

# APPLICATION

to the

Independent Assessment  
Process

# 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 1-866-879-4913.**

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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.**

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## 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.*

Mother  
(maiden/birth name)      First Name \_\_\_\_\_      Last Name \_\_\_\_\_

Father      First Name \_\_\_\_\_      Last Name \_\_\_\_\_

Guardian/Caregiver  
(if applicable)      First Name \_\_\_\_\_      Last Name \_\_\_\_\_

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 or a previous Alternative Dispute Resolution (ADR) process 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 or the previous Alternative Dispute Resolution 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.  
 I did not live at the school, but I was a student at a residential school.  
 I was not a student or resident at a residential school.

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

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2. Please tell us which residential school(s) you attended. See page 40 of the *Guide* for the list of eligible residential schools.

	School Name and Province or Territory	Approximate Dates attended	
		from	to
1		_____ (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 15 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		

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

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

Multiple horizontal lines for writing the response to question 3.

4. Considering the education, training and work history you have described in this section, please review pages 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 6 — Future care**

See page 23 of the *Guide*.

1. Are you interested in having or continuing **treatment or counselling** in the future for your IRS abuse?

Yes  No

If Yes, please explain and give details of what type of treatment or counselling you intend to pursue or continue. Estimate the number of treatments or sessions and provide an approximate cost for them. Before your hearing you should work with your lawyer or a counsellor to prepare a plan for the treatment or counselling you intend to obtain.

Multiple horizontal lines for providing details.

**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: \_\_\_\_\_ 1<sup>st</sup> Choice  
 \_\_\_\_\_ 2<sup>nd</sup> Choice

**Resolution Health Support Worker**

3. It is usual practice to have a Resolution Health Support Worker (who is 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

As a party to the process, the church involved in your claim has a right to participate in your hearing. Where the church chooses not to participate, they may still wish to attend your hearing to witness your evidence and/or provide pastoral support.

4. Would you prefer that a church representative not be present at your hearing to bear witness to your claim and/or to provide pastoral support?

I would prefer that a church representative **not** be present.

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

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

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

\_\_\_\_\_

\_\_\_\_\_  
Address

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

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

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