



# Children's Special Allowance Settlement

## Claim Registration Form

 **Deadline: January 5, 2027**

## Introduction

Welcome to the Claim Registration Form for the Children's Special Allowance Class Action Settlement.

Completing this form is required for a Claimant to apply for potential compensation if the Claimant is or was a provincially funded Child-in-Care (also referred to as a Ward) of one or more Manitoba Child and Family Services (CFS Agency) between January 1, 2005, and March 31, 2019.

Before filling out this form, read this entire Claim Registration Form, along with the Notice of Approved Settlement at: [www.CSASettlement.com](http://www.CSASettlement.com).

If the Claimant is or was a Child-in-Care of the Metis or Michif CFS Agencies, please go to: [www.metiscsaaction.ca](http://www.metiscsaaction.ca)

## Steps to Apply

- ✓ **Fill out the Claim Registration Form:** Provide all necessary information about yourself and your time in care (or the Claimant you are representing). Complete one Claim Registration Form for each person who is a current or former Child-in-Care.
- ✓ **Attach required documents:** Include your government-issued ID and any other required documents.
- ✓ **Choose your preferred payment method:** Decide how you want to receive your potential compensation, if assessed as eligible.
- ✓ **Submit your form:** Make sure to submit your form by the **January 5, 2027** deadline.

## Submission Methods:

- **Online:** Through the Claims Administrator's website at [www.CSASettlement.com](http://www.CSASettlement.com)
- **Email:** Send to [Claims@CSASettlement.com](mailto:Claims@CSASettlement.com)
- **Mail or In-Person:** 1 – 554 St. Mary's Road, Winnipeg, MB, R2M 3L5
- **Fax:** 204-957-5195

## Questions? Need Help Completing the Form?

### Contact Exchange Solutions Inc.

*Children's Special Allowance Class Action Settlement Fund*

*Claims Administrator*

**Phone:** 1-204-947-7101 or 1-844-947-7101

**Email:** [Questions@CSASettlement.com](mailto:Questions@CSASettlement.com)

**Website:** [www.CSASettlement.com](http://www.CSASettlement.com)

## Step 1: Eligibility Declaration

**I am registering as the:** (Choose one)

- Claimant** (former Child-in-Care who is over 18 years of age).
- Representative** of the Claimant who is a current Child-in-Care.
- Representative** of the Claimant who is a former Child-in-Care.
  
- As the Claimant or Representative of the Claimant, I am registering my / the Claimant's participation for the Children's Special Allowance Class Action Settlement and declare that I have read the Class Action Settlement Eligibility Criteria and hereby declare that the Claimant is eligible.

**\*\*If you know the CFS Agency that you / the Child-in-Care was in the care of, please fill out Appendix "B"\*\*\***

## Step 2: Information about the Current or Former Child-in-Care

Please provide the following information to identify the Claimant (current or former Child-in-Care). This information is required to assist in verifying eligibility for participation in the Children's Special Allowance Class Action Settlement.

Current or Former Child-in-Care Information	
<b>Full legal name that appears on current government-issued identification:</b>	
Last Name:	Legal First and Other Given Names:
<b>Legal name(s) while a Child-in-Care, if different from your current legal name:</b>	
Last Name:	Legal First and Other Given Names:
Common or Nick Name (if different):	
Date of Birth (MM/DD/YYYY):	Social Insurance Number:
Indian Status Card Number, Band Number or Metis Citizenship Number:	
Child and Family Services Information System (CFSIS) or CFS Agency's Previous System Identification Number (if known):	
CSA Number (if known):	CFS File Number (if known):
Current Address and Contact Information	
Current Address:	
City/Town/Community:	
Province:	Postal Code:
Telephone Number:	Alternate Telephone Number:
Email Address:	Alternate Email Address:

## Parent Information

Mother's Legal First and Last Name(s) at time of placement(s) as a Child-in-Care:

Father's Legal First and Last Name(s) at time of placement(s) as a Child-in-Care:

## Claimant's Family Home Address(s) when the Claimant entered as a Child-in-Care at the CFS Agency – Attach additional sheet if required

Address:

City/Town/Community:

Province:

Postal Code:

## Foster Parent Information

Foster Parent's Mothers' and Fathers' First and Last Name(s) (if known)

In what City, Town, or Community did the Claimant live while a Child-in-Care? (include years if known)

## Claimant Identification Verification

To confirm the identity of the Claimant, we require a **copy of 1** of the following government-issued identifications for the current or former Child-in-Care. The identification must **include a photo** and is current (**not expired**). The identification must display the individual's name and **date of birth**.

