

Individual Payment Application Form

This is an application form to obtain an individual payment from the Sixties Scoop Settlement Agreement.

The settlement provides a payment to any registered Indian or person eligible to be registered or Inuit person who was adopted or made a permanent ward and was placed in the care of non-Indigenous foster or adoptive parents in Canada between January 1, 1951 and December 31, 1991.

If this describes you, please read and complete the following form. You must then submit it to the Claims Administrator **no later than August 30, 2019** either

(a) by filling out and submitting the electronic version of this form which can be found on the administrator's website at the following address www.sixtiesscoopsettlement.info/ClaimForm

(b) by email, fax or mail, to the following coordinates:

Sixties Scoop Class Action Administrator
c/o Collectiva Class Action Services, Inc.
2170, René Lévesque Boulevard West, Suite 200
Montreal, Quebec H3H 2T8
Fax: 514-287-1617
Email: sixtiesscoop@collectiva.ca

For assistance with completing this form you can contact Collectiva at 1-844-287-4270 or by email at sixtiesscoop@collectiva.ca

1. What is your full name:

First name: _____

Middle name: _____

Last name: _____

Have you ever used any other names or legally changed your name?

(for example: birth names, adopted names, married names, etc.)

Please list them here: _____

(Please attach copies of legal name change certificates)

Your current address: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Daytime phone: _____

Cellular telephone: _____

Email address: _____

2. What is your date of birth:

 mm/dd/yy

3. Are you a registered Indian:

- Yes
 No

Please provide your registration/status/treaty number here: _____

4. Are you entitled to be registered as an Indian but you do not have a registration number:

- Yes
 No

*If Yes, please complete the **Request for Indian Status Registration** form which can be found on the administrator's website sixtiesscoopsettlement.info under Forms. If you need more information about whether you are entitled to be a registered Indian, please contact Collectiva at 1-844-287-4270.*

5. Are you Inuit:

- Yes
 No

Please indicate which Lands Claims Agreement you are enrolled in here:

If you do not know which Lands Claims Agreement you are enrolled in, please contact the Administrator for assistance.

6. Were you adopted:

- Yes
 No

If so when were you adopted: _____
 mm/dd/yy

Where were you adopted:

City: _____

Province: _____

If you were adopted more than once, please indicate the City, Province and date of additional adoptions.

7. Were you made a permanent ward (in other words, were you placed under the permanent guardianship of a child and family services agency):

- Yes
- No

If so, when were you made a permanent ward: _____
mm/dd/yy

Where were you made a permanent ward:

City: _____

Province: _____

8. Were you placed with non-Indigenous parents or foster parents?
- Yes
 - No

9. If you were in foster care, for what years: _____

10. Do you have any documents relating to your adoption or wardship?
- Yes
 - No

*If you have documents please provide a copy with your application form. **Please do not send us original documents.***

11. Collectiva will arrange for provincial records to be checked in order to support your claim. For us to do this, we need your written consent. Please indicate your consent by signing the **Consent to Search for Records** form. If we are unable to find the necessary documents through the search, we may ask you to sign an additional consent letter.
12. Please provide any additional details that will assist us in verifying your claim for compensation.

Your Personal Story:

13. [Optional] Would you like to share your story? Sharing your story can help us evaluate your claim if records cannot be located. We will not share this information with anyone without your permission.
14. [Optional] Would you like the Healing Foundation to document your story? If you agree to share your story, you can give permission for the Healing Foundation to archive it along with the stories of other Sixties Scoop survivors. This would mean that your story would be publicly available today and for future generations.

Do you agree to the Foundation archiving your story:

- Yes

If yes, would you like your name to be attached to your story?

Yes, please use my first and last name: _____

Please use only my first name: _____

Please do not use my name at all: _____

No

Please use this section to write your story. If you need more space, you can add additional pages.

15. [Optional] Would you like to receive information from the Healing Foundation for example about Foundation updates, consultations, or other events?

Yes, please share my contact information with the Foundation

No, do not share my contact information with the Foundation

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

Signature: _____

Date: _____

mm/dd/yy

Consent to Search Records Form

I hereby consent to the Claims Administrator, Collectiva, taking all necessary steps to arrange for my provincial records to be checked to support my claim. I acknowledge that my provincial records contain personal information about myself.

Name: _____

Signature: _____

Date: _____

mm/dd/yy

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