



Claim Form for Individuals

The First Nations Drinking Water Settlement will compensate members of First Nations that experienced long-term drinking water advisories while living on an Impacted First Nation.*

You might not need to fill out this form. Please check www.firstnationsdrinkingwater.ca first, to see if your First Nation has filed a claim on behalf of its members. If it has, then please call the Administrator and they'll help you check if you're already on our list. If you are, then you only need to fill out this form if you're claiming for Specified Injuries.

This is the form to claim compensation for yourself. If you want to make a claim for someone else (for example a minor child, a person under a disability, or a person who has passed away) then please fill out the 'Claim Form on Behalf of Another Person' found at www.firstnationsdrinkingwater.ca

To qualify for compensation, you must...

- ✓ Be a member of a First Nation, have been alive on November 20, 2017, and...

If born *before November 20, 1995*

- ✓ ordinarily resided / lived on an Impacted First Nation during a long-term drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 2013 and June 20, 2021



If born *on or after November 20, 1995*

- ✓ ordinarily resided / lived on an Impacted First Nation during a long-term drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 1995 and June 20, 2021



**For a list of Impacted First Nations and dates of long-term advisories, please see below at pages 6 to 12. Also, please note that Tsuu T'ina, Sucker Creek, Ermineskin Cree, the Blood Tribe, and the Okanagan Indian Band are bringing their claims in a different way, so their members aren't eligible for compensation under this settlement*



Filling out this form might be confusing, emotionally difficult, or even traumatic. But you are not alone. **There are three teams of people available to help.**



The Hope for Wellness Team offers comfort and emotional support.

They can help you if you are experiencing emotional distress.

You can reach them toll-free on our Wellness Help Line at 1-855-242-3310 or online at www.hopeforwellness.ca



The Administrator handles claim applications and payments.

They can help you with the claims process, including with filling in this Claim Form.

Start with these folks if you have a question and don't know who to ask.

You can reach them toll-free on our Administrator Help Line at 1-833-252-4220



The Class Counsel Team are your lawyers. They work for you, calls are confidential, and there's no charge to talk with them.




They can help you with claims for Specified Injuries Compensation or legal questions about the class action settlement.

You can reach them toll-free on our Class Counsel Help Line at 1-833-265-7589





There is a deadline! If your First Nation has not already submitted a form for you, then you must submit one for yourself **by March 7, 2023**

**This form has three parts you must fill out, and two parts that are optional.
The three parts you must fill out are...**

	Part 1: Your Name and Key Details	This is where you share key details like your name and birthday, your address and contact numbers, payment info, and a copy of your ID. This allows us to create a file for you.
	Part 2: Where You Lived	Here, you'll tell us about the place (or places) where you lived. We use this information to figure out how long you suffered under long-term drinking water advisories.
	Part 3: Authorization	This is where you agree to the terms and conditions, promise the information you gave us is correct, and give us permission to review and decide your application.

The next two parts are optional. You do not have to fill them out unless you want to make a claim for additional compensation for Specified Injuries, or you do not have any identification.

	Part 4: Specified Injuries	This section is where you can claim for additional compensation if you suffered serious, long-lasting injuries that were caused either by using water in accordance with the long-term drinking water advisory, or because you didn't have access to clean safe water because of a long-term drinking water advisory. Please note that you must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.
	Part 5: Sworn/ Affirmed Declaration	This is where you sign your name, promise the information you've given us is correct, and give us permission to review and decide your application for Specified Injuries compensation. Because the Specified Injuries compensation is <u>additional</u> to what everyone who suffered under a long-term drinking water advisory will get, an approved guarantor, such as a community leader, also needs to sign this section as your witness. This Part is also required if you do not have any identification.

 Tips and Pointers

- ✓ If you're unsure about anything, the Frequently Asked Questions (FAQ) page is a great place to start. It is available online at www.firstnationsdrinkingwater.ca
- ✓ If you're still unsure after looking at the FAQ page, please call the Administrator. Their contact info is on page 1.
- ✓ You should only submit this form once, so please make sure you gather all the info you need first. After you've submitted, please call the Administrator if you need to make a change or have any questions or concerns.
- ✓ There's a checklist at the end of this form to help you make sure you've filled out all the right sections. Instructions on how to submit this form are at page 14.
- ✓ Once the Administrator has sent a decision to you about your claim, no more changes to your form can be made.
- ✓ This process is governed by the Settlement Agreement and related documents, which are at www.firstnationsdrinkingwater.ca



If you want to make a Specified Injuries claim (Part 4) then you must fill out this form!



PART 1: YOUR NAME AND KEY DETAILS



Please **fill in all you can here, so we can process your claim.** What you write down should match what is on your government-issued ID. If a box doesn't apply to you, please just leave it blank.

First Name (required)	
Middle Name(s) (if applicable)	
Last Name (required)	
Other Name(s) known by (if applicable)	
Date of Birth (required)	Day ____ Month ____ Year ____
Please attach a <u>copy</u> of a government-issued ID to this Claim Form (required)	<input type="checkbox"/> I have attached a copy of my government-issued ID



We understand that you might not have all this information, but please fill in all you can. Note that you **must provide the Province and the name of your Band, and either your Indian Status Card Number and/or your Band Registration Number**

Social Insurance Number (if available)	_____ - _____ - _____
Indian Status Card Number	
Your Band Registration Number	
Name of the Band you are a Member of	
Province Where Your Band is Located	



What we need here is your **current mailing address or an address where you can be reached.** We also ask for your phone number and email, but if you don't have those that's fine, please just leave those boxes blank.

Street Name and Number	
Unit Number (if applicable)	
City / Town / Community	
PO Box (if applicable)	
Province/Territory	
Postal Code	
Country	
Home Telephone	
Mobile Telephone (if applicable)	
Email address (if applicable)	
If this address is in a First Nation, please indicate the name of the nation	
C/O Name (if applicable)	

\$ Payment Information

- ✓ Payments will be assessed and issued to eligible claimants after the end of the claims period
- ✓ The claims period ends on **March 7, 2023**, so payments will be in **mid-2023 or later**
- ✓ Compensation will depend on the total amount of funding available, and number of eligible claims received

If your claim is approved, we can pay you by cheque or by direct deposit. Which would you prefer?