Select the type of identification to be included with the Claim Registration Form (select one):

- Driver's License:** Issued by any Canadian province or territory.
- Passport:** Canadian or foreign, must be valid.
- First Nation/Indigenous Government ID:** Issued by any First Nation/Indigenous Government.
- Provincial or Territorial Identification Card:** Issued by any Canadian province or territory, including Manitoba Identification Card.
- Permanent Resident Card:** Issued by Immigration, Refugees and Citizenship Canada (IRCC).
- Secure Certificate of Indian Status (SCIS) Card:** Issued by Indigenous Services Canada.
- Métis Citizenship and Harvester Identification Card:** Issued by the Manitoba Metis Federation.
- Military Identification Card:** Issued by the Canadian Armed Forces.
- Canadian Firearms License (Possession and Acquisition License):** Issued by the Royal Canadian Mounted Police (RCMP).
- Enhanced Driver's License (EDL):** Issued by Manitoba Public Insurance (MPI).
- Other:** Additional supporting ID may be provided including Birth Certificate, Fishing License, Hunting License, Prison/Correctional ID, Manitoba Health Card.

## Step 3: Representative Contact Information (if applicable)

If you are completing this form on behalf of the Claimant, please provide your information below. Representatives are individuals with legal authority to act on behalf of the Claimant.

Representative Information	
Last Name:	Legal First and Other Given Names:
Organization:	Role/Title:
Current Address and Contact Information	
Street Address:	
City/Town/Community:	
Province:	Postal Code:
Phone Number:	Alternate Phone Number:
Fax Number:	Other Contact Information:
Email Address:	Alternate Email Address:
Your Relationship to the Current or Former Child-in-Care	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> CFS Agency <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor of an Estate <input type="checkbox"/> Administrator of an Estate	<input type="checkbox"/> Public Guardian and Trustee <input type="checkbox"/> Trustee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Chief and Council <input type="checkbox"/> Substitute Decision Maker <input type="checkbox"/> Other:
Claimant's Date of Death (MM/DD/YYYY) if deceased:	
Authorization Verification	
<p>We require a copy of your current (<b>not expired</b>) government-issued photo identification and a <b>copy of court-issued documentation</b> (not required if this form is completed by a CFS Agency for a child currently in care) that confirms your authority to legally represent the claimant.</p> <p><b>Example:</b> If you are filing as the Executor or Administrator of an Estate, include a copy of the Death certificate and proof of Probate or Letters of Administration. If you are filing as a Power of Attorney include a copy of the Executed Power of Attorney document.</p>	

## Step 4: Name Change or No Identification

**Name change from when a Child-in-Care?** If the Claimant's legal name has changed from when the Claimant was a Child-in-Care, provide government-issued documentation such as a marriage certificate or name change certificate.

**No Identification?** If the Claimant or Representative does not have one of the approved government-issued photo identifications, arrange to have the Claims Administrator's **Declaration of Guarantor for Proof of Identity Form** completed and include with your submission. To obtain the form, visit the Claims Administrator's website ([www.CSASettlement/Documents](http://www.CSASettlement/Documents)) or contact the Claims Administrator.

## Step 5: Payment Information and Options

**Under 18 years of age:** If the Claimant is under 18 years of age, any potential compensation payment, subject to any further order from the Court, will be held in trust until the Claimant turns 18 years old at which time the Claims Administrator will provide the Claimant options to receive their compensation payment.

**Over 18 years of age:** If the Claimant is over 18 years old, select the method of distribution for any potential compensation payment (select one):

- All or part of the potential compensation payment held in trust (if selected, the Claims Administrator will contact you to discuss options for payment of the total compensation amount held in trust over a time period of up to three (3) years)
- Cheque sent to the Claimant's current mailing address
- Cheque sent to the Representative's current mailing address
- Direct Deposit (attach a Direct Deposit Form or Void Cheque)
- Unsure at this time

**Note: If your Claim is eligible, all Compensation Payments will only be issued in the name of an Eligible Claimant.**

**Cheques:** If you select the Cheque method of payment, the Cheque will be issued in the name of the Claimant and not the Representative or any other person.

**Direct Deposit:** The name of the bank account holder must be the same as the Claimant. Funds cannot be recovered if incorrect information is provided, and funds are deposited in the wrong bank account. Replacement payments will not be issued. For example, if you provide a family member's banking information and not your own, we cannot recover the funds for you.

If the Claimant does not have a bank account, Direct Deposit is not possible.

If you select Direct Deposit but do not provide a valid Direct Deposit Form or Void Cheque with the above requirements, the Claimant will be mailed a Cheque to expediate payment.

## Step 6: Communication Preferences

What method should the Claims Administrator communicate with you about claim updates or additional information requests?

