

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)

SECTION A:			
1. IDENTIFICATION			
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French			
First Name (Current)	Middle Name(s) (if applicable)	Last Name(s)	
OTHER NAME(S) BY WHICH YOU WERE KNOWN AT RESIDENTIAL SCHOOL(S) AND/OR TRADITIONAL NAME <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)	
Full names of mother, father and/or guardian(s)/caregiver(s) while you attended residential school (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) _____			
2. CURRENT ADDRESS			
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	

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

2. 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. 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

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 & 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

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 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 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 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)

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- Magistrate
- Mayor
- Medical doctor
- 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. 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.

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



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
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Current Address:

(P.O. Box, Street No., Street, Apt., R.R.)	City/Town/Community
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Province/Territory/State	Postal/Zip Code	Country
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Date of Birth (YYYY / MM / DD)	Telephone Number	CEP Application Reference Number
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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.





4. GUARANTOR INFORMATION		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)
5. MAILING ADDRESS OF GUARANTOR		
Name of organization (if applicable)		
(P.O. Box, Street No., Street, Apt., R.R.)		City/Town/Community
Province/Territory/State	Postal/Zip Code	Country
6. TELEPHONE NUMBERS OF GUARANTOR		
Home	Business	Cell/Other
7. OCCUPATION OF GUARANTOR		
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.