Please **mail** me a cheque at the address I provided above



I have attached a completed direct deposit form or void cheque and would like you to pay me by **direct deposit**



Tips and Pointers for Direct Deposits

- ✓ If you'd like a direct deposit, you must attach a void cheque or direct deposit form to this claim form, so we know where to send the money.
- ✓ The bank account needs to be in your name. We can't send money to someone else's account. If your account changes, please contact the Administrator.
- ✓ We can only deposit to Canadian bank accounts.
- ✓ Please make sure the information you give us is correct. Once the money is deposited, we can't get it back or make replacement payments. For example, if you provide a family member's banking information instead of your own, we can't get that money back for you.
- ✓ If the void cheque or direct deposit form are invalid, we will mail your cheque instead.



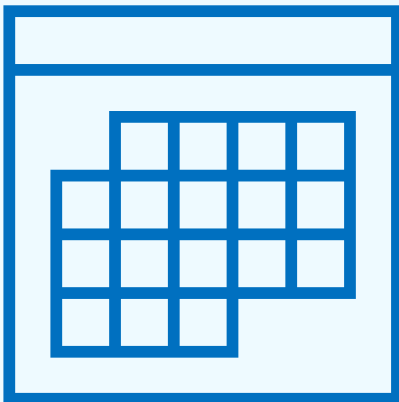
If you move after you send us this Claim Form, please make sure you contact the Administrator at 1-833-252-4220 and give us your new address!



PART 2: WHERE YOU LIVED

In this section, you'll **tell us about what reserve (or reserves) you lived on, and when**. We will use that information to figure out how much compensation you are eligible for.

There's a long table below, listing all the First Nations that had known long-term drinking water advisories in the timeframes covered by the settlement. As a reminder, a 'long-term drinking water advisory' means one that lasted for a year or longer.



Beside the name of each First Nation, there are date boxes. Please **fill in the date boxes next to the First Nation where you lived**, starting with the month and year you began living there, and ending with the month and year you stopped living there (if applicable).

*If you were born before November 20, 1995, then please share with us where you lived from **November 20, 2013 to June 20, 2021**.*

*If you were born on or after November 20, 1995, then please share with us where you lived from **November 20, 1995 to June 20, 2021**.*

Tips and Pointers for Part 2

- ✓ You only need to share the times and locations that you were living on any of the First Nations listed below. You don't need to share information about other times and locations.
- ✓ If you were under 18 when you lived on reserve and moved away from your community to attend school, that time should be treated as time spent living on reserve and included in the table below.
- ✓ If you lived in more than one First Nation on the list below, that's fine. Please complete the date information for all the listed First Nations that you lived in.
- ✓ If you have questions about why we're only asking for certain timeframes based on when you were born, please see the 'Limitations Periods' section of the online FAQ page. You can find it at www.firstnationsdrinkingwater.ca
- ✓ If you think your First Nation had a drinking water advisory that lasted a year or more, but you can't find it on the list below, please **call the Administrator** at 1-833-252-4220, or include the information in the 'Other First Nation(s)' section at the bottom.



British Columbia				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Sq'ewlets First Nation (also known as Scowlitz First Nation)	568	Jan 01, 2000 - Jun 07, 2002 Nov 01, 2005 – Mar 09, 2011	Month __, Year ____	Month __, Year ____
Stellat'en First Nation	613	Mar 13, 2012 - Apr 01, 2019	Month __, Year ____	Month __, Year ____
Sts'ailes Nation (also known as Chehalis Indian Band)	559	Jan 24, 2013 - Jun 01, 2014	Month __, Year ____	Month __, Year ____
Stswecem'c Xgat'tem First Nation (formerly Canoe Creek)	723	Mar 01, 1999 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
T'l'esqox First Nation (Toosey First Nation)	718	Nov 25, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
T'la'tlasikwala First Nation	632	Aug 04, 2017 – Nov 01, 2018	Month __, Year ____	Month __, Year ____
T'lt'q'et First Nation (formerly known as Lillooet Indian Band)	593	Jul 24, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Takla Lake First Nation (formerly known as Takla Land Band)	608	Jun 16, 2004 - May 02, 2008 Oct 18, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tsartlip	653	Oct 18, 2019 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tk'emlúps te Secwépemc (formerly Kamloops Indian Band)	688	Mar 14, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tl'azt'en First Nation	617	Jan 07, 2005 - Nov 16, 2018	Month __, Year ____	Month __, Year ____
Tl'etingox-t'In Government	712	Oct 04, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tobacco Plains Indian Band (Yaqit ʔa-knuqhi 'it First Nation)	603	Sep 11, 2008 - Oct 25, 2010	Month __, Year ____	Month __, Year ____
Toquaht Nation	666	Mar 27, 2002 - Mar 31, 2014	Month __, Year ____	Month __, Year ____
Tsal'ah (also known as Seton Lake Indian Band)	595	Jul 17, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tsay Keh Dene First Nation	609	Sep 25, 2006 - Dec 01, 2008	Month __, Year ____	Month __, Year ____
Ts'kw'aylaxw First Nation (also known as Pavilion Indian Band)	594	Oct 13, 2004 - Jun 28, 2006	Month __, Year ____	Month __, Year ____
Ts'ideldel First Nation (formerly known as Alexis Creek)	710	Apr 01, 1999 - Oct 12, 2018	Month __, Year ____	Month __, Year ____
Ucluelet First Nation (Yuuluʔiʔath Government)	668	May 20, 2014 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Upper Nicola First Nation	697	Jul 19, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Upper Similkameen First Nation	599	May 17, 2018 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Westbank First Nation	601	Aug 05, 2008 - Nov 12, 2020	Month __, Year ____	Month __, Year ____
Wet'Suwet'En First Nation	725	Mar 13, 2012 - Mar 18, 2021	Month __, Year ____	Month __, Year ____
Whispering Pines/Clinton Indian Band	702	Feb 20, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Williams Lake First Nation	719	Jul 01, 2000 – Jun 27, 2005 Sep 09, 2005 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Xat'súll First Nation (formerly known as Soda Creek Indian Band)	716	Aug 08, 2001 - Sep 27, 2002 Sep 17, 2004 – Nov 04, 2005	Month __, Year ____	Month __, Year ____
Xaxli'p (also known as Fountain Indian Band)	592	Jul 22, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Xeni Gwet'in First Nation Government	714	May 01, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Xwisten (also known as Bridge River Indian Band)	590	Nov 19, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Yunesit'in First Nation	717	Apr 01, 1999 - Sep 30, 2002	Month __, Year ____	Month __, Year ____

