

**NOVA SCOTIA HOME FOR COLORED CHILDREN (NSHCC)**  
**CLASS ACTION SETTLEMENT**  
[www.nshccclaim.ca](http://www.nshccclaim.ca)

Dear Former Resident,

All people who were placed into the Nova Scotia Home for Colored Children (“The Home”) between 1921 and 1989 can claim compensation under the class action settlement.

The first step for you in making a claim for compensation under the settlement will be to fill out this Claim Form. You are filling out this form because you are a former resident of the Home and wish to claim compensation under the class action settlement.

You may find filling out this Claim Form to be difficult. If so, there is a support network available to help you. The **Family Service Network** can provide counseling and other supports. They can be contacted toll-free at **1-866-330-5952**. They can also put you in touch with a support group of other former Home residents, if you wish.

If you are in Nova Scotia and you feel you are in a crisis situation where you need immediate help, please contact the **Provincial Mental Health Crisis Line at 1-888-429-8167**.

Take the time you need to fill in this Claim Form to the best of your ability. The expectation is that you fill this Claim Form honestly.

This settlement is a symbolic acknowledgment of the harms suffered by former residents of the Home. It is one part of a larger process intended to contribute to the healing of former residents that will also include:

- (1) Health Supports that have been put into place for former residents; and,
- (2) A *Restorative Inquiry* that will try to understand the context, causes, and impact of the harms of the former residents.

Your answers will be kept confidential. They will only be seen by those people involved in the assessment of your claim. However, if you wish the details of your experience to be shared as part of the *Restorative Inquiry* process, to help the Inquiry process better understand what happened, you can indicate that on page 13 of this document.

Each person seeking to claim for compensation must complete and return a separate Claim Form. Do not submit claims for more than one person using the same Claim Form.

To be eligible to receive compensation, a completed Claim Form must be received by the Claim Administrator no later than **FEBRUARY 27, 2015**, no exceptions will be made.

If you have questions about how to fill out the Claim Form, please contact the Claim Administrator directly at **1-800-801-2521** or by email at [info@nshccclaim.ca](mailto:info@nshccclaim.ca)

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**This Claim Form has 2 sections:**

**SECTION A is for the Common Experience Payment.**

- **Section A must be completed.**

All former residents of the Home are entitled to a Common Experience Payment. The Common Experience Payment is a symbolic acknowledgement that their shared common experience at the Home was wrong and that it may have caused harm to children.

**SECTION B is for the Independent Assessment Process Payment.**

- **Section B is optional.**

In addition to the Common Experience Payment, some residents of the Home experienced harm beyond the Common Experience.

While all former residents are entitled to and deserve acknowledgement and compensation for their shared common experience, there is an additional process intended to respond to those experiences of sexual and significant physical abuse that are beyond the common experience.

Sexual abuse, significant physical abuse, and/or serious psychological trauma are not common experiences.

To claim for this payment, after completing **SECTION A**, complete **SECTION B**.

The Claim Administrator will then help arrange a meeting with you and a Claims Evaluator to discuss the harm suffered while at the home and the lasting effects of such harm. The Claims Evaluator will determine the amount of compensation.

**CLAIM FORM QUESTIONS START ON THE NEXT PAGE.**

## CLAIM FORM

START HERE ↓

### SECTION A – COMMON EXPERIENCE PAYMENT

#### 1. YOUR/CLAIMANT INFORMATION

My first name is: \_\_\_\_\_

My middle name is: \_\_\_\_\_

My last name is: \_\_\_\_\_

I used to have another name or other names.

My other name or names or nicknames were: \_\_\_\_\_

*Leave blank if you did not have other names.*

My birthday is: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

I want to use this address to receive letters about my claim and any cheques from my claim:

Number and street name: \_\_\_\_\_

Apartment or unit number if you have one: \_\_\_\_\_

City or town: \_\_\_\_\_

Postal code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

If the claims office needs to call me, I want them to use this telephone number:

Area code: \_\_\_\_\_ Phone number: \_\_\_\_\_

*If you do not have a phone, put the number of someone you trust. This contact will only be used to help contact you. No details of your claim will be discussed with this contact person.*

My email address is: \_\_\_\_\_

*Leave above blank if you do not have an email address.*

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Do you/the former resident have a legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this claim submitted on behalf of a former resident who is now deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate date of death of the former resident, if deceased. <i>The Claimant must have been alive on June 3<sup>rd</sup> 2014 to make a claim.</i>	_____/_____/_____ YYYY    MM    DD

**2. LEGAL REPRESENTATIVE IDENTIFICATION**

(Fill out this section if you/the former resident has a legal guardian or if this claim is being filled on behalf of a deceased former resident)

Representative Last Name:		Representative First Name:		Relationship to Claimant:	
Representative Mailing Address:					Apartment #:
City:	Province:	Postal code:	Fax Number: (    )		
Phone number: (    )		Email address:			

**3. INFORMATION ABOUT RESIDENCY AT THE HOME**

To make a claim under this class action you/the claimant **MUST** have lived at the Home between January 1, 1921 and December 31, 1989.

Please provide to the best of your knowledge, information about your/the claimant's residency at the Home.

You may check or fill in more than one box on this page.

<p><b>Pre-1951 Residency:</b> To the best of your knowledge, did you/the claimant live at the Home at any point between January 1, 1921 and November 1, 1951?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know  <i>(If Yes, go to Section 2B on page 7)</i>
<p><b>Post-1951 Residency:</b> To the best of your knowledge, did you/the claimant live at the Home at any point between November 2, 1951 and December 31, 1989?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

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Please detail to the best of your knowledge the time that you/the former resident lived at the Home. Please list as much information as you can about the number of times you/the former resident came to and left the Home, as well as the dates of these stays at the Home.

Please fill in dates as best you can (if you don't remember exact dates, that's okay. But please provide the closest approximate dates you can):

	<b>Arrived at the Home</b>	<b>Left the Home</b>
1 <sup>st</sup>	Year:            Month:            Day:	Year:            Month:            Day:
2 <sup>nd</sup>	Year:            Month:            Day:	Year:            Month:            Day:
3 <sup>rd</sup>	Year:            Month:            Day:	Year:            Month:            Day:
4 <sup>th</sup>	Year:            Month:            Day:	Year:            Month:            Day:
5 <sup>th</sup>	Year:            Month:            Day:