BB~~ January 25, 2020 ~~BB~~ (nine months from order) will be deemed to have been received on or before September 19, 2012. The IAP Application is attached as **Appendix "B"** to this Order;
6. **THIS COURT FURTHER ORDERS THAT** CEP and IAP applications will be accepted in the following manners at the following locations:

- a. Mail – CEP Processing Centre  
PO BOX 8232, Station T  
Ottawa, Ontario K1G 3H7

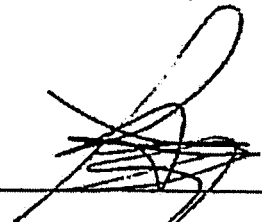
Indian Residential Schools Independent Assessment Process  
Suite 3-505, 133 Weber Street North,  
Waterloo, Ontario  
N2J 3G9

- b. Any Service Canada Centre location.

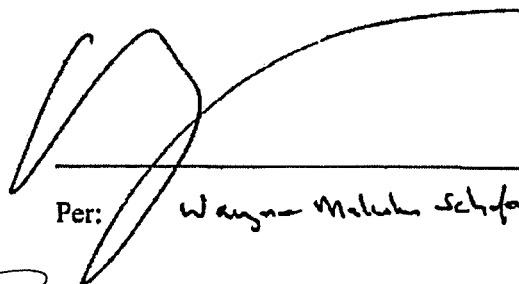
7. **THIS COURT FURTHER ORDERS THAT** the appeal process from CEP decisions will be the same as prior CEP Applications brought under the IRSSA, including the Article 5.09(1) process of appealing CEP determinations to the National Administration Committee (“NAC”). Should the NAC process be no longer available due to wind-up by the court, the appeal under Article 5.09(1) of the IRSSA will not be utilized. The remaining CEP appeal processes outlined in the IRSSA will be available to claimants;
8. **THIS COURT FURTHER ORDERS THAT** the following additional forms of identification, known collectively as “Territorial General Identification Cards” will be accepted for CEP applications:
- a. Government of Nunavut issued General Identification Card;
  - b. Government of Yukon issued General Identification Card; and,
  - c. Government of Northwest Territories issued General Identification Card;
9. **THIS COURT FURTHER ORDERS THAT** applications for a personal credit-like benefit will be accepted for eleven (11) months from ~~the date of the entry of this Order~~, if they are postmarked by 11:59 p.m. on March 25, 2020 ~~BB~~ <sup>APRIL 25 2019 BB</sup>
10. **THIS COURT FURTHER ORDERS THAT** Canada will provide the sum of \$50,000 to Nunavut Tunngavik Incorporated for commemorative activities to honour the former residents of Kivalliq Hall;

11. **THIS COURT FURTHER ORDERS THAT** Notice of this Order shall be in the form and substance attached as Appendix "C" to this Order;
12. **THIS COURT FURTHER ORDERS THAT** Notice of this Order shall be distributed in accordance with the terms set out in the Notice Plan attached as Appendix "D" to this Order;
13. **THIS COURT FURTHER ORDERS THAT** the script for Notice of this Order will be made in accordance with Appendix "E" to this Order;
14. **THIS COURT FURTHER ORDERS THAT** the Notice Plan will begin on ~~the date that the~~ <sup>April 25, 2019</sup> ~~Court Order is entered~~, and run for ninety (90) consecutive days after that date; *BB*
15. **THIS COURT FURTHER ORDERS THAT** Canada will immediately provide \$50,000, and up to a maximum of \$210,000, to fund the services of the Kivalliq Inuit Association ("KIA") for their assistance in advertising the process and outreach related to this Order. A Memorandum of Agreement is attached as Appendix "F";
16. **THE COURT FURTHER ORDERS THAT** the Applicant, NTI, is entitled to reasonable costs and disbursements. The Parties have 60 days to agree on those reasonable costs and disbursements and if an agreement cannot be reached as between the Parties, either party may request the assistance of the Court in resolving the issue.
17. **THIS COURT FURTHER ORDERS THAT** Canada will pay the costs associated with notice of this order.

CONSENTED to this 24<sup>th</sup> day of April, 2019  
 NUNAVUT TUNGAVIK INC.

  
 \_\_\_\_\_  
 Per: *RAYMOND MURRAY*

CONSENTED to this 24<sup>th</sup> day of April, 2019  
 DEPARTMENT OF JUSTICE CANADA

  
 \_\_\_\_\_  
 Per: *Wayne Meluh Schifano QC*



## Appendix "A"

### COMMON EXPERIENCE PAYMENT

#### How to make sure your application is processed quickly

To avoid delays, please make sure to:

- include approved identity documents;
- list the full name, as well as all names the person you are applying for were known by at residential school(s);
- include your complete mailing address, including the postal code; and
- sign your application.

#### What you can do if you do not have one of the required documents:

- If you have any questions about the application form, please contact Crawford Class Action Services at 1-866-640-9992 for assistance. TTY users can use 1-877-627-7027. Both numbers are toll-free.
- If you do not complete your application in full, or if you forget to sign it, our processing of your application will be delayed.
- If you cannot provide an original or certified true copy of one of the documents required to verify a change of name, you may submit a guarantor declaration (see attached). For more information on using guarantor declarations to demonstrate a change of name, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027).
- If more documentation is needed than what is asked for on the application form, you will be contacted directly by phone or mail.

Your application will be processed as quickly as possible, and you will be notified within 60 days of our making a decision. For information about the status of your application, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027). Both numbers are toll-free.



## APPLICATION FOR COMMON EXPERIENCE PAYMENT FOR PERSONAL REPRESENTATIVE(S)

<b>SECTION A:</b>			
<b>1. IDENTIFICATION</b>			
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French			
First Name (Current)	Middle Name(s) (if applicable)	Last Name(s)	
<b>OTHER NAME(S) BY WHICH YOU WERE KNOWN AT RESIDENTIAL SCHOOL(S) AND/OR TRADITIONAL NAME</b> <i>Please provide all names including name at birth and common alternate spellings and nicknames (example: Celina, Lena).</i>			
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	
<b>Full names of mother, father and/or guardian(s)/caregiver(s) while you attended residential school</b> (Guardian(s)/caregiver(s) may be traditional adoptive parents, extended family or members of your community). <i>Providing this information is not required for eligibility but may help us in confirming your school experience.</i>			
Mother (maiden/birth name)	First Name _____	Last Name _____	
Father	First Name _____	Last Name _____	
Guardian(s)/Caregiver(s) (if applicable)	First Name _____	Last Name _____	
Relationship of guardian(s)/caregiver(s) to the former student (for example, aunt, grandmother, friend, etc) _____			
<b>2. CURRENT ADDRESS</b>			
ADDRESS (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number
MAILING ADDRESS (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.





PROTECTED B When Completed

PLEASE PRINT IN INK

Province/Territory/State	Country	Postal/Zip Code	Telephone number

**3. DATE AND PLACE OF BIRTH OF FORMER STUDENT**

YYYY / DD / MM

PROVINCE/TERRITORY/STATE

COUNTRY

**4. STATEMENT BY ATTENDING PHYSICIAN (for applications on behalf of a mentally incompetent former student only)**

A signed medical statement by the attending physician must be submitted with your application form if you are applying as the legal Personal Representative for a former student who is mentally incompetent. Please check the box below confirming you have attached the required document. Please see Section C for information.

I have attached a copy of a signed medical statement: Yes

**5. PLEASE INDICATE WHICH GROUP THE FORMER STUDENT BELONGED TO AT RESIDENTIAL SCHOOL(S)**

- Status Indian
- Non-Status Indian
- Métis
- Inuit (Nunavut)
- Inuit (Québec)
- Inuvialuit
- Non-Aboriginal

*The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles.*

**6. PROOF OF IDENTITY REQUIRED**

Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting:

**Key Documents:**

- Original Birth Certificate

OR

Two of the following, one of which must have a photograph:

- Certificate of Indian Status
- Provincial/Territorial Driver's License
- Provincial/Territorial Health Card
- Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



- Marriage Certificate / Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

**7. INDIAN RESIDENTIAL SCHOOL(S) AT WHICH THE FORMER STUDENT RESIDED**

To the best of your memory, please indicate the dates for when the former student resided and when the former student left Kivalliq Hall. **Note:** If the former student left the residence for a period of time (not including vacation and/or holidays), then later returned to the residence, please list the dates the former student returned and left.