Manitoba				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Beren's River First Nation	266	Jul 01, 2005 - Aug 21, 2006	Month __, Year ____	Month __, Year ____
Canupawakpa Dakota Nation	289	Mar 26, 2014 - Sep 28, 2018	Month __, Year ____	Month __, Year ____
Fox Lake Cree Nation	305	Nov 28, 2014 - Dec 02, 2015	Month __, Year ____	Month __, Year ____
God's Lake Narrows First Nation	296	Apr 24, 2005 - Jul 29, 2019	Month __, Year ____	Month __, Year ____
Hollow Water First Nation	263	Dec 20, 2016 - May 02, 2018	Month __, Year ____	Month __, Year ____
Kinonjeoshtegon First Nation (also known as Jackhead First Nation)	268	Jul 07, 2016 - Jun 22, 2018	Month __, Year ____	Month __, Year ____
Lake Manitoba First Nation	271	Jun 23, 2014 - Mar 23, 2016 Apr 06, 2016 – May 08, 2017 Jun 13, 2019 – Dec 23, 2020	Month __, Year ____	Month __, Year ____
Little Grand Rapids First Nation	270	Aug 17, 2004 - Nov 16, 2005	Month __, Year ____	Month __, Year ____
Little Saskatchewan First Nation	274	Sep 26, 2019 – Mar 23, 2021	Month __, Year ____	Month __, Year ____
Long Plain First Nation	287	Jul 22, 2016 - Feb 08, 2018	Month __, Year ____	Month __, Year ____
Pauingassi First Nation	327	Sep 24, 2014 - Mar 16, 2018	Month __, Year ____	Month __, Year ____
Pinaymootang First Nation (formerly known as Fairford First Nation)	272	Apr 09, 2019 - Apr 17, 2019 Aug 24, 2012 - Apr 08, 2019	Month __, Year ____	Month __, Year ____
Pine Creek First Nation	282	May 01, 2003 - May 29, 2004	Month __, Year ____	Month __, Year ____
Sapotaweyak Cree Nation	314	Jul 10, 2019 - May 20, 2021	Month __, Year ____	Month __, Year ____
Sagkeeng First Nation (also known as Fort Alexander Indian Band)	262	Aug 05, 2016 - Mar 09, 2018	Month __, Year ____	Month __, Year ____
Shamattawa First Nation	307	Dec 06, 2018 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tataskweyak Cree Nation	306	May 17, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____

Manitoba First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Wuskwi Siphk First Nation	324	Oct 01, 2001 - Jan 14, 2005 Apr 24, 2014 – Jul 30, 2020	Month __, Year ____	Month __, Year ____

New Brunswick First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Buctouche MicMac Band (also known as Tjopogtotjg)	4	Jun 10, 2010 - Feb 14, 2014	Month __, Year ____	Month __, Year ____
Eel Ground First Nation	7	Oct 08, 2008 - Apr 10, 2019	Month __, Year ____	Month __, Year ____
Fort Folly First Nation	9	Mar 06, 2002 - May 24, 2005	Month __, Year ____	Month __, Year ____
Indian Island First Nation	10	Apr 07, 2005 - Jul 08, 2016	Month __, Year ____	Month __, Year ____
Pabineau First Nation	13	Jun 01, 2005 - Jul 14, 2016	Month __, Year ____	Month __, Year ____
Tobique First Nation (Neqotkuk)	16	Jul 19, 2007 - May 24, 2011	Month __, Year ____	Month __, Year ____
Welamukotuk First Nation (also known as Oromocto First Nation)	12	Aug 12, 2008 - Nov 27, 2009	Month __, Year ____	Month __, Year ____
Woodstock First Nation	17	Mar 01, 2005 - May 01, 2007	Month __, Year ____	Month __, Year ____

Newfoundland and Labrador First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Miawpukek First Nation	47	Oct 08, 2008 - Sep 06, 2011 Sep 10, 2014 – Jun 13, 2018	Month __, Year ____	Month __, Year ____

Nova Scotia First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Millbrook First Nation	27	Sep 15, 2006 - Feb 04, 2013	Month __, Year ____	Month __, Year ____
Potlotek First Nation (formerly known as Chapel Island)	22	Feb 13, 2015 - May 27, 2016	Month __, Year ____	Month __, Year ____

Ontario First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Alderville First Nation	160	May 29, 2013 - Feb 11, 2016	Month __, Year ____	Month __, Year ____
Algonquins Of Pikwàkanagàn First Nation	163	Jul 07, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Animakee Wa Zhing #37 (formerly known as Northwest Angle 37)	152	Oct 10, 2000 - Sep 03, 2020	Month __, Year ____	Month __, Year ____
Anishinaabeg Of Naongashiing First Nation	125	May 26, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Aroland First Nation	242	Sep 04, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Asubpeeschoseewagunk Netum Anishinabek (Grassy Narrows First Nation)	149	Mar 01, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Attawapiskat First Nation	143	Jan 01, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Bearskin Lake First Nation	207	Feb 21, 2002 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Big Grassy First Nation	124	Mar 01, 2017 - Apr 17, 2019	Month __, Year ____	Month __, Year ____
Biinjitiwaabik Zaaging Anishinaabek (also known as Rocky Bay First Nation)	197	Aug 10, 2015 - Aug 11, 2016	Month __, Year ____	Month __, Year ____
Cat Lake First Nation	216	Feb 07, 2002 - Jul 27, 2006 Oct 13, 2006 – Dec 17, 2018	Month __, Year ____	Month __, Year ____
Chippewas of Georgina Island First Nation	138	Apr 24, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Chippewas of Nawash Unceded First Nation	122	Jan 21, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Constance Lake First Nation	182	Jul 25, 2010 - Jul 03, 2012 Apr 10, 2014 – Sep 26, 2016	Month __, Year ____	Month __, Year ____
Couchiching First Nation	126	Apr 05, 2004 - Oct 03, 2005	Month __, Year ____	Month __, Year ____
Curve Lake First Nation	161	Aug 14, 2015 - Jun 06, 2018	Month __, Year ____	Month __, Year ____
Deer Lake First Nation	237	Nov 01, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Eabametoong First Nation	183	Aug 01, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Eagle Lake First Nation	148	Sep 20, 2002 - Aug 31, 2009	Month __, Year ____	Month __, Year ____
Fort Severn First Nation	215	Jul 01, 2001 - Dec 01, 2003 Feb 04, 2019 – Sep 25, 2020	Month __, Year ____	Month __, Year ____
Hiawatha First Nation	162	Jul 07, 2008 - Feb 28, 2019	Month __, Year ____	Month __, Year ____

