

Indian Boarding Homes Class Action

Category 1 - Compensation for Placement in the Indian Boarding Homes Program Claim Form (Individual)

Canada created the **Indian Boarding Homes Program** in the 1950s which removed First Nations and Inuit children from their communities and placed them in private homes for the purpose of attending school.

The **Indian Boarding Homes Class Action provides compensation to people placed in these homes.** Primary Class Members of the Indian Boarding Homes Class Action are eligible claimants. **Primary Class Members are individuals who were placed in private homes, during the period of September 1, 1951 and June 30, 1992, for the purpose of attending school,** not including placements for post-secondary education. Individuals placed after June 30, 1992, are also included if Canada was responsible for their placement.

For Primary Class Members who died on or after July 24, 2016, this is the wrong form. The person in charge of their estate can complete the Estates Forms on their behalf. If the Primary Class Member is alive and you are the Personal Representative appointed to manage their affairs, this is the wrong form. Please complete the Personal Representative Forms.

Eligible claimants may apply for two categories of compensation:

1. **Category 1** - Compensation Claim for Placement in the Indian Boarding Home Program
2. **Category 2** - Compensation Claim for Abuse

This is an application form for a Category 1 payment. Your first step is to complete this form. You can file a Category 2 Claim for Abuse later OR at the same time as this form.

To learn more about eligibility, relevant dates, and the class action itself, visit:

<https://boardinghomesclassaction.com/>

IMPORTANT:

**The claim application process has a deadline.
Claims Deadline: February 22, 2027**

Trigger Warning / Caution:

Filling out the following sections of this claim form may be emotionally difficult and/or traumatic.

If counselling or emotional support is helpful, **Hope for Wellness** provides free 24/7 counselling and crisis intervention services at: **1-855-242-3310** or online at: www.hopeforwellness.ca.

You can also locate mental health support services on the Indian Boarding Homes class action website at:

<https://boardinghomesclassaction.com/resources/>

If you need support, there are three teams who can help you

Emotional / Mental Health Support

Filling out this form can impact your emotional and mental health. If you need support during this process, you can locate resources on the class action website here:

<https://boardinghomesclassaction.com/resources/>

You can also contact the **Hope for Wellness Team** for comfort and emotional assistance.

You can reach them toll-free at: **1-855-242-3310** or online at: www.hopeforwellness.ca

Claim Application and Payment Questions

The Claims Administrator handles claim applications and payments. They can help you with the claims process and show you how to complete the form.

You can reach the Administrator on their help line at: **1-888-499-1144**

Class Counsel and Available Legal Advice

If you need legal support or need help locating a lawyer to help you with the claim form, you can contact **Class Counsel** at: **1-604-874-7171** or **Quebec Class Counsel** at: **1-888-232-3778**

BEFORE YOU BEGIN:

1. Assemble any documents that you believe may assist you in completing this form. While not required, you may submit any documents you believe support your claim. Documents that are useful include:
 - Your photo ID (if you have one)
 - Documents related to applications to be a part of the Boarding Homes Program
 - Documents related to your time in the boarding home, such as photos, letters, diaries, etc.
 - Attendance records or report cards for the school you attended while in placement
2. Please complete the form as best as you can. You can either print out the form and complete it on paper or type your responses into the provided boxes on your computer and then print the completed form.
3. Please make sure to complete all of the required questions. Questions marked with ***(Required)** need to be answered so your form is considered complete. Answers to all other questions are optional, and if you do not want to answer them, please leave the box blank.
4. When documents need to be included with your application, please send a clear photocopy. **Please do not send original photographs, IDs, or records** as documents included with your application will not be returned to you.
5. Please make sure to keep a copy of your Claim Form and any attached documents for your personal records.

IMPORTANT:

This form is to apply for a **Category 1 Payment** only. **You will need to fill out a separate form to apply for a Category 2 payment.**

Applying for **Category 2** is optional, and you do not have to do so unless you want to make a claim for additional compensation.

If you would like to apply for **Category 2** you can find the form here:

<https://boardinghomesclassaction.com/claim-forms> OR you can email us or call us to request that the form be mailed to you:

- **Email:** claims@boardinghomesclassaction.com
- **Phone Number:** 1-888-499-1144

Reminder: The claims process is complex. It may take several months to process your claim after you submit your form(s). If you move, change your email address or phone number, please make sure to provide your new contact information.

If you need to **change any information, (for example, your mailing address, email, or phone number) please contact the Claims Administrator at:**

Email	Phone	Mail
claims@boardinghomesclassaction.com	1-888-499-1144	Attn: Indian Boarding Homes Class Action 18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2



Section A – Claimant Information

Are you a Primary Class Member applying for yourself? ***(Required)**

- Yes** – Please continue with completing the form.
- I am a lawyer completing the form on behalf of a Primary Class Member** – Please continue with completing the form and fill out Schedule B.