**SCHOOL #140 – Kivalliq Hall**

From	_____	To	_____
	MM / YYYY		MM / YYYY
From	_____	To	_____
	MM / YYYY		MM / YYYY
From	_____	To	_____
	MM / YYYY		MM / YYYY
From	_____	To	_____
	MM / YYYY		MM / YYYY

**SECTION B: INFORMATION ABOUT THE APPLICANT**

(Person applying on behalf of the minor, mentally incompetent person, please see Section C for additional information)

**1. IDENTIFICATION**

Language Preference:  English  French

First Name (Current)	Middle Name (if applicable)	Last Name(s)

<b>2. MAILING ADDRESS</b> (No., Street, Apt., R.R., P.O. Box)	City/Town/Community

Province/Territory/State	Country	Postal/Zip Code	Telephone number

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



**3. PLEASE INDICATE RELATIONSHIP TO THE FORMER STUDENT AND PROVIDE PROOF AS INDICATED IN SECTION C.**

**On behalf of a Minor former student:**

- Tutor
- Person/Party appointed to administer minor's affairs

**On behalf of a Mentally Incompetent former student:**

- Tutor
- Committee Guardian
- Curator of the Person
- Public Trustee or their equivalent

I hereby apply for a Common Experience Payment and declare that the former student named in this application is at present unable to manage his or her own affairs by reason of mental incompetence or is a minor as determined by the province or territory in which they reside, and that I am the former student's legal Personal Representative for the purpose of applying for and receiving the Common Experience Payment.

\_\_\_\_\_  
**SIGNATURE**

**4. PROOF OF IDENTITY REQUIRED (Person applying on behalf of the minor or mentally incompetent person)**

Proof of your identity is required. See Section C for information. Please check which documents you are submitting.

**Key Documents:**

- Original Birth Certificate

**OR**

Two of the following, one of which must have a photograph:

- Certificate of Indian Status
- Provincial/Territorial Driver's License
- Provincial/Territorial Health Card
- Canadian Passport
- Government of Nunavut *or* Yukon *or* Northwest Territories General Identification Card

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

- Marriage Certificate / Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers



**SIGNATURE**

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

**Applicant's Signature**

YYYY / MM / DD

\_\_\_\_\_

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Crown-Indigenous Relations & Northern Affairs Canada in order to determine the former student's eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to the personal information of the former student pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**SIGNATURE WITH A MARK**

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative.

The witness must provide the following information:

**Witness' first name, initial and last name**

Relationship to the applicant

<b>Address of Witness (No., Street, Apt., R.R., P.O. Box)</b>		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number

If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the contents of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

**Signature of Witness**

YYYY/ MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



NO NEED TO RETURN PAGES 6-8 WITH APPLICATION

**SECTION C: DOCUMENT REQUIREMENTS**

**(Applicant applying on behalf of a minor or mentally incompetent former student)**

**I. IDENTITY DOCUMENTS**

**Please Note: Identity documents must be submitted to substantiate the identity of both the former student and the legal Personal Representative applying on their behalf.**

1. You must submit the original birth certificate with the application form. They will be returned to you once identities have been verified.

OR

2. If you do not have the original birth certificate, you may provide two (2) of the following documents for both the deceased and the estate representative, one of which must have a photograph:

- Certificate of Indian Status (issued by Crown-Indigenous Relations & Northern Affairs)
- Provincial / Territorial Driver's Licence
- Provincial / Territorial Health Card
- Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

3. If you choose to mail the former student's application and the original birth certificate are not available, you must submit certified true copies of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertain to the former student's identity and to the personal representative's identity. This individual must be a Canadian citizen residing in Canada, must be available to Service Canada for verification, and must have known the individuals personally for a minimum of two years.

**Please note that you cannot certify a copy of your own documents.**

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "*I certify this to be a true copy of the original*". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "*I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen and have known the applicant personally for at least two years.*" On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

**The following can certify the documents:**

- Chief or Councillor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tunngavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



- Magistrate
- Mayor
- Medical doctor
- Minister of religion authorized under provincial law to perform marriages
- Notary public
- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

**PLEASE NOTE:**

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

**II. PROOF OF LEGAL AUTHORITY TO ACT ON BEHALF OF A FORMER STUDENT**

To apply for the Common Experience Payment on behalf of a former student, you must be a legally recognized representative of that person. Please provide a copy of the legal documentation that allows you to represent the former student (for example, Power of Attorney). The legal document should clearly state, in detail, what powers the representative has and how they are to be executed.

**III. STATEMENT BY ATTENDING PHYSICIAN (Applications on behalf of mentally incompetent former students only)**

To apply for the Common Experience Payment on behalf of a former student who is mentally incompetent, an attending physician must attest to the former student's incompetence. A signed medical statement or report must be submitted on the attending physician's letterhead attesting to the former student's incapacity to self-represent due to being mentally incompetent. The signed statement or report must be dated no earlier than two years prior to the submission of the Common Experience Payment application form.



#### **IV. SUBMITTING YOUR APPLICATION**

You may submit your application by mail or in person at Service Canada Centre locations. If you are applying by mail, please submit your application to:

CEP Processing Centre  
PO BOX 8232, Station T  
Ottawa, Ontario K1G 3H7

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application. Service Canada operates within the Department of Employment and Social Development. To find a Service Canada Centre near you go to [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) OR call **1-800-O-Canada (1-800-622-6232)**



**GUARANTOR DECLARATION**

**Used to support identity validation of Applicant  
(Former Student or Personal Representative)  
Must be accompanied by CEP application**

This Guarantor Declaration will be accepted to establish that the current name used by the applicant in the CEP application is the same name by which the applicant is known to the guarantor. Service Canada may contact the guarantor to verify their declaration.

Please place a check mark against the statement below that applies to your situation.

This Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant cannot:

- Submit an identity document with a photograph as required in support of the CEP application.
- Obtain the identity document(s) required in support of the CEP application.
- Obtain the identity documents outlined in the CEP application that support a change of name.

Please ensure that a completed and signed application for the Common Experience Payment along with the supporting documentation (e.g. identity documents) where relevant, is also submitted. Service Canada may contact the persons identified in this form to verify their declaration.

**1. APPLICANT'S INFORMATION**

First Name(s)                      Middle Name(s) (if applicable)                      Last Name(s)                      YYYY / MM / DD

Current Address:

(P.O. Box, Street No., Street, Apt., R.R.)                      City/Town/Community

Province/Territory/State                      Postal/Zip Code                      Country

Date of Birth (YYYY/MM/DD)                      Telephone Number                      CEP Application Reference Number



**2. Signature**

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Signature

YYYY / MM / DD

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to my personal information pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**3. SIGNATURE WITH A MARK**

If signed with a mark (for example symbol/"X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

**WITNESS'S INFORMATION**

First Name(s)

Middle Name(s) (if applicable)

Last Name(s)

Relationship to the Applicant: \_\_\_\_\_

Address of Witness:

(P.O. Box, Street No., Street, Apt., R.R.)