Ontario				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Kashechewan Cree First Nation	243	Aug 12, 2003 - Jun 23, 2006	Month __, Year ____	Month __, Year ____
Keewaywin First Nation	325	Jun 23, 2004 - Apr 23, 2008	Month __, Year ____	Month __, Year ____
Kiashke Zaaging Anishinaabek (also known as Gull Bay First Nation)	188	Apr 30, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Kingfisher First Nation	212	Oct 22, 2004 - Sep 08, 2009	Month __, Year ____	Month __, Year ____
Kitchenuhmaykoosib Inninuway First Nation (Big Trout First Nation)	209	Jul 26, 2001 - Apr 16, 2003 Nov 18, 2005 - Aug 16, 2010	Month __, Year ____	Month __, Year ____
Lac La Croix First Nation	127	Feb 06, 2017 - Oct 25, 2018	Month __, Year ____	Month __, Year ____
Lac Seul First Nation	205	Jan 01, 1999 - Jan 07, 2020	Month __, Year ____	Month __, Year ____
Marten Falls First Nation	186	Jul 18, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mishkeegogamang Ojibway Nation	203	Aug 01, 2001 - Apr 20, 2007 Aug 22, 2013 - Aug 29, 2014 Mar 09, 2015 - Dec 19, 2017 Jun 10, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mississaugas Of Scugog Island First Nation	140	Oct 23, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mitaanjigamiing First Nation	133	May 25, 2020 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mohawks Of The Bay Of Quinte	164	May 22, 2003 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Moose Deer Point First Nation	135	Jan 01, 1998 - Dec 19, 2007	Month __, Year ____	Month __, Year ____
Muskrat Dam First Nation	213	Oct 24, 2003 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Naotkamegwanning First Nation	158	Sep 25, 2003 - Sep 29, 2005 Aug 31, 2006 - Jun 25, 2008 Aug 8, 2008 - Apr 8, 2010	Month __, Year ____	Month __, Year ____
Neskantaga First Nation	239	Feb 01, 1995 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Nibinamik First Nation	241	Sep 15, 2003 - Nov 10, 2004 Mar 23, 2007 - Nov 4, 2008 Feb 26, 2009 - Dec 5, 2011 Feb 5, 2013 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Nigigoonsiminikaaning First Nation (formerly known as Nicickousemenecaning First Nation and Red Gut First Nation)	129	Feb 05, 2019 - Sep 30, 2020	Month __, Year ____	Month __, Year ____
Nipissing First Nation	220	Apr 16, 2007 - Feb 20, 2015	Month __, Year ____	Month __, Year ____
North Caribou Lake First Nation (also known as Weagamow Lake and Round Lake)	204	Aug 01, 2001 - Nov 15, 2004 Nov 08, 2006 - Jun 01, 2009 Mar 03, 2020 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
North Spirit Lake First Nation	238	Aug 01, 2001 - Feb 27, 2019 Apr 05, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Northwest Angle #33 First Nation	151	Apr 11, 2011 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Netmizaaggamig Nishnaabeg (formerly known as Pic Mobert First Nation)	195	Oct 31, 2003 - Aug 11, 2006 Feb 26, 2008 - Dec 16, 2016	Month __, Year ____	Month __, Year ____
Niisaachewan Anishinaabe Nation (formerly Ochiichagwe' Babigo' Ining Ojibway Nation)	147	Oct 01, 2004 - Dec 21, 2006	Month __, Year ____	Month __, Year ____
Ojibway Nation Of Saugeen	258	Feb 20, 2015 - May 15, 2017 Apr 26, 2018 - June 20, 2021	Month __, Year ____	Month __, Year ____
Oneida Nation Of The Thames	246	Sep 26, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Pikangikum First Nation	208	Oct 01, 2000 - Jul 08, 2002 Oct 17, 2005 - Sept 17, 2018	Month __, Year ____	Month __, Year ____
Poplar Hill First Nation	236	Jul 18, 2006 - Oct 01, 2008	Month __, Year ____	Month __, Year ____
Red Rock Indian Band (Lake Helen Reserve)	193	Oct 13, 2009 - Jun 26, 2014	Month __, Year ____	Month __, Year ____
Sachigo Lake First Nation	214	Jun 07, 2016 - Apr 20, 2018 Oct 19, 2018 - June 20, 2021	Month __, Year ____	Month __, Year ____
Sandy Lake First Nation	211	Oct 10, 2002 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Serpent River First Nation	201	Sep 01, 2015 - Nov 08, 2017	Month __, Year ____	Month __, Year ____
Shoal Lake No 40 First Nation	155	Feb 18, 1997 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Slate Falls Nation	259	Jul 07, 2004 - Feb 05, 2018	Month __, Year ____	Month __, Year ____
Taykwa Tagamou Nation	145	Nov 02, 2005 - Oct 24, 2008 Apr 14, 2011 - Oct 28, 2016	Month __, Year ____	Month __, Year ____
Wabaseemoong Independent Nations	150	Aug 11, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Wabauskang First Nation	156	Dec 15, 2014 - May 15, 2017	Month __, Year ____	Month __, Year ____
Wabigoon Lake Ojibway Nation	157	Dec 07, 2001 - Sep 29, 2003	Month __, Year ____	Month __, Year ____
Wahta Mohawk	134	Sep 11, 2013 - Mar 31, 2021	Month __, Year ____	Month __, Year ____
Wapekeka First Nation	206	Jul 17, 2002 - Oct 05, 2007	Month __, Year ____	Month __, Year ____
Wasauksing First Nation	136	Dec 01, 1998 - Nov 21, 2012	Month __, Year ____	Month __, Year ____
Washagamis Bay First Nation (also known as Obashaandagaang Bay First Nation)	235	Dec 19, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Wauzhushk Onigum First Nation	153	Mar 14, 2003 - Jun 28, 2004	Month __, Year ____	Month __, Year ____
Wawakapewin First Nation	234	Mar 03, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____