I am NOT the Primary Class Member, and I am NOT a lawyer applying for a Primary Class Member - **You are using the wrong form. Please do not complete this Form.** Please use the form that best represents your relationship to the class member:

- **You are the Personal Representative of a Primary Class Member who is appointed to manage their affairs** (Forms B1 & B2)
- **You are the Representative of a deceased Primary Class Member** (Forms C1 & C2)

IMPORTANT: If you have the wrong form, you can locate the correct form on the **website:**
<https://boardinghomesclassaction.com/claim-forms/>

You can also email us or call us to request that the form be mailed to you:

Email: claims@boardinghomesclassaction.com

Phone Number: 1-888-499-1144

First name
***(Required)**

Last name
***(Required)**

Middle name(s)
(if applicable)

**Name before
marriage
(if applicable)**

**Other / traditional /
pre-adoption name(s)
that you are now
known by, or were
known by in the past
(if applicable)**

**Date of birth
DD/MM/YYYY
*(Required)**

**Social Insurance
Number #
(if applicable)**

Please provide your current mailing address OR
an address where you can receive mail

Street name
and number
or post office
box
***(Required)**

Apartment or
unit number
(if applicable)

City / town /
village / First
Nation or
reserve
***(Required)**

Province /
territory
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

Please provide your contact information.

If you do not have contact information, we will send messages to you using the mailing address you provided above.

Home phone

Cell phone

Email address

Preferred communication method?

- Email (Please ensure that you have included your email address above)
- Mail
- A lawyer is completing this form for me, and I want to be contacted through the lawyer

Do you have a valid government issued ID with a photo? **(Answer Required)*

- Yes** – If you have a valid government issued photo ID, please include a **photocopy of the front and back of the ID with your application. DO NOT include the original ID with your application.**
- No** – If you **do not** have a valid government issued photo ID, please complete the **statutory declaration found in Schedule A of this Form for yourself.**

What are “Valid Government Issued Photo IDs”?

- Passport
- Driver’s License
- Provincial and Territorial Photocards (for example, Ontario Photo Card)
- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Health Card (Quebec Only)

For First Nations Class Members:

Please provide the information below to the best of your ability. ***(Required)**

**Indian status card #
(if applicable)**

**Band name
(if applicable)**

**If you cannot provide
your Indian status card
number or band name,
please explain why**

For Inuit Class Members:

Please provide the information below to the best of your ability. ***(Required)**

**Disc #
(if applicable)**

**Beneficiary #
(if applicable)**

**If you cannot provide a
disc number or
beneficiary number,
please explain why**



Section B – Payment Information

What is your preferred method of receiving payment?

- Cheque
 Direct deposit

IMPORTANT for those eligible:

Compensation payments by cheque will be mailed to the address provided in Section A. If you have not selected a payment method, a cheque will be sent to the mailing address provided in Section A.

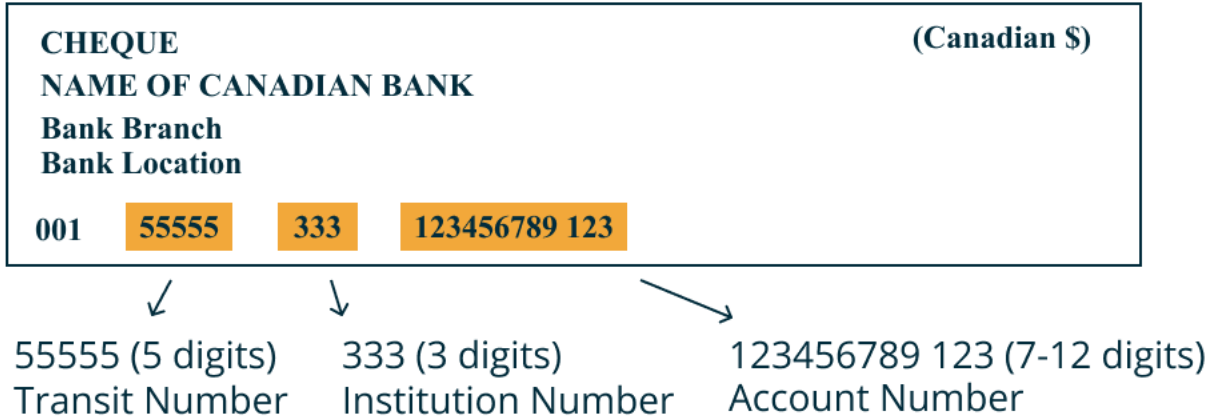
Please complete this section only if you chose **direct deposit** as your payment preference.