<p><u>Who</u> should the Claims Administrator communicate with (select one):</p> <p><input type="checkbox"/> Claimant <input type="checkbox"/> Representative</p>	<p><u>How</u> should the Claims Administrator communicate (select one):</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax</p>
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**For the selected contact, provide the following information:**

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

## Step 7: Acknowledgement, Authorization, and Declaration

**In making this claim as a Class Member, or on behalf of a Class Member, I acknowledge that:**

1. *The Class Member is subject to the terms of the Settlement Approval Order which limits my recovery to the amount that the Claims Administrator shall determine, having regard to the eligibility and compensation criteria that the Claims Administrator shall apply.*
2. *Subject to a limited ability to seek reconsideration of a decision of the Claims Administrator as set out in the Claims Administration Procedure, I acknowledge that any decision of the Claims Administrator with regards to eligibility and/or compensation is final and is not subject to appeal or any review in any fashion.*
3. *Any recovery is limited to the Claims Administration Procedure and any claims for payment, compensation or damages of any kind against the Government of Manitoba is prohibited by terms of the Settlement.*
4. *If I do not submit a Claims Registration Form by the Claims Registration Deadline, my claim may be barred and extinguished forever.*
5. *I hereby authorize the CFS Agency(s), Government of Manitoba and/or Government of Canada or any other entity to release any information, documentation and payments information (if any) to confirm my time as a Child-in-Care and / or personal identification to the Claims Administrator (Exchange Solutions Inc.) for the purpose of determining my eligibility under the Children's Special Allowance Class Action Settlement Criteria. I understand that if I wish to revoke this consent, I must do so in writing. I acknowledge that this consent will remain in full force and effect until expressly revoked by me.*
6. *I declare that the information given on this application is true and complete; and I acknowledge, agree and meet the Terms and Conditions of the Children's Special Allowance Class Action Settlement Criteria.*
7. *I declare that to my knowledge, I am the only person filing a Claim Registration Form as, or on behalf of, the Claimant, and that only the Child-in-Care of the CFS Agency is eligible to potentially receive compensation payment(s) from the Children's Special Allowance Class Action Settlement Fund.*
8. *I acknowledge that the Claims Administrator has sole discretion in following the court-approved Children's Special Allowance Class Action Settlement Fund criteria to request additional information, supporting documentation, etc.*
9. *Save and except for any gross negligence or wilful misconduct on their part, I hereby release any and all claims against the Claims Administrator, the Representative Plaintiffs, and Class Counsel arising during the Class Period and Claims Administration Period relating to the subject matter of the Flette/ Lavallee Actions, including in relation to the Administration Process, regardless of cause of action, type of loss or damage, or relief sought, and including, without limitation, any and all past, present, demands, suits, proceedings, payment of obligations, adjustments, executions, offsets, actions, causes of action, costs, defences, debts, sums of money, assertions of rights, accounts, reckoning, bills, bonds, covenants, contracts, controversies, agreements, promises, expenses (including without limitation court costs, legal fees and disbursements), requests for relief of any kind, statutory or regulatory obligations, judgments or any liabilities of any nature whatsoever, whether statutory, in law, equity, civil or criminal, whether sounding in tort, contract, equity, nuisance, trespass, negligence or strict liability, which have been asserted in the Flette/Lavallee Actions.*
10. *I declare under penalty of the laws of the Province of Manitoba that the foregoing in this Claim Registration Form is true and correct.*

Claimant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_  
(If Over 18 years old)

Representative Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_



## Step 8: Delivery of Claim Registration Form

Submit your Claim Registration Form and attachments by **January 5, 2027** to **Exchange Solutions Inc.** using any one of the following:

- **Online:** Through the Claims Administrator's website at [www.CSASettlement.com](http://www.CSASettlement.com)
- **Email:** Send to [Claims@CSASettlement.com](mailto:Claims@CSASettlement.com)
- **Mail or In-Person:** 1 – 554 St. Mary's Road, Winnipeg, MB, R2M 3L5
- **Fax:** 204-957-5195

**Please make sure to keep a copy of your Claim Registration Form package and any attached documents for your personal records.**

**Do not send in original documents** – clear photocopies or pictures will be accepted. The Claims Administrator cannot guarantee that any original documents sent will be returned.

## Claims Administrator Next Steps

You will be contacted by the Claims Administrator about your eligibility:

- If you are eligible, you will receive either a Notice of Eligibility and Settlement Payment or Notice of Eligibility and Settlement Amount Held in Trust that you may be entitled to receive (if any) from the Children's Special Allowance Class Action Settlement fund.
- If you are advised that you are not eligible, you will be provided with the opportunity to submit, within a set timeframe, any additional information/documentation that you believe may assist the Claims Administrator in assessing your eligibility. Subsequently, the Claims Administrator will provide a final communication of your eligibility or ineligibility.