Ontario				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Webequie First Nation	240	Jun 03, 2003 - Jun 27, 2007 Apr 02, 2009 – Oct 07, 2010 Apr 08, 2016 – Apr 24, 2018	Month __, Year ____	Month __, Year ____
Weenusk First Nation	146	Feb 15, 2006 - Dec 19, 2018	Month __, Year ____	Month __, Year ____
Wunnumin Lake First Nation	217	Mar 01, 2001 - Jun 13, 2005	Month __, Year ____	Month __, Year ____
Zhiibaahaasing First Nation	173	Aug 12, 2011 - Oct 16, 2013	Month __, Year ____	Month __, Year ____

Prince Edward Island				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Abegweit First Nation	1	Jan 10, 2008 - Nov 20, 2015	Month __, Year ____	Month __, Year ____

Quebec				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Communauté Anicinape de Kitcisakik	62	Jul 25, 2005 – Jul 27, 2013	Month __, Year ____	Month __, Year ____
Conseil des Innus de Pakua Shipu	88	Feb 14, 2003 – Nov 05, 2004	Month __, Year ____	Month __, Year ____
Conseil des Innus de Pessamit (also known as Pessamit Indian Reserve)	85	Aug 16, 2009 – Aug 24, 2012	Month __, Year ____	Month __, Year ____
Kitigan Zibi Anishinabeg	73	Aug 12, 1999 – Dec 11, 2017	Month __, Year ____	Month __, Year ____

Saskatchewan				
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Beardy's & Okemasis' Cree Nation	369	Nov 13, 2008 - Nov 19, 2009	Month __, Year ____	Month __, Year ____
Big Island Lake Cree Nation	399	Aug 20, 2013 - Jun 25, 2018	Month __, Year ____	Month __, Year ____
Black Lake Denesuline First Nation	317	Jan 16, 2007 - Sep 17, 2009 Apr 19, 2013 – Jan 23, 2021	Month __, Year ____	Month __, Year ____
Buffalo River Dene Nation	398	Mar 11, 2011 - Nov 30, 2012	Month __, Year ____	Month __, Year ____
Clearwater River Dene Nation	401	Apr 24, 2006 - Oct 31, 2019	Month __, Year ____	Month __, Year ____
Cote First Nation	366	Apr 16, 2007 - Feb 04, 2010	Month __, Year ____	Month __, Year ____
Cowessess First Nation	361	Feb 15, 2017 - Mar 22, 2018	Month __, Year ____	Month __, Year ____
Cumberland House Cree Nation	350	Jan 01, 2003 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Fishing Lake First Nation	390	Aug 15, 2007 - Jun 23, 2009	Month __, Year ____	Month __, Year ____
Fond Du Lac Denesuline First Nation	351	Jul 16, 2017 - Oct 19, 2018	Month __, Year ____	Month __, Year ____
Hatchet Lake Denesuline First Nation	352	Dec 22, 2004 - Jan 25, 2007	Month __, Year ____	Month __, Year ____
Kahkewistahaw First Nation	362	Jun 18, 2012 - Oct 01, 2014 Jun 03, 2015 – Oct 31, 2017	Month __, Year ____	Month __, Year ____
Keeseekoosie First Nation	367	Jul 04, 2005 - Nov 23, 2006 Aug 20, 2008 – Feb 05, 2010	Month __, Year ____	Month __, Year ____
Little Pine First Nation	340	Nov 14, 2018 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Muscowpetung Saulteaux Nation #80	381	Dec 19, 2006 - Jan 05, 2009	Month __, Year ____	Month __, Year ____
Muskowekwan First Nation	392	Jan 20, 2014 - Feb 25, 2015	Month __, Year ____	Month __, Year ____
Ministikwan Lake Cree Nation	397	Mar 09, 2007 - May 08, 2008 Aug 14, 2014 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Montreal Lake Cree Nation	354	Oct 17, 2010 - Oct 24, 2016	Month __, Year ____	Month __, Year ____
Moosomin First Nation	342	Mar 30, 2011 - Feb 10, 2014	Month __, Year ____	Month __, Year ____
Nekaneet First Nation	380	Aug 26, 2013 - Nov 30, 2016 Oct 26, 2017 – Mar 04, 2019	Month __, Year ____	Month __, Year ____
Okanese First Nation	382	Apr 11, 2006 - Mar 01, 2013	Month __, Year ____	Month __, Year ____
Peepeekisis Cree Nation	384	Apr 08, 2005 - Aug 01, 2007 Oct 21, 2009 – Nov 15, 2010 Apr 10, 2013 – June 20, 2021	Month __, Year ____	Month __, Year ____
Peter Ballantyne Cree Nation	355	Aug 25, 2015 - Nov 07, 2017 Aug 20, 2019 – Mar 22, 2021	Month __, Year ____	Month __, Year ____
Poundmaker Cree Nation	345	Sep 18, 2003 - Mar 20, 2018	Month __, Year ____	Month __, Year ____
Red Earth Cree Nation	356	Apr 20, 2006 - Dec 04, 2008 Sep 27, 2013 – May 13, 2015 Jun 24, 2016 – Mar 02, 2018	Month __, Year ____	Month __, Year ____

Saskatchewan					
First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year	
Saulteaux First Nation	347	Nov 06, 2012 - Sep 10, 2014	Month __, Year ____	Month __, Year ____	
Shoal Lake Cree Nation	357	Jun 07, 2006 - Nov 07, 2008	Month __, Year ____	Month __, Year ____	
Standing Buffalo Dakota First Nation	386	Jul 16, 2008 - Sep 02, 2009 May 9, 2018 – Jul 10, 2019	Month __, Year ____	Month __, Year ____	
Star Blanket Cree Nation	387	Jan 10, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____	
Sweetgrass First Nation	348	Jan 11, 2002 - Jan 26, 2017	Month __, Year ____	Month __, Year ____	
Wahpeton Dakota Nation	358	Aug 23, 2011 - May 29, 2015	Month __, Year ____	Month __, Year ____	
White Bear First Nation	365	Aug 02, 2007 - Jan 28, 2010 Sept 20, 2011 – Jun 15, 2021	Month __, Year ____	Month __, Year ____	

Other First Nation(s)/Periods of Residence

If you think a First Nation you lived on had a drinking water advisory that lasted a year or more anytime between November 20, 1995, to June 20, 2021, but you can't find that First Nation on the list above, then you can call us, or you can include that information here. We will investigate it and may need to ask you for additional information.