Bank Account Information

Transit number

Institution number

Account number



IMPORTANT for those eligible:

To receive your payment by direct deposit, **please include a copy of a void cheque or direct deposit form with your application.** You can request a direct deposit form by visiting a customer service representative at your bank, or through online banking.

You must be named as **owner of the account** on the void cheque or direct deposit form.



Section C – Category 1 Questions

To be eligible for compensation, you must have been placed in a private home for the purpose of attending school as part of the Indian Boarding Homes Program between **September 1, 1951 - June 30, 1992**.

If you were placed **after June 30, 1992**, you are eligible for compensation if you can establish that the Government of Canada was responsible for your placement.

Please give as much information as you can provide.

1. Were you placed in a private home for the purpose of going to school? ***(Required)**

Yes

No

2. First year of placement OR age / grade in the first year of placement ***(Required)**

3. Last year of placement OR age / grade in the last year of placement ***(Required)**

4. Please provide the information requested in the chart to the best of your ability.

If you need more space, list all the private homes you were placed in on a separate sheet of paper. Be sure to submit it with your application.

	Location of private home		Time period at home placement (Years or ages) *(Required)	Names of other children placed at the home with you (If known)	Name(s) of the home parent(s) (If known)
	City / town / village/ First Nation or reserve *(Required)	Province or territory			
1					
2					
3					
4					
5					
6					
7					



Section C – Category 1 Questions (Continued)

5. In the chart below please provide the names of the schools you attended while in the Indian Boarding Homes Program and the years during which you attended if you can. If you remember whether the school was elementary, junior high or high school, please indicate it.

If you need more space, list all schools you attended during your placements on a separate sheet of paper. Be sure to submit it with your application.

	School name	Time period (Years or ages)
1		
2		
3		
4		
5		
6		
7		



Section D – Outreach Information

To assist us in reaching more potential Class Members, please tell us how you heard about the Indian Boarding Homes Program class action.

- The website <https://boardinghomesclassaction.com>
- Social media (*Facebook / Instagram / LinkedIn etc.*)
- Claims Administrator information session
- Local Friendship Centre
- Band office
- News media (radio, podcast, blog, newspapers, magazines (including online))
- Other (please specify):



Section E – Agreement

In submitting your claim, you agree that:

- Information provided to the Administrator can be shared with the Government of Canada, Class Counsel, Quebec Subclass Counsel, Independent Reviewer, and the Exceptions Committee if required;
- Upon a final determination of the present Application made under and in accordance with the Claims Process, the Parties, Class Counsel, Quebec Subclass Counsel and Counsel for Canada, the Claims Administrator, Independent Reviewer, and the Exceptions Committee, shall be released with respect to any claim that arise out of the application of the Claims Process, including but not limited to the sufficiency of the compensation received;
- The information being provided is true to the best of your knowledge.

**Claimant first name and last
name (Printed)**
***(Required)**

Signature
***(Required)**

Signing date
DD / MM / YYYY
***(Required)**

Any personal information received will be kept confidential and will not be used for any purpose other than the Settlement process. If you have questions, please visit our website at

<https://boardinghomesclassaction.com> or call our support center at **1-888-499-1144**



Before you submit the form, use our checklist to confirm completion

Please ensure that you have completed the following before you submit your application:

Section A	<p>You have:</p> <ul style="list-style-type: none"> • Selected that you are a Primary Class Member or Lawyer • Provided the following required information: <ul style="list-style-type: none"> ○ First name & last name ○ Date of birth ○ Address where you can receive mail ○ Preferred communication method (email, phone, or mail) ○ Preferred payment method (cheque or direct deposit) ○ A photocopy of your valid government ID OR the Schedule A statutory declaration if you do not have an ID
Section B	<p>You have:</p> <ul style="list-style-type: none"> • Provided your bank information and attached a void cheque or direct deposit form if you prefer payment is issued by direct deposit
Section C	<p>You have:</p> <ul style="list-style-type: none"> • Answered whether you were placed in a private home as part of the Indian Boarding Homes Program • Provided the age / year / grade you were first placed in the Indian Boarding Homes Program • Provided the age / year / grade you were last placed in the Indian Boarding Homes Program
Section E	<p>You have:</p> <ul style="list-style-type: none"> • Signed and dated the Agreement page

**Please choose the submission method that is best for you.
Send the application form and associated documents to:**

Email	Fax	Mail
claims@boardinghomesclassaction.com	Subject: Indian Boarding Homes Class Action Fax Number: 1-833-912-5047	Attn: Indian Boarding Homes Class Action 18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2

Note: If you choose to send your form to the Administrator through the mail, it is recommended that you use registered mail and obtain a tracking number, so you can receive information on your mail's location.

This is the end of the Category 1 Application.