City/Town/Community

Province/Territory/State

Postal/Zip Code

Country

If signed with a mark, the witness must also sign the following declaration:

I have read the contents of this form to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness

YYYY / MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



<b>4. GUARANTOR INFORMATION</b>		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)
<b>5. MAILING ADDRESS OF GUARANTOR</b>		
Name of organization (if applicable)		
(P.O. Box, Street No., Street, Apt., R.R.)		City/Town/Community
Province/Territory/State	Postal/Zip Code	Country
<b>6. TELEPHONE NUMBERS OF GUARANTOR</b>		
Home	Business	Cell/Other
<b>7. OCCUPATION OF GUARANTOR</b>		
Please indicate your occupation:		
<input type="checkbox"/> Chief or Councillor of First Nations Band Council <input type="checkbox"/> Council of the Métis Settlements <input type="checkbox"/> General Council and Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Dentist <input type="checkbox"/> Executive Officer of Nunavut Tunngavik Inc <input type="checkbox"/> Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) <input type="checkbox"/> Executive Officer of Makivik (Northern Québec) <input type="checkbox"/> Judge <input type="checkbox"/> Lawyer (member of a provincial bar association) <input type="checkbox"/> Notary in Québec <input type="checkbox"/> Magistrate <input type="checkbox"/> Mayor <input type="checkbox"/> Medical doctor	<input type="checkbox"/> Minister of religion authorized under provincial law to perform marriages <input type="checkbox"/> Notary public <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Police officer (municipal, provincial or RCMP) <input type="checkbox"/> Postmaster <input type="checkbox"/> Principal of a primary or secondary school <input type="checkbox"/> Professional accountant (APA, CA, CGA, CMA, PS, RPA) <input type="checkbox"/> Professional engineer (P. Eng., Eng. In Québec) <input type="checkbox"/> Senior administrator in a community college (includes CEGEPs) <input type="checkbox"/> Senior administrator or teacher in a university <input type="checkbox"/> Social Worker with MSW (Masters in Social Work) <input type="checkbox"/> Veterinarian	

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



**8. GUARANTOR DECLARATION:**

I hereby declare that I have known the applicant as \_\_\_\_\_  
(PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years. My signature indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

**Name (print)**

**Guarantor's Signature**

**YYYY / MM / DD**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

To be mailed to:

**CEP Processing Centre  
PO BOX 8232, Station T  
Ottawa, Ontario K1G 3H7**

## **COMMON EXPERIENCE PAYMENT**

### **How to make sure your application is processed quickly**

To avoid delays, please make sure to:

- include approved identity documents;
- list the full name, as well as all names the person you are applying for were known by at residential school(s);
- include your complete mailing address, including the postal code; and
- sign your application.

### **What you can do if you do not have one of the required documents:**

- If you have any questions about the application form, please contact Crawford Class Action Services at 1-866-640-9992 for assistance. TTY users can use 1-877-627-7027. Both numbers are toll-free.
- If you do not complete your application in full, or if you forget to sign it, our processing of your application will be delayed.
- If more documentation is needed than what is asked for on the application form, you will be contacted directly by phone or mail.

Your application will be processed as quickly as possible, and you will be notified within 60 days of our making a decision. For information about the status of your application, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027). Both numbers are toll-free.



## APPLICATION FOR COMMON EXPERIENCE PAYMENT FOR ESTATE(S)

<b>SECTION A:</b>		
<b>1. IDENTIFICATION</b>		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
First Name (Current)	Middle Name (if applicable)	Last Name(s)
<b>OTHER NAME(S) BY WHICH YOU WERE KNOWN AT RESIDENTIAL SCHOOL(S) AND/OR TRADITIONAL NAME</b> <i>Please provide all names including name at birth and common alternate spellings and nicknames (example: Celina, Lena).</i>		
First Name(s)	Middle Name (if applicable)	Last Name(s)
<p><b>Full names of mother, father and/or guardian(s)/caregiver(s) while you attended residential school</b>          (Guardian(s)/caregiver(s) may be traditional adoptive parents, extended family or members of your community). <i>Providing this information is not required for eligibility but may help us in confirming your school experience.</i></p>		
Mother (maiden/birth name)	First Name _____	Last Name _____
Father	First Name _____	Last Name _____
Guardian/Caregiver(s) (if applicable)	First Name _____	Last Name _____
Relationship of guardian(s)/caregiver(s) to the former student (for example, aunt, grandmother, friend, etc.) _____		
<b>2. DATE AND PLACE OF BIRTH OF FORMER STUDENT</b>		
YYYY / MM / DD	PROVINCE / TERRITORY / STATE	COUNTRY
_____	_____	_____

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.





**3. DATE AND PLACE OF DEATH (For Estate applications only)**

YYYY / MM / DD

PROVINCE / TERRITORY / STATE

COUNTRY

**PROOF OF DEATH REQUIRED**

Please submit a **certified true copy** of one of the following documents (check the applicable box):

- A Death Certificate issued by the Province, Territory or State
- A Certificate of Death from the director of a funeral home or an administrator of a hospital or clinic
- A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic
- Letters of Probate
- Formal Appointment of Administrator / Executor Provincial Letters of Administration
- Registration of Death
- Statement of Verification of Death from Department of Veterans Affairs

The document must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the deceased and the date of death.

**4. PLEASE INDICATE WHICH GROUP THE FORMER STUDENT BELONGED TO AT RESIDENTIAL SCHOOL**

- Status Indian       Non-Status Indian       Métis       Inuit (Nunavut)
- Inuit (Québec)       Inuvialuit       Non-Aboriginal

*The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles.*

**5. PROOF OF IDENTITY REQUIRED**

Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting.

**Key Documents:**

- Original Birth Certificate

**OR**

Two of the following, one of which must have a photograph:

- Certificate of Indian Status
- Provincial/Territorial Driver's License
- Provincial/Territorial Health Card
- Canadian Passport
- Government of Nunavut *or* Yukon *or* Northwest Territories General Identification Card

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

- Marriage Certificate / Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

**6. INDIAN RESIDENTIAL SCHOOL(S) AT WHICH THE FORMER STUDENT RESIDED**

To the best of your memory, please indicate the dates for when the former student resided and when the former student left Kivalliq Hall. **Note:** If the former student left the residence for a period of time (not including vacation and/or holidays), then later returned to the residence, please list the dates the former student returned and left.

**SCHOOL #140 - Kivalliq Hall**

From _____	To _____
MM / YYYY	MM / YYYY
From _____	To _____
MM / YYYY	MM / YYYY
From _____	To _____
MM / YYYY	MM / YYYY
From _____	To _____
MM / YYYY	MM / YYYY

**SECTION B: INFORMATION ABOUT THE APPLICANT**  
 (Person applying on behalf of the estate) Please see Section C for additional information.

**1. IDENTIFICATION**

Language Preference:  English  French

First Name (Current)	Middle Name (if applicable)	Last Name(s)
----------------------	-----------------------------	--------------

<b>2. MAILING ADDRESS</b> (No., Street, Apt., R.R., P.O. Box)	City/Town/Community
---	---------------------

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



Province/Territory/State	Country	Postal/Zip Code	Telephone number
--------------------------	---------	-----------------	------------------

**3. PLEASE INDICATE RELATIONSHIP TO THE FORMER STUDENT AND PROVIDE PROOF AS INDICATED IN SECTION C.**

**On behalf of Estate:**

- Executor Administrator
- Estate Trustee
- Trustee
- Liquidator of the deceased

I hereby apply for a Common Experience Payment and declare that, as the legal Personal Representative for the Estate of the deceased former student, I am the only person entitled in law to administer the property of the said deceased, and I am the legal representative for the purpose of applying for and receiving the Common Experience Payment.

\_\_\_\_\_

**Signature**

**4. PROOF OF IDENTITY REQUIRED (Person applying on behalf of the estate)**

Proof of identity for the former student is required. See Section C for information.  
Please check which document(s) you are submitting.