You can also use this section if you lived on a First Nation listed above for two or more separate periods of time.

First Nation	Province	First Nation / Band Number (Optional)	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
				Month __, Year ____	Month __, Year ____
				Month __, Year ____	Month __, Year ____



PART 3: AUTHORIZATION

✓ In this section, we **make sure that you acknowledge and agree to the following key terms and conditions** as part of submitting your claim:

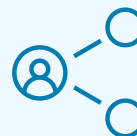


The Administrator handles claims applications, like the one you're making by submitting this form.

1. The Administrator's job is to process applications carefully, fairly, and efficiently, based on the instructions they are given and the information they are sent. They don't represent Canada, the First Nations, or First Nations members. They are not lawyers, and they don't offer legal advice.
2. Because the Administrator just administers the claims, it is not their job to identify or protect the legal rights of Canada, First Nations or First Nations members, or to raise issues that Canada, First Nations or First Nations members didn't raise.
3. Free legal advice is available to you from your lawyers. You can reach them toll-free on the Class Counsel Help Line at 1-833-265-7589.
4. As part of this claims process, the Administrator may contact you to ask for further information.

5. The Administrator, as part of this claims process, may disclose the information you provide and/or your amount of compensation, to any of the following groups: the First Nation where you are a member, the First Nation(s) where you lived, Canada, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water.

6. Canada, as part of this process, may disclose information in its possession to any of the following groups: the Administrator, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water



Privacy is important. The information you submit will be kept confidential except where we need to share it with others as part of this process.



You can find out more about the roles and memberships of these groups in the FAQ page available online at www.firstnationsdrinkingwater.ca

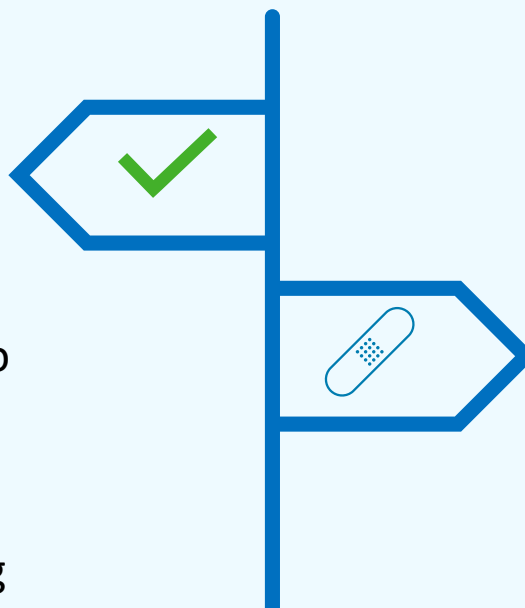
7. We will be relying on the information you provide, and **by signing and submitting this form you are confirming that all the information you've provided is true to the best of your knowledge.** Where someone has helped you fill out this form, you are also confirming that they read you everything they wrote on this form and everything they included with it or attached to it.

Your Declaration and Signature	<p>"Everything in this form is true to the best of my knowledge. I acknowledge, understand and agree to the key terms and conditions, and consent to the disclosure and use of my personal information in accordance with the above and the Settlement."</p> <p>_____</p> <p><i>You sign here</i> </p>
Print Your Full Name (<i>First, Last</i>)	_____
Date You Signed This Form	Day ____ Month ____ Year ____

✓ We also need someone to **witness** you signing this Claim Form. The witness does NOT need to read what you've written in this form or verify that what you have written is true. Anyone over the age of 18 can be your witness.

Declaration and Signature of Witness	<p>"I witnessed the person above sign this form."</p> <p>_____</p> <p><i>Your witness signs here</i> </p>
Print the Full Name of the Witness (<i>First, Last</i>)	_____
Date the Witness Signed this Form	Day ____ Month ____ Year ____

If you have filled out everything above, attached a copy of your ID, and are NOT claiming for Specified Injuries, then you're nearly done. Please use the Checklist on the last page to double-check everything, and then go ahead and submit your claim. Please **choose one** of the following ways to submit:



If you are claiming for Specified Injuries please continue to Parts 4 and 5, or if you don't have ID please continue to Part 5

By Regular Mail

Drinking Water Class Action
Claims Administrator, c/o Deloitte
PO BOX 160 STN Adelaide
Toronto, ON, M5C 2J2, Canada

-or-

By Email

firstnationswater@deloitte.ca

-or-

By Fax

647-738-5206

*Mail, email, or fax
all work for us, so
please choose
whichever one is
easiest for you*



After you submit your claim, the Administrator will get in touch to confirm they've received your claim. If you have questions at any point, you can call us at 1-833-252-4220



PART 4: SPECIFIED INJURIES

(This section is optional)

This part is optional. You don't have to fill it out. The intention of this settlement is to offer recognition and comfort to those that have suffered. Unclean and unsafe drinking water leads to suffering for everyone, but **some people suffered additional harms: serious and specific injuries directly caused by unclean water.** If that happened to you, then you can fill out this part and make a claim for additional compensation.



It is often difficult to talk about suffering. We don't want to re-traumatize anyone, so we've tried to keep this form as simple and matter of fact as we can. If emotional support would be helpful, please connect with the Hope for Wellness Help Line at 1-855-242-3310 or online at www.hopeforwellness.ca.

There are two levels of additional compensation. Here are the rules for making a claim:

Harm Level 1 is for serious harms that lasted more than a month but less than a year. To be eligible you must meet all the following criteria:

1. You must have suffered significant and prolonged health problems that harmed your quality of life and disrupted your well-being and/or daily activities.
2. The injuries must have been **directly caused by the Long-Term Drinking Water Advisory**, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water.

This means you must have followed the advisory instructions. For example, if a boil water advisory was in place, you must have followed the instructions and always boiled your tap water beforehand. This also means you must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.