If you would like to submit a Category 2 application you need to submit an additional form. Category 2 forms can be downloaded from the website here:

<https://boardinghomesclassaction.com/claim-forms>

Reminder: Submitting an application for **Category 2 for Abuse** is optional. **You can file a Category 2 Claim for Abuse at the same time as this form or later but before the claim deadline**, when you are most comfortable and have the necessary support.

What comes next?

1. A Confirmation Notice will be sent to you within four to eight weeks to let you know that the Administrator has received your form(s). If you do not receive a confirmation within eight weeks of submitting this application, please email or call the Claims Administrator to verify that your claim form(s) were received.
 - The Claims Administrator will then process your claim to determine whether you are eligible to receive compensation. Throughout this process, you will be able to request information on the status of your claim through the website, by phone, email, or mail, depending on your preference.
 - **Make sure to keep your Confirmation Notice.**
2. The processing of each claim form may take six to eight months, depending on the complexity of the claim and payment process. Applications made by family members on behalf of a deceased claimant without an Estate Executor will be processed after the close of the submission period on February 22, 2027. Thank you in advance for your patience and understanding throughout this process.
3. If the claim has been reviewed and you were found to be ineligible to make a claim, you have the right to apply for reconsideration. The reconsideration form and process can be found on our website here: <https://boardinghomesclassaction.com/other-forms> OR you can email us or call us to request a copy of the form, be mailed to you:
 - **Email:** claims@boardinghomesclassaction.com
 - **Phone Number:** 1-888-499-1144
4. If your contact information changes (for example, your mailing address changes, your phone number changes), please email or call the Claims Administrator to inform them of your new information.

Schedule A - Statutory Declaration

This section is only to be completed if you cannot provide a photocopy of valid government ID. DO NOT COMPLETE THIS STATUTORY DECLARATION IF YOU ARE PROVIDING A PHOTOCOPY OF A VALID GOVERNMENT ID WITH YOUR APPLICATION.

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

**First name and last name
(Printed)
*(Required)**

**Signature
*(Required)**

**Signing date
DD / MM / YYYY
*(Required)**

The above declaration must be witnessed by a Guarantor, who must complete the fields on pages 21 to 22.

The Guarantor only needs to see the Applicant sign this page. As Guarantor, you are not required to read the Form or verify the accuracy of the events described in this Form.

A Guarantor can hold one of the following positions:

- Border Service Officer
- Certified Aboriginal Financial Manager
- Certified / Registered Accountant
- Commissioner of Oaths
- Correctional Officer
- Chief / Hereditary Chief
- Clan Mother
- Midwife
- Federal or Provincial Court Judge or Justice of the Peace
- Government Councilor, including Chief or Band Councilor
- Indian Registration Administrator
- Indigenous / Aboriginal Liaison Officer
- Inuit Community Leader / First Nation
- Elder / Traditional Practitioner
- Lawyer
- Licensed Medical Doctor / Physician
- Northern Villages' Secretary Treasurer
- Notary Public
- Peace Officer
- Pharmacist
- Police Officer
- Psychologist / Psychiatrist
- Registered Clinical Counsellor
- Registered Occupational Therapist
- Registered Social Worker

Guarantor first name
***(Required)**

Guarantor last name
***(Required)**

**Guarantor middle
name(s)**
(if applicable)

**Guarantor
phone number**
***(Required)**

**Guarantor email
address**

**Guarantor
position held**
***(Required)**

**Guarantor street
name and number**
***(Required)**

Office / unit number
(if applicable)

**City / town / village /
First Nation or
reserve**
***(Required)**

**Province /
territory**
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

**Guarantor first name and
last name (Printed)**
***(Required)**

Guarantor Signature
***(Required)**

Signing date
DD / MM / YYYY
***(Required)**

Schedule B – Lawyer Information

IMPORTANT: Canada will not pay any lawyer fees for a Category 1 claim.

First name
***(Required)**

Last name
***(Required)**

Law firm

**Law society /
bar number**
***(Required)**

**Street name and
number *(Required)**

**Office / unit number
(if applicable)**

**City / town / village /
First Nation or
reserve**
***(Required)**

**Province /
territory**
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

**Office
telephone
with
extension**

Cell phone

**Email
address**
***(Required)**

Primary Class Member Confirmation

I (the Primary Class Member) am solemnly affirming that the lawyer mentioned above has helped me to complete my claim, and I understand the contents.

I (the lawyer) am solemnly affirming that I helped the Primary Class Member to complete their claim.

Lawyer name (Printed)
***(Required)**

Lawyer Signature
***(Required)**

Primary Class Member name (Printed)
***(Required)**

Primary Class Member Signature
***(Required)**

IMPORTANT: All communications between the Claims Administrator and Applicant counsel will occur through email. If you are unable to communicate through email, please contact the Administrator at **1-888-499-1144**