## Questions? Need Help Completing Your Form?

Please direct any questions you have regarding the Claim Registration Form to **Exchange Solutions Inc.** to any one of the following:

**Phone:** 1-204-947-7101 or 1-844-947-7101

**Email:** [Questions@CSASettlement.com](mailto:Questions@CSASettlement.com)

**Website:** [www.CSASettlement.com](http://www.CSASettlement.com)

## Appendix A: CFS Agencies and Communities Served

### First Nations of Northern Child and Family Services Agencies:

AGENCY	COMMUNITIES SERVED
<b>Awasis Agency of Northern Manitoba</b>	Barrens Land, Brochet, Bunibonibee Cree Nation (Oxford House), Fox Lake, God's Lake Narrows, Manto Sipi (Gods River), Northlands, Denesuline (Lac Brochet), Sayisi Dene (Tadoule Lake), Shamattawa, Tataskwayek (Split Lake), War Lake, York Factory.
<b>Cree Nation Child and Family Caring Agency</b>	Chemawawin (Easterville), Lynn Lake, Marcel Colomb, Mathias Colomb (Puketawagon), Misipawistic (Grand Rapids), Mosakahiken (Moose Lake), Sapotaweyak (Shoal River), Wuski Sipi (Birch River).
<b>Island Lake First Nations Family Services</b>	Garden Hill, Red Sucker Lake, St. Theresa Point, Wasagamack.
<b>Kinosao Sipi Minisowin Agency</b>	Norway House Cree Nation.
<b>Nikan Child and Family Services</b>	Pimicikamak Cree Nation (Cross Lake).
<b>Nischawayasihik Cree Nation Family and Community Services</b>	Nelson House, O-Pipon-Na-Piwin Cree Nation (South Indian Lake).
<b>Opaskwayak Cree Nation Child and Family Services</b>	Opaskwayak Cree Nation.

### The Southern First Nation Network of Care Agencies:

AGENCY	COMMUNITIES SERVED
<b>Animikii Ozoson Child and Family Services</b>	Primarily First Nation Communities in Ontario and secondary to various First Nation Communities in Manitoba.
<b>Anishinaabe Child and Family Services – West</b>	Dauphin River, Lake Manitoba, Lake St Martin, Little Saskatchewan, Pinaymotang.
<b>Dakota Ojibway Child and Family Services</b>	Birdtail Sioux, Canupawakpa, Dakota Plains, Dakota Tipi, Long Plain, Roseau River, Swan Lake.
<b>Dakota Tiwahe Services</b>	Sioux Valley Dakota Nation.

AGENCY	COMMUNITIES SERVED
<b>Intertribal Child and Family Services</b>	Fisher River.
<b>Peguis Child and Family Services</b>	Peguis.
<b>Sagkeeng Child and Family Services</b>	Sagkeeng.
<b>Sandy Bay Child and Family Services</b>	Sandy Bay Ojibway.
<b>Southeast Child and Family Services</b>	Berens River, Black River, Bloodvein, Brokenhead, Buffalo Point (services delivered by Animikii as per an Agreement), Hollow Water, Little Grand Rapids, Pauingassi, Poplar River.
<b>West Region Child and Family Services</b>	Ebb and Flow, Gamblers, Keeseekoowenin, Ochichakkosipi, Pine Creek, Rolling River, Skownan, Tootinaowaziibeng (Valley River), Waywayseecappo.

### The General Child and Family Services Authority Agencies/Regions:

AGENCY	COMMUNITIES SERVED
<b>Child and Family Services of Central Manitoba</b>	Central region of Manitoba including Portage la Prairie and surrounding areas.
<b>Child and Family Services of Western Manitoba</b>	Western region of Manitoba including Brandon and surrounding areas.
<b>Jewish Child and Family Service</b>	Jewish community within Winnipeg and surrounding areas.
<b>Rural and Northern Services - Regions</b>	Rural and Northern communities throughout Manitoba, excluding those specifically served by First Nations agencies.
<b>Winnipeg Child and Family Services Region</b>	City of Winnipeg.

## Appendix B: CFS Agencies Where Claimant was a Child-in-Care

Under the Children’s Special Allowance Class Action Settlement criteria, a Claimant may claim for the months/years the Claimant was a provincially funded Child-in-Care with a CFS Agency(s) between January 1, 2005 and March 31, 2019.

In the table below, list all in-care CFS Agencies and the months/years (if known). If you are uncertain of the actual months/years, provide the approximate months/years.

If you are a CFS Agency completing this form, provide any other CFS Agencies the Claimant was a Child-in-Care.

If required, please make additional copies of this form.

Check here if you are uncertain of the in-care CFS Agency or CFS Agencies.

AGENCY See Appendix A for List of Agencies	START (MM/YY)	END (MM/YY)