**Key Documents:**

- Original Birth Certificate

**OR**

Two of the following, one of which must have a photograph:

- Certificate of Indian Status
- Provincial/Territorial Driver's License
- Provincial/Territorial Health Card
- Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

- Marriage Certificate / Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



**SIGNATURE**

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

**Applicant's Signature**

YYYY / MM / DD

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Crown-Indigenous Relations & Northern Affairs Canada in order to determine the former student's eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to the personal information of the former student pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

**Witness' first name, initial and last name:**

**Relationship to the applicant:**

Address of Witness (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number

If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the contents of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

**Signature of Witness**

YYYY / MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



NO NEED TO RETURN PAGES 6-8 WITH APPLICATION

**SECTION C:**

**DOCUMENT REQUIREMENTS (for Applicants applying on behalf of a deceased former student)**

**I. IDENTITY DOCUMENTS**

Please Note: Identity documents must be submitted to substantiate the identity of both the former student and the legal Personal Representative applying on their behalf.

1. You must submit the original birth certificate with the application form. It will be returned to you once identities have been verified.

OR

2. If you do not have the original birth certificate, you may provide two (2) of the following documents for both the deceased and the estate representative, one of which must have a photograph:

- Certificate of Indian Status (issued by Crown-Indigenous Relations & Northern Affairs)
- Provincial / Territorial Driver's Licence
- Provincial / Territorial Health Card
- Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

3. If you choose to mail the former student's application and the original birth certificate is not available, you must submit certified true copies of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertain to the former student's identity and to the personal representative's identity. This individual must be a Canadian citizen residing in Canada and must be available to Service Canada for verification. *Please note that you cannot certify a copy of your own documents.*

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "I certify this to be a true copy of the original". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen." On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

**The following can certify the documents:**

- Chief or Councillor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tunngavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)
- Magistrate
- Mayor
- Medical Doctor

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



- Minister of religion authorized under provincial law to perform marriages
- Notary public
- Officer of the Kivalliq Inuit Association
- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

**PLEASE NOTE:**

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

**II. PROOF OF LEGAL AUTHORITY TO ACT ON BEHALF OF A FORMER STUDENT**

To apply for the Common Experience Payment on behalf of a former student, you must be a legally recognized representative of that person. Please provide a copy of the legal documentation that allows you to represent the former student (for example, Power of Attorney). The legal document should clearly state, in detail, what powers the representative has and how they are to be executed.

**III. PROOF OF DEATH**

To apply for the Common Experience Payment on behalf of a former student who is deceased, you must provide a document containing the name of the deceased and the date of death. A certified true copy of one of the following documents are acceptable:

- A death certificate issued by the Province, Territory or State
- A certificate of death from the director of a funeral home or an administrator of a hospital or clinic
- A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic
- Letters of Probate
- Registration of Death
- Statement of Verification of Death from Department of Veterans Affairs
- Formal Appointment of Administrator/Executor
- Provincial Letters of Administrators

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



#### IV. SUBMITTING YOUR APPLICATION

You may submit your application by mail or in person at Service Canada Centre locations. If you are applying by mail, please submit your application to:

**CEP Processing Centre  
PO BOX 8232, Station T  
Ottawa, Ontario K1G 3H7**

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application. Service Canada operates within the Department of Employment and Social Development. To find a Service Canada Centre near you go to [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or call 1-800-O-Canada (1-800-622- 6232).

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.



Government  
of Canada

Gouvernement  
du Canada

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**PROTECTED B When Completed**  
**PLEASE PRINT IN INK**

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY 1-877-627-7027.

**Canada**



**GUARANTOR DECLARATION**

**Used to support Identity validation of Applicant  
(Former Student or Personal Representative)  
Must be accompanied by CEP application**

This Guarantor Declaration will be accepted to establish that the current name used by the applicant in the CEP application is the same name by which the applicant is known to the guarantor. Service Canada may contact the guarantor to verify their declaration.

Please place a check mark against the statement below that applies to your situation.

This Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant cannot:

- Submit an identity document with a photograph as required in support of the CEP application.
- Obtain the identity document(s) required in support of the CEP application.
- Obtain the identity documents outlined in the CEP application that support a change of name.

Please ensure that a completed and signed application for the Common Experience Payment along with the supporting documentation (e.g. identity documents) where relevant, is also submitted. Service Canada may contact the persons identified in this form to verify their declaration.

**1. APPLICANT'S INFORMATION**

First Name(s)                      Middle Name(s) (if applicable)                      Last Name(s)                      YYYY / MM / DD

Current Address:

(P.O. Box, Street No., Street, Apt., R.R.)                      City/Town/Community

Province/Territory/State                      Postal/Zip Code                      Country

Date of Birth (YYYY/MM/DD)                      Telephone Number                      CEP Application Reference Number



**2. Signature**

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Signature \_\_\_\_\_

YYYY / MM / DD

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to my personal information pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**3. SIGNATURE WITH A MARK**

If signed with a mark (for example symbol/"X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

**WITNESS'S INFORMATION**

First Name(s) \_\_\_\_\_

Middle Name(s) (if applicable) \_\_\_\_\_

Last Name(s) \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

Address of Witness:

(P.O. Box, Street No., Street, Apt., R.R.) \_\_\_\_\_

City/Town/Community \_\_\_\_\_

Province/Territory/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_

If signed with a mark, the witness must also sign the following declaration:

I have read the contents of this form to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness \_\_\_\_\_

YYYY / MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.





<b>4. GUARANTOR INFORMATION</b>		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)
<b>5. MAILING ADDRESS OF GUARANTOR</b>		
Name of organization (if applicable)		
(P.O. Box, Street No., Street, Apt., R.R.)		City/Town/Community
Province/Territory/State	Postal/Zip Code	Country
<b>6. TELEPHONE NUMBERS OF GUARANTOR</b>		
Home	Business	Cell/Other
<b>7. OCCUPATION OF GUARANTOR</b>		
Please indicate your occupation:		
<input type="checkbox"/> Chief or Councillor of First Nations Band Council <input type="checkbox"/> Council of the Métis Settlements <input type="checkbox"/> General Council and Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Métis Council <input type="checkbox"/> Dentist <input type="checkbox"/> Executive Officer of Nunavut Tunngavik Inc <input type="checkbox"/> Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) <input type="checkbox"/> Executive Officer of Makivik (Northern Québec) <input type="checkbox"/> Judge <input type="checkbox"/> Lawyer (member of a provincial bar association) <input type="checkbox"/> Notary in Québec <input type="checkbox"/> Magistrate <input type="checkbox"/> Mayor <input type="checkbox"/> Medical doctor	<input type="checkbox"/> Minister of religion authorized under provincial law to perform marriages <input type="checkbox"/> Notary public <input type="checkbox"/> Officer of the Kivalliq Inuit Association <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Police officer (municipal, provincial or RCMP) <input type="checkbox"/> Postmaster <input type="checkbox"/> Principal of a primary or secondary school <input type="checkbox"/> Professional accountant (APA, CA, CGA, CMA, PS, RPA) <input type="checkbox"/> Professional engineer (P. Eng., Eng. In Québec) <input type="checkbox"/> Senior administrator in a community college (includes CEGEPs) <input type="checkbox"/> Senior administrator or teacher in a university <input type="checkbox"/> Social Worker with MSW (Masters in Social Work) <input type="checkbox"/> Veterinarian	

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.





8. GUARANTOR DECLARATION:

I hereby declare that I have known the applicant as \_\_\_\_\_ (PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years. My signature indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Name (print)

Guarantor's Signature

YYYY / MM / DD

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and Department of Employment and Social Development Act (DESDA). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

To be mailed to:

CEP Processing Centre
PO BOX 8232, Station T
Ottawa, Ontario K1G 3H7

For assistance completing this application form, please contact Crawford Class Action Services at 1-866-640-9992 or TTY users 1-877-627-7027.



## COMMON EXPERIENCE PAYMENT

### How you can help us process your application quickly:

To avoid delays in processing your application, please remember to:

- include your approved identity documents;
- list your full name, as well as all names you were known by at residential school(s);
- include your complete mailing address, including the postal code; and
- sign your application.