3. The health symptoms must have persisted for a minimum of one month of consecutive days, up to/under one year.
4. You must have tried to get treatment for your injuries.

In many First Nations it can be difficult to access health care, so if you were not able to get treatment you can still make a claim, as long as you tried to get help from someone, such as an elder, community health leader, shaman, knowledge-keeper, traditional healer, medicine-person, nurse, or doctor.



Harm Level 2 is for serious harms that lasted more than one year. To be eligible you must meet all the following criteria:


1. You must have suffered significant and prolonged health problems that harmed your quality of life and disrupted your well-being and/or daily activities.
2. The injuries must have been **directly caused by the Long-Term Drinking Water Advisory**, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water.


This means you must have followed the advisory instructions. For example, if a boil water advisory was in place, you must have followed the instructions and always boiled your tap water beforehand. This also means you must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.

3. The health symptoms must have persisted for at least one year of consecutive days.
4. You must have gotten treatment for your injuries from a health-care practitioner.

A health-care practitioner can be any of the following: a traditional healer, a medicine-person, or a doctor.

- ✓ Compensation amounts for Specified Injuries will depend on how many eligible claims are made by Class Members. If you are eligible, your compensation will be based on the total number of eligible claims, the type of harm you suffered, and the level of that harm.
- ✓ You can choose more than one of the nine types of harm in the list below, but you can only choose one level of harm for each type. Please identify all that apply to you. If you choose several types of harm, the Administrator may contact you for additional clarification.
- ✓ You do not have to provide supporting documents or testimony to make a claim. But if you want to, when you submit your claim you can include things like (a) medical records of the injury and its cause; (b) other records, including written records, photographs, and videos, of the injury and its cause; (c) a written statement; or (d) oral testimony.

Type of Harm	Specified Injuries (Medical Diagnosis) Select (✓) any that apply	Symptoms & Health Care Provider(s) Please provide the name of health care practitioner(s) from whom you sought or received medical treatment for this injury	Harm Level 1	Harm Level 2
			More than 1 month, but less than 1 year	1 year or more 
1. Digestive (Gastroenterological) <i>(disorders affecting the stomach, intestines and associated organs)</i>	<input type="checkbox"/> Ingestion of Bacteria	Symptoms may include stomach cramps, nausea, diarrhea, abdominal pain, dehydration, constipation Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Viral infection			
	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health			
	<input type="checkbox"/> Stomach ulcers			
2. Respiratory/ Breathing	<input type="checkbox"/> Chlorine toxicity	Symptoms may include significant trouble breathing, painfully irritated airways or lungs, significant chest pain, shortness of breath, blue skin Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in respiratory or breathing injuries			
3. Dermatological <i>(condition involving skin, hair, and nails)</i>	<input type="checkbox"/> Skin Infections	Symptoms may include cellulitis (bacterial infection, swelling, redness), boils, dermal lesions, skin pigmentation, blisters, skin discoloration and fever) Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Dermal (Skin) lesions			
	<input type="checkbox"/> Chlorine toxicity			
4. Liver	<input type="checkbox"/> Viral Infection (Hepatitis A)	Symptoms may include discoloration of eyes and skin, swelling in legs and ankles, chronic fatigue, loss of appetite, abdominal pain, liver inflammation, liver failure Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ingestion of Bacteria			
	<input type="checkbox"/> Liver damage (cysts, lesions, toxicity)			
5. Neurological <i>(Brain/Nervous System)</i>	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in neurological injuries	Symptoms may include irritability, poor attention span, headache, insomnia, dizziness, memory loss, IQ deficits, behavioural effects in children Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in liver injuries			
6. Bloodstream Infections	<input type="checkbox"/> Infections contracted from using water for injections/ syringes/needles, including endocarditis	Symptoms may include: aching joints and muscles, chest pain, fatigue, flu-like symptoms, night sweats, shortness of breath, lower body swelling, heart murmurs Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Kidney	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in kidney injuries	Symptoms may include: kidney damage, kidney lesions, kidney failure Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Tumors or Cancer	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in tumors or cancer	Symptoms may include: tumors, cancer Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>

Type of Harm	Specified Injuries (Medical Diagnosis) Select (✓) any that apply	Symptoms & Health Care Provider(s) Please provide the name of health care practitioner(s) from whom you sought or received medical treatment for this injury	Harm Level 1	Harm Level 2
			More than 1 month, but less than 1 year	1 year or more 
9. Mental Health	<input type="checkbox"/> Depression (Major depressive disorder or Persistent depressive disorder)	Symptoms may include: Depressed Mood, Diminished Interest or Pleasure, Significant Weight Loss or Weight Gain, Insomnia or trouble with sleep, Agitation, Fatigue, loss of energy, inability to distinguish between what is real and what only seems to be real, Diminished ability to think or concentrate, or indecisiveness, Recurrent thoughts of death, suicide attempt Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Panic Disorder (<i>an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes</i>)	Symptoms may include: Palpitations, pounding heart, or accelerated heart rate, Sweating, Trembling or shaking, Shortness of breath or smothering, Feelings of choking, Chest pain/discomfort, Nausea, Dizzy, lightheaded or faint, Chills or heat sensations, Numbness or tingling sensations, feelings of unreality, or being detached from oneself, Fear of losing control, Fear of dying Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Substance Addictions/ Use Disorders Any one of the following: <ul style="list-style-type: none"> - Alcohol Use Disorder - Cannabis Use Disorder - Tobacco Use Disorder - Sedative, Hypnotic, Anxiolytic Use Disorder 	Symptoms may include: Consumption of large amounts substances or over long period of time, Cannot cut down or control use, Time spent to obtain, use, or recover from consumption, Strong desire/urge to use, Unable to fulfil obligations at work, school or home due to use, Social, occupational, or recreational activities given up because of use, Using even if physically hazardous, A need for increased amounts to achieve intoxication or desired effect, Taken to relieve or avoid withdrawal symptoms Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Post-traumatic Stress Disorder (PTSD) (<i>Exposure to actual or threatened death, serious injury</i>)	Symptoms may include: Experiencing repeated or extreme exposure to aversive details of the traumatic event(s), Experiencing repeated or extreme exposure to details of the traumatic events, Avoidance of distressing memories, thoughts, or feelings about traumatic event(s), Negative changes in brain functioning (thinking) and mood associated with the traumatic event(s), Marked changes in behaviour, typically expressed as verbal or physical acting out toward people or objects, Duration of disturbance is more than 1 month, Behavioural problems that have such a negative impact on daily life that help was needed from the healthcare system Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Specific Phobia <i>(Fear or anxiety about a specific object or situation e.g., flying, heights, animals, seeing blood, etc.)</i>	Symptoms may include: The phobic object/situation provokes immediate fear or anxiety, actively avoided or endured with intense fear or anxiety, is out of proportion to the actual danger posed, is persistent, typically lasting for 6 months or more, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Symptoms are not explained by another mental disorder. Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Adjustment Disorder	Symptoms may include: Marked distress that is out of proportion to the severity or intensity of the stressor, significant impairment in social, occupational, or other important areas of functioning Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Generalized Anxiety Disorder	Symptoms may include: Excessive anxiety and worry, Difficulty controlling worry, Restlessness or feeling on edge, being easily fatigued, Difficulty concentrating or mind going blank, Irritability, Muscle tension, Difficulty falling or staying asleep, or restless/unsatisfying sleep, Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning Name of Health Care Practitioner: _____ Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>