### PLEASE NOTE:

- If you have any questions about the application form, please contact Crawford Class Action Services at 1-866-640-9992 for assistance. TTY users can use 1-877-627-7027. Both numbers are toll-free.
- Your application cannot be processed if you do not complete it in full, or if you forget to sign it.
- If you cannot provide an original or certified true copy of one of the documents required to verify a change of name, you may submit a guarantor declaration (see attached). For more information on using guarantor declarations to demonstrate a change of name, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027).

Your application will be processed as quickly as possible, and you will be notified within 60 days of our making a decision. For information about the status of your application, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027). Both numbers are toll-free.

Former students who receive a Common Experience Payment will have the option of either receiving a cheque by mail or having the payment made by direct deposit (available in Canada only). Direct deposit is the fastest and most secure option. If you would like to take advantage of direct deposit, please provide your bank information in the appropriate area of the application form, or attach a "VOID" cheque.

### PLEASE NOTE:

Direct deposit is not available for Common Experience Payments issued to estates or personal representatives of former students.



## APPLICATION FOR COMMON EXPERIENCE PAYMENT FOR FORMER STUDENTS WHO RESIDED AT INDIAN RESIDENTIAL SCHOOL(S)

<b>SECTION A:</b>			
<b>1. IDENTIFICATION</b>			
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French			
First Name (Current)	Middle Name (if applicable)	Last Name(s)	
<b>OTHER NAME(S) BY WHICH YOU WERE KNOWN AT RESIDENTIAL SCHOOL(S) AND/OR TRADITIONAL NAME</b> <i>Please provide all names including name at birth and common alternate spellings and nicknames (example: Celina, Lena).</i>			
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	
<b>Full names of mother, father and/or guardian(s)/caregiver(s) while you attended residential school</b> (Guardian(s)/caregiver(s) may be traditional adoptive parents, extended family or members of your community). <i>Providing this information is not required for eligibility but may help us in confirming your school experience.</i>			
Mother (maiden/birth name)	First Name _____	Last Name _____	
Father	First Name _____	Last Name _____	
Guardian(s)/Caregiver(s) (if applicable)	First Name _____	Last Name _____	
Relationship of guardian(s)/caregiver(s) to the former student (for example, aunt, grandmother, friend, etc): _____			
<b>2. CURRENT ADDRESS</b>			
ADDRESS (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number
MAILING ADDRESS (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





3. DATE AND PLACE OF BIRTH

YYYY / MM / DD

PROVINCE/TERRITORY/STATE

COUNTRY

PLEASE INDICATE WHICH GROUP YOU BELONGED TO AT RESIDENTIAL SCHOOL(S)

- Checkboxes for Status Indian, Non-Status Indian, Métis, Inuit (Nunavut), Inuit (Québec), Inuvialuit, Non-Aboriginal

The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles.

4. PROOF OF IDENTITY REQUIRED

Proof of your identity is required. See Section B for information. Please check which documents you are submitting:

Key Documents:

- Original Birth Certificate

OR

Two of the following, one of which must have a photograph:

- Certificate of Indian Status
Provincial/Territorial Driver's License
Provincial/Territorial Health Card
Canadian Passport
Government of Nunavut or Yukon or Northwest Territories General Identification Card

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

- Marriage Certificate / Registration
Divorce Decree
Legal Change of Name Document
Adoption Papers

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





5. INDIAN RESIDENTIAL SCHOOL(S) AT WHICH YOU RESIDED

To the best of your memory, please indicate the dates for when you resided and when you left Kivalliq Hall.
Note: If you left the residence for a period of time (not including vacation and/or holidays), then later returned to the residence, please list the dates you returned and left.

SCHOOL #140 - Kivalliq Hall

Form with four rows of 'From' and 'To' date fields (MM / YYYY) for recording residence dates at School #140.

6. IF YOU WOULD LIKE DIRECT DEPOSIT (In Canada Only)

Do you want your Common Experience Payment deposited into your account at a bank or financial institution?

Yes (Complete this section) / No

If you have a Chequing Account, please attach an unsigned personalized cheque. Write the word "VOID" on the front of the cheque in ink.

OR

If you have a Savings Account, complete the boxes below (you may wish to contact your bank or financial institution to obtain this information):

Form with four input boxes: Branch Number, Institution Number, Account Number, Name of Financial Institution

Name(s) on the account

Telephone number of your financial institution

Horizontal line for providing additional information.

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





**SIGNATURE**

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

Applicant's Signature

YYYY / MM / DD

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Crown-Indigenous Relations and Northern Affairs Canada in order to determine my eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**SIGNATURE WITH A MARK**

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

Witness' first name, initial and last name

Relationship to the applicant

Address (No., Street, Apt., R.R., P.O. Box)

City/Town/Community

Province/Territory/State

Country

Postal/Zip Code

Telephone number

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.



If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the contents of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

**Signature of Witness**

**YYYY / MM / DD**

\_\_\_\_\_

\_\_\_\_\_

**NO NEED TO RETURN PAGES 5-6 WITH APPLICATION**

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.



## SECTION B: DOCUMENT REQUIREMENTS

### I. IDENTITY REQUIREMENTS

1. You must submit the original birth certificate with the application form. It will be returned to you once identities have been verified.

OR

2. If you do not have the original birth certificate, you may provide two (2) of the following documents, one of which must have a photograph:

- Certificate of Indian Status (issued by Crown-Indigenous Relations & Northern Affairs)
- Provincial / Territorial Driver's Licence
- Provincial / Territorial Health Card
- Canadian Passport
- Government of Nunavut *or* Yukon *or* Northwest Territories General Identification Card

3. If you choose to mail your application and the original birth certificate is not available, you must submit certified true copies of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertaining to the former student's identity. This individual must be a Canadian citizen residing in Canada and must be available to Service Canada for verification.

***Please note that you cannot certify a copy of your own documents.***

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "*I certify this to be a true copy of the original*". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "*I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen*". On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

#### **The following can certify the documents:**

- Chief or Councillor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tunngavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)
- Magistrate
- Mayor
- Medical doctor

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.



## I. IDENTITY REQUIREMENTS

- Notary public
- Minister of religion authorized under provincial law to perform marriages
- Officer of the Kivalliq Inuit Association
- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

### PLEASE NOTE:

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

## II. SUBMITTING YOUR APPLICATION

You may submit your application by mail or in person at Service Canada Centre locations.

If you are applying by mail, please submit your application to:

**CEP Processing Centre  
PO BOX 8232, Station T  
Ottawa, Ontario K1G 3H7**

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application. Service Canada operates within the Department of Employment and Social Development. To find a Service Canada Centre near you go to [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or call 1-800-O-Canada (1-800-622-6232).

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.

**Canada**

**GUARANTOR DECLARATION**

**Used to support Identity validation of Applicant  
(Former Student or Personal Representative)  
Must be accompanied by CEP application**

This Guarantor Declaration will be accepted to establish that the current name used by the applicant in the CEP application is the same name by which the applicant is known to the guarantor. Service Canada may contact the guarantor to verify their declaration.

Please place a check mark against the statement below that applies to your situation.

This Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant **cannot**:

- Submit an identity document with a photograph as required in support of the CEP application.
- Obtain the identity document(s) required in support of the CEP application.
- Obtain the identity documents outlined in the CEP application that support a change of name.

Please ensure that a completed and signed application for the Common Experience Payment along with the supporting documentation (e.g. identity documents) where relevant, is also submitted. Service Canada may contact the persons identified in this form to verify their declaration.

**1. APPLICANT'S INFORMATION**

<b>First Name(s)</b>	<b>Middle Name(s) (if applicable)</b>	<b>Last Name(s)</b>	<b>YYYY / MM / DD</b>
----------------------	---------------------------------------	---------------------	-----------------------

**Current Address:**

<b>(P.O. Box, Street No., Street, Apt., R.R.)</b>	<b>City/Town/Community</b>
---	----------------------------

<b>Province/Territory/State</b>	<b>Postal/Zip Code</b>	<b>Country</b>
---------------------------------	------------------------	----------------

<b>Date of Birth (YYYY/MM/DD)</b>	<b>Telephone Number</b>	<b>CEP Application Reference Number (if known)</b>
-----------------------------------	-------------------------	--



2. Signature

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Signature

YYYY / MM / DD

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and the Department of Employment and Social Development Act (DESDA). I have the right to request access to my personal information pursuant to the Privacy Act, and I am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

3. SIGNATURE WITH A MARK

If signed with a mark (for example symbol/"X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

WITNESS'S INFORMATION

First Name(s)

Middle Name(s) (if applicable)

Last Name(s)

Relationship to the Applicant:

Address of Witness:

(P.O. Box, Street No., Street, Apt., R.R.)

City/Town/Community

Province/Territory/State

Postal/Zip Code

Country

If signed with a mark, the witness must also sign the following declaration:

I have read the contents of this form to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness

YYYY / MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





<b>4. GUARANTOR INFORMATION</b>		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)
<b>5. MAILING ADDRESS OF GUARANTOR</b>		
Name of organization (if applicable)		
(P.O. Box, Street No., Street, Apt., R.R.)		City/Town/Community
Province/Territory/State	Postal/Zip Code	Country
<b>6. TELEPHONE NUMBERS OF GUARANTOR</b>		
Home	Business	Cell/Other
<b>7. OCCUPATION OF GUARANTOR</b>		
Please indicate your occupation:		
<input type="checkbox"/> Chief or Councillor of First Nations Band Council <input type="checkbox"/> Council of the Métis Settlements <input type="checkbox"/> General Council and Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Métis Council <input type="checkbox"/> Dentist <input type="checkbox"/> Executive Officer of Nunavut Tunngavik Inc <input type="checkbox"/> Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) <input type="checkbox"/> Executive Officer of Makivik (Northern Québec) <input type="checkbox"/> Judge <input type="checkbox"/> Lawyer (member of a provincial bar association) <input type="checkbox"/> Notary in Québec <input type="checkbox"/> Magistrate <input type="checkbox"/> Mayor <input type="checkbox"/> Medical doctor	<input type="checkbox"/> Minister of religion authorized under provincial law to perform marriages <input type="checkbox"/> Notary public <input type="checkbox"/> Officer of the Kivalliq Inuit Association <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Police officer (municipal, provincial or RCMP) <input type="checkbox"/> Postmaster <input type="checkbox"/> Principal of a primary or secondary school <input type="checkbox"/> Professional accountant (APA, CA, CGA, CMA, PS, RPA) <input type="checkbox"/> Professional engineer (P. Eng., Eng. in Québec) <input type="checkbox"/> Senior administrator in a community college (includes CEGEPs) <input type="checkbox"/> Senior administrator or teacher in a university <input type="checkbox"/> Social Worker with MSW (Masters in Social Work) <input type="checkbox"/> Veterinarian	

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





**8. GUARANTOR DECLARATION:**

I hereby declare that I have known the applicant as \_\_\_\_\_  
 (PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years. My signature indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

**Name (print)**

**Guarantor's Signature**

**YYYY / MM / DD**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and *Department of Employment and Social Development Act* (DESDA). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**To be mailed to:**

**CEP Processing Centre  
 PO BOX 8232, Station T  
 Ottawa, Ontario K1G 3H7**

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





# APPLICATION FORM

## INDEPENDENT ASSESSMENT PROCESS

Notes:

## GETTING HELP AND SUPPORT

A *Guide* accompanies this *Application*. It gives details about the Independent Assessment Process and step by step instructions for completing this *Application*. If you don't have a copy of the *Guide*, please call the Help Line at 1-877-635-2648.

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### Getting counselling support

Throughout this Independent Assessment Process, you will be asked for information about the abuse you suffered at residential school. This *Application* asks you to write, in detail, about the abuse and how it has affected you. The content of the *Guide* and the accompanying *Application*, including descriptions of abuse, may disturb you.

If you feel anxious or unwell when you think about your residential school experience, or while you are filling out this *Application*, you may want to have someone with you or nearby for support, such as a family member, counsellor, traditional healer, Elder or someone else from your community. Ask for help if you need it. Take as long as you need to read the *Guide* and to fill out this *Application*.

The Government of Canada will make **confidential** counselling support available to help you throughout the Independent Assessment Process. For more information, please see page 7 in the *Guide*. **At any time, Aboriginal crisis counsellors are available by calling 1-866-925-4419 if you need help.**

---

### Getting legal help

It is recommended you hire a lawyer, because of the legal issues involved in this Independent Assessment Process.

If you hire a lawyer and you receive compensation in the Independent Assessment Process, the government will contribute to your legal costs. Please see page 6 of the *Guide* for more information.

## **CONTENTS**

<b>Section 1</b>	<b>Personal information</b>
<b>Section 2</b>	<b>Indian Residential School identification</b>
<b>Section 3</b>	<b>The abuse</b>
<b>Section 4</b>	<b>The harms suffered and treatment received</b>
<b>Section 5</b>	<b>Education and work history</b>
<b>Section 6</b>	<b>Future care</b>
<b>Section 7</b>	<b>Hearing preferences and Church involvement</b>
<b>Section 8</b>	<b>Declaration</b>

**When completing this *Application*, please**

- **use black ink**
- **use as much extra paper as you need**

**If you have additional comments that you would like to include in this *Application*, please attach them.**

**Section 1 — Personal information**

See page 12 of the *Guide*.

1.  Mr.  Mrs.  Ms.  Miss

Current Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Middle name

\_\_\_\_\_

2. Other names you are known by
- \_\_\_\_\_
- \_\_\_\_\_

3. Other names you may have been known by in residential school (for example, maiden name, nicknames)
- \_\_\_\_\_
- \_\_\_\_\_

4. Current mailing address

Street and apartment number

\_\_\_\_\_

P.O. Box or R.R. #

\_\_\_\_\_

City/Town

\_\_\_\_\_

Province

Postal Code

Home phone (    )

\_\_\_\_\_

Other phone (    )

\_\_\_\_\_

5. E-mail address (if you wish to use one)
- \_\_\_\_\_

6. If you are not represented by a lawyer, where and how should we contact you (for example, at work, home or by email, phone or fax, or through someone you know)

If you want to be contacted by phone, can we leave you a message?

Yes  No

7. Your birth date (day/month/year)

Your Province/Territory of Birth:

8.  Male  Female

9. Indian Registration (Status) Number or Inuit Disc Number (if you have one):

Current: \_\_\_\_\_

While at Residential School:

**Full names of mother, father and/or guardian/caregiver while you attended residential school**  
 (Guardian/caregiver may be traditional adoptive parents, extended family or members of the former student's community).

*Providing this information is not required for eligibility but may help us in confirming the former student's school experience.*

	First Name _____	Last Name _____
Mother (maiden/birth name)	_____	_____
	First Name _____	Last Name _____
Father	_____	_____
	First Name _____	Last Name _____
Guardian/Caregiver (if applicable)	_____	_____

Relationship of guardian/caregiver to former student (for example, aunt, grandmother, friend, etc.):

\_\_\_\_\_

10. If you are a member of an established group (see Appendix D of the *Guide*) in this process, please identify:

**Group coordinator** \_\_\_\_\_

**Phone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-mail** \_\_\_\_\_

**Name of group** \_\_\_\_\_

**Name of group lawyer (if known)**

\_\_\_\_\_

If you later change your mind about wanting to proceed with this group, you will have to let us know in writing.

11. If someone else is helping you to fill out this *Application*, please provide that person's:

**Name**

\_\_\_\_\_

**Relationship to you**

\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number** ( ) \_\_\_\_\_

**Organization (if applicable)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Applications from people who are 60 or older, or are in failing health, are given priority. To prove you are in failing health, you will have to obtain a letter from a doctor, saying that further delay would interfere with your ability to participate in a hearing.

Are you in failing health?

Yes  No

If you are in failing health, please include a doctor's letter with your *Application*, or send it to:

**Indian Residential Schools Independent Assessment Process  
Suite 3-505, 133 Weber Street North  
Waterloo, Ontario, N2J 3G9**

13. Have you started a court claim, a previous Alternative Dispute Resolution Process (ADR) or Independent Assessment Process (IAP) claim with respect to your residential school experience?

Yes  No

14. Have you received a settlement or decision on your claim in the court process, the previous Alternative Dispute Resolution process or the Independent Assessment process?

Yes  No

**Section 2 — Indian Residential School Identification**

See page 13 of the *Guide*.

1. Check at least one box:

I lived at a residential school (Kivalliq Hall).

I was not a resident at a residential school.

If you were not a resident, why were you at the residential school?

---

2. Please tell us which residential school(s) you attended.

	School Name and Province or Territory	Approximate Dates attended	
		from	to
1	Kivalliq Hall	_____ (month/year)	_____ (month/year)
2		_____ (month/year)	_____ (month/year)
3		_____ (month/year)	_____ (month/year)

**PLEASE READ BEFORE TURNING THE PAGE**

The following pages ask you for detailed information about the abuse you suffered at residential school. These questions may trigger certain memories and bring painful feelings. Because of this we suggest that you proceed slowly and that you be in a safe place when you look at and answer these questions.

We recommend you read and complete the following pages with a support person nearby, such as a family member, counsellor, traditional healer, Elder, or someone else you trust.

If you feel anxious or unwell and need to talk to someone, Aboriginal crisis counsellors are available 24 hours a day on a confidential basis. Just call 1-866-925-4419.

Ongoing confidential counselling support is offered throughout this process. See page 7 of the *Guide* for details.

**Section 3 — The abuse**  
 See page 13 of the *Guide*

**Not all types of abuse are covered by the Independent Assessment Process. See page 33 of the *Guide* for details.**

**1. This Table asks for brief information about the abuse you experienced. You will be asked for details on the next page.**

Information about the abuse				
	Incident of abuse	Level of abuse (from page 14 of the <i>Guide</i> )	Approximate date(s) when abuse occurred (month/year)	Who abused you (give the name and if they were an adult at the time, also give the person's job or position if you know them)
1				
2				
3				
4				
5				

If you suffered more than 5 incidents of abuse, please use a separate piece of paper and attach it to your *Application*.





**3. Aggravating factors**

What other circumstances, if any, did you experience that worsened the effects of the abuse you suffered? Please check any aggravating factors that apply to your claim:

- verbal abuse
- racist acts
- threats
- violence accompanying sexual abuse
- failure to provide care or emotional support following abuse requiring such care
- witnessing another student being subjected to an act set in the *Guide*
- intimidation
- inability to complain
- humiliation
- degradation
- particular vulnerability or young age
- use of religious doctrine, religious paraphernalia or religious authority during, or in order to facilitate the abuse
- betrayal (that is, you were abused by an adult who had built a particular relationship of trust and caring with you)

**4. Abuse by a student: Information about reports**

If you were abused by another student, did you report the abuse to any staff at the residential school? Please give details. Do you believe that the staff at the residential school knew or should have known that students were being abused by other students? If so, why do you think they knew or should have known this?

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2. If you have listed a **physical injury** on page 9, what physical injury did you suffer and how long did it last?

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3. Did you receive treatment for this **physical injury** while at the residential school or after leaving the school?

Yes                       No

If yes, please describe the type of treatment, who provided the treatment and when and where it was provided.

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4. Have you ever received treatment, counselling or traditional healing for **emotional, mental or psychological effects** of the abuse you listed on page 9?

Yes                       No

If yes, please describe the type of treatment, counselling or traditional healing you received, who provided the treatment and when and where it was provided.

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5. What level of harm are you claiming? See page 19 of the *Guide*. (check only one box):

- Level 1     Level 2     Level 3     Level 4     Level 5

If you are claiming compensation for harms at levels 3, 4 or 5, you will have to obtain and submit certain documents later in this process. If you are claiming compensation for harms at levels 4 or 5, the decision-maker will require that you see an expert who will assess your condition unless all parties agree that it is not necessary.

**Section 5 — Education and work history**  
 See page 20 of the *Guide*.

1. Please give details of your formal education or other training.

School, college, university or training facility attended	Approximate Dates		Level reached or degree, diploma or certificate obtained
	from	to	

2. Please give details of your work history, whether it was paid or volunteer.

Name of employer and job title. For times you were not employed, describe your activities or write "unemployed"	Approximate Dates		Income earned (Show whether weekly, monthly or yearly)	Reason(s) why you changed jobs, left this work, or were unemployed
	from	to		

3. Please explain how the abuse you listed on page 9 affected your **education, training and work history.**

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If you need more space, please attach more pages to your Application.

4. Considering the education, training and work history you have described in this section, please review page 21 and 22 of the *Guide*, and then answer this question:

**Are you asking for compensation for Loss of Opportunity or Actual Income Loss?** (check only one box):

Loss of Opportunity       Actual Income Loss       Neither

**If you are claiming Loss of Opportunity**, please see page 21 of the *Guide* and check what level matches your Loss of Opportunity (check only one box):

Level 1       Level 2       Level 3       Level 4       Level 5

If you are claiming compensation for Loss of Opportunity at levels 2, 3, 4 or 5, or for Actual Income Loss, you will have to obtain and submit certain documents later in this process. For levels 4 or 5, or for Actual Income Loss the decision-maker will require an expert assessment unless all parties agree that it is not necessary.

**If you are claiming Actual Income Loss**, your claim will involve a higher level of proof and, generally an expert assessment. Because of the legal complexities, it is strongly recommended you seek legal advice if you want to pursue this type of claim. Please see page 22 of the *Guide*.



**Section 7 — Hearing Preferences and Church Involvement**

See page 23 of the *Guide*.

If your claim is accepted into the Independent Assessment Process and if a hearing is scheduled, you can tell us your preferences for the hearing. Every effort will be made to accommodate your stated preferences.

1. Do you prefer to have an adjudicator who is:

- No Preference       Male       Female

2. Do you have a preference for the location of your hearing?

- Yes       No

If Yes, give your preferred locations: \_\_\_\_\_ 1st Choice

\_\_\_\_\_ 2nd Choice

Resolution Health Support Worker

3. It is usual practice to have a Resolution Health Support Worker (who are Aboriginal) available at hearings. They can be in the hearing room if you wish, or they can be available nearby. Do you wish to have a Resolution Health Support Worker in the hearing room with you?

- Yes       No

If Yes, may we pass along your name and contact information to them?

- Yes       No

Church involvement

You may wish a church representative to attend your hearing to witness your evidence and/or provide pastoral support.

4. Would you prefer that a church representative be present at your hearing to bear witness to your claim and/or to provide pastoral support?

I would prefer that a church representative be present.

If so, please provide any information which would help to identify a church representative whose presence at your hearing would fit your preferences

5. If your claim is settled without a hearing, would you like an opportunity to meet with a church representative to discuss your claim and/or for pastoral support?

Yes  No

**Section 8 — Declaration**

See page 24 of the *Guide*.

I give my permission to the Library and Archives of Canada and any other federal, provincial or territorial government department having records relevant to my claim to share them with Indian and Northern Affairs Canada. This permission will allow the government to research my claim.

I also give my permission to Indian and Northern Affairs Canada to share my personal information related to my IRS attendance with Health Canada for the purposes of confirming in particular my eligibility for health support services.

I understand that my personal information, including the details of any claim of abuse, may be shared with others, including the government, the adjudicator, participating church organizations, those I identify as having abused me, and witnesses. Information given to those I identify as having abused me and to witnesses will not include my contact details or other information not relevant to their role in the claim.

I agree to respect the private nature of any hearing I may have in this process. I will not disclose any witness statement I receive or anything said at the hearing by any participant, except what I say myself.