PART 5: SWORN/AFFIRMED DECLARATION

You DO NOT need to complete this part UNLESS...



you are making a claim in Part 4 for Specified Injuries compensation because you suffered serious and specific injuries that were directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water, **or**



you don't have a copy of your Personal ID



If either of the above apply to you, please complete this part

- ✓ This part of the Claim Form contains a “sworn declaration” where you swear or solemnly affirm, in front of a guarantor, that everything you have told us about your injuries in Part 4, or your identity in Part 1, is true
- ✓ If you are claiming for injuries, in this section you will also swear or solemnly affirm in front of your guarantor that those injuries were directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water
- ✓ Your guarantor must be one of the following...
 - *a community leader such as your Chief or a member of council*
 - *any other elected official*
 - *a Notary Public*
 - *a Commissioner of Oaths*
 - *a lawyer (including Class Counsel), doctor, or accountant*
 - *a police officer*
 - *any other person listed in the 'Guarantor' section of the FAQ page at www.firstnationsdrinkingwater.ca*
- ✓ Your guarantor must witness you signing this section of the Claim Form. They do NOT need to read what you've written in this Claim Form but they DO need to confirm that the name you have provided is accurate
- ✓ Your guarantor also needs to describe their office and provide their contact information

PART 5 (CONTINUED): DECLARATION REGARDING SPECIFIED INJURIES AND/OR IDENTITY



If you are claiming for Specified Injuries in Part 4, or do not have ID, then you must fill in this section and sign it in front of your guarantor...



Your Declaration and Signature	<p>“By signing this Declaration in front of my guarantor, I am swearing or solemnly affirming that the following statements are true, to the best of my knowledge:</p> <ol style="list-style-type: none"> 1. I accurately and fairly described any specified injury or injuries I claimed in Part 4. 2. Any specified injury or injuries that I claimed in Part 4 were directly caused by using treated or tap water in accordance with the Long-Term Drinking Water Advisory, or by restricted access to treated or tap water caused by the Long-Term Drinking Water Advisory. 3. Any specified injury or injuries that I claimed in Part 4 had commenced during the Long-Term Drinking Water Advisory period I have claimed. 4. I have correctly and accurately identified myself, and if I have not provided a copy of a piece of government issued ID, it is because I do not have one.” <p>_____</p> <p><i>You sign here</i> </p>
Print Your Full Name (<i>First, Last</i>)	
Date You Signed This Form	Day ____ Month ____ Year ____






...and your Guarantor must fill in this section and sign it



Guarantor Full Name (<i>First, Last</i>)		
Guarantor Type (e.g. Chief, Councillor, etc.)		
Guarantor Organization/Affiliation		
Guarantor’s Address and Contact details		
Street Name and Number	Unit Number (if applicable)	City/Town/Community
Province/Territory	Postal Code	Country
Guarantor Telephone Number	Guarantor Email Address (if applicable)	
Declaration and Signature of Guarantor	<p>“I witnessed the person above sign this form, and confirm that the name they have provided is accurate. I consent to the disclosure and use of my personal information to contact me on these matters if necessary.”</p> <p>_____</p> <p><i>Your guarantor signs here</i> </p>	
Date Your Guarantor Signed this Form	Day ____ Month ____ Year ____	

CLAIM FORM - SUBMISSION CHECKLIST



Before submitting this Claim Form, please use this checklist to make sure your submission is complete.

	<p>Part 1: Your Name and Key Details</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> ✓ Filled in all the key details (name, date of birth, ID numbers, band, mailing address and phone number, etc.) ✓ Told us how you'd like to be paid if your claim is approved <p>Once you've done that, please also make sure you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attach a copy of your government-issued ID, and <input type="checkbox"/> If you chose the 'direct deposit' option, attach a void cheque or direct deposit form for your bank account
	<p>Part 2: Where You Lived</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> ✓ Filled in the dates and locations according to the instructions
	<p>Part 3: Authorization</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> ✓ Read and understood the key terms and conditions ✓ Read and understood the declaration ✓ Signed the declaration in front of a witness, and had the witness sign too ✓ Printed your name and the name of the witness, and the date you signed

	<p>Part 4: Specified Injuries (Optional)</p>	<p>This section is optional. If you decided to fill it out, please make sure you have:</p> <ul style="list-style-type: none"> ✓ Only claimed additional compensation for serious and long-lasting injuries directly caused by the water or a lack of water ✓ Completed the checklists for the type of injury <i>and</i> the level of harm you suffered ✓ Attached any documents and records you want (note that you aren't required to include these; they are optional)
	<p>Part 5: Sworn/ Affirmed Declaration (Only if you are claiming in Part 4 or do not have ID)</p>	<p>If you are claiming Specified Injuries compensation in Part 4, or you don't have government ID, then please make sure you have:</p> <ul style="list-style-type: none"> ✓ Signed the declaration in front of a guarantor, and had the guarantor sign too ✓ Printed your name and the date you signed ✓ Printed the guarantor's name and contact information, and the date the guarantor signed

Please make a copy of your form for your records before submitting. And that's it. Information on how to submit your claim is on page 14. Thanks!