**I confirm** that the statements in this Application are true, whether made by me or on my behalf. Where someone helped me with the *Application*, that person has read to me everything they wrote and I confirm that it is true. I know that signing this Application has the same effect as if I had made it under oath in court.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Date

**If the applicant signed with a mark, the witness must also sign the following declaration:**

I have read the content of this *Application* to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Date

**If you are represented by a lawyer, he or she must complete the following:**

I certify that I have reviewed this completed *Application* with my client to determine the accuracy of its contents.

\_\_\_\_\_  
Signature of Lawyer

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Lawyer

Phone: ( ) \_\_\_\_\_

\_\_\_\_\_  
Law Firm

Fax: ( ) \_\_\_\_\_

Email address:  
\_\_\_\_\_

\_\_\_\_\_  
Address

**APPENDIX "C" - NOTICE**

**THIS NOTICE HAS BEEN APPROVED BY  
THE SUPREME COURT OF BRITISH COLUMBIA**

**KIVALLIQ HALL HAS BEEN ADDED TO SCHEDULE F OF THE INDIAN RESIDENTIAL SCHOOLS SETTLEMENT AGREEMENT ("IRSSA") FOR THE PERIOD OF June 12, 1985 to December 31, 1997.**

**BE ADVISED** that Kivalliq Hall has been added to the list of "Indian Residential Schools" under the Indian Residential Schools Settlement Agreement ("IRSSA") for the period of June 12, 1985 to December 31, 1997. Former residents of Kivalliq Hall during the period of June 12, 1985 to December 31, 1997, who meet the criteria under the IRSSA, are eligible to apply for compensation in the form of a Common Experience Payment ("CEP").

**BE ADVISED** as well, any persons who suffered sexual and/or physical abuses, or other abuses that caused serious psychological effects at Kivalliq Hall during the period of June 12, 1985 to December 31, 1997, may apply for compensation under the Independent Assessment Process ("IAP"). These people must meet the criteria for an IAP under the IRSSA.

**All CEP applications relating to Kivalliq Hall must be filed on or before DATE.**

**All IAP Applications relating to Kivalliq Hall must be filed on or before DATE.**

This Notice extends only to applications relating to Kivalliq Hall for the Period of June 12, 1985 to December 31, 1997. *It does not alter any existing deadlines under the IRSSA or other consent orders for other Indian Residential Schools.*

For more information about these processes, please call toll free 1.866.879.4913 or go to [www.residentialschoolsettlement.ca](http://www.residentialschoolsettlement.ca), or write to Residential Schools Settlement, Suite 3-505, 133 Weber Street North, Waterloo, Ontario N2J 3G9.

## APPENDIX “D” - NOTICE PLAN

1. Canada will purchase air time on the following radio networks to broadcast the words in the Notice on a once a day basis each day from June 3-16, July 1-7, and again from January 18-31. The radio messages will be broadcasted each day in English and Inuktitut.
  - a. CKIQ-FM
  - b. CKGQ-FM
2. Canada will purchase air time on the following television networks to broadcast the words in the Notice on a once a day basis each day from June 3-16, July 1-7, and again from January 18-31.
  - a. CBC North - in English and Inuktitut
  - b. APTN – in English and French
3. Canada will place articles and/or advertisements containing the text of the Notice in the following publications on the following basis.
  - a. Nunavut News - in English and Inuktitut on a weekly basis in May, June and July 2019, and on a weekly basis for two weeks in January 2020
  - b. Kivalliq News - in English and Inuktitut on a weekly basis in May, June and July 2019, and on a weekly basis for two weeks in January 2020
  - c. National Post - in English and French, 3 days per week in May 2019, once in June and July 2019, and twice in January 2020
4. The Notice will be posted on the Court website at [www.residentialschoolsettlement.ca](http://www.residentialschoolsettlement.ca).
5. The Applicant Nunavut Tunngavik Incorporated may use the language found in the Notice to take steps above and beyond those listed above for the purposes of notifying former students and residents of Kivalliq Hall of its addition to Schedule F of the IRSSA and the acceptance of CEP and IAP applications.

## **APPENDIX "E" – SCRIPT FOR NOTICE**

### **Hilsoft Notifications**

### **Indian Residential Schools Settlement**

### **Kivalliq Hall**

### **English Radio/TV Script, 0:30 Seconds**

This is an important announcement about the Indian Residential Schools Settlement. Kivalliq Hall has been added to the list of schools included in the settlement. If you resided at Kivalliq Hall between June 12, 1985 and December 31, 1997, you may now be eligible for a payment. To learn more, call 1-866-879-4913, or visit [www-dot-Residential-School-Settlement-dot-ca](http://www-dot-Residential-School-Settlement-dot-ca).

## Appendix "F"

### PROPOSAL

#### PROVISION OF SERVICES FROM THE KIVALLIQ INUIT ASSOCIATION

#### IMPLEMENTATION OF THE COMMON EXPERIENCE PAYMENT FOR KIVALLIQ

HALL April 15, 2019

#### BACKGROUND:

In July, 2018, the Nunavut Superior Court ruled that Kivalliq Hall should be added to the Indian Residential Schools Settlement Agreement. Canada has accepted this decision and is working to ensure that eligible residents of Kivalliq Hall have access to the Common Experience Payment, Independent Assessment Process and Personal Credits.

Challenges to successful completion of the existing CEP program have been the huge influx of applications at the end of the respective application periods and the high percentage of incomplete CEP applications, or applications without the required supporting proof of identity documentation. In addition, funding for the delivery of the IRSSA ends on March 31, 2021 when the program sunsets. In order to address these challenges and to ensure that Kivalliq Hall survivors have equal access to the CEP as those who applied during the initial program when high levels of national support were available at all Service Canada Centres, Canada is proposing to engage and compensate the Kivalliq Inuit Association to provide assistance to potential claimants in the Kivalliq Region. The Kivalliq Inuit Association will then provide the services as outlined below at no cost to potential claimants.

#### PROPOSED SERVICES:

Services will be focussed on the provision of support in both English and Inuktitut to potential claimants in all communities within the Kivalliq Region to:

- Enhance understanding of the CEP process;
- Assist in the preparation of CEP applications;
- Assist in the identification and collection of mandatory proof of identity documents required to support the application.

Specific services to be provided by the KIA include:

- Management of a social media presence in both English and Inuktitut which will provide information on the CEP, including deadlines, required information, how to apply, where to obtain assistance, etc.
- Responding to questions posed by potential applicants through these social media channels.
- Meeting in person and by phone with potential claimants to provide information on the process, forms completion and required documents, in both English and Inuktitut;

- Supporting potential claimants in meetings with Service Canada representatives including the provision of language support.
- In certain circumstances, and where the required conditions are met, acting as guarantors for confirmation of identity for applicants.

Crown Indigenous Relations and Northern Affairs and Service Canada will provide the following support to the KIA to assist in the provision of the above services:

- Training on the CEP process, forms completion and the required identity documents will be provided by CIRNA and Service Canada before the application period commences.
- Service Canada will identify a resource to respond to requests for assistance from the KIA for the duration for the application period.
- CIRNA will identify a resource to respond to requests for information from the KIA on the validation process for CEP. This resource will be available for the duration of the CEP process.
- CIRNA will provide written information on the CEP and the application process and deadlines, for inclusion on social media sites and distribution by the KIA.
- CIRNA and Service Canada will provide support to the KIA to assist in responding to questions raised through social media.

**DURATION:**

Services as described will be funded and available for the duration of the full nine month CEP application period.

**FUNDING:**

To be determined

Upon approval by the Court, CIRNA will immediately transfer \$50K to KIA for the services indicated above.

CIRNA will provide up to a maximum of \$210K to KIA over the period from Court approval of this agreement to March 31, 2020.

**NOTE:**

This agreement covers services to be provided for the support of CEP only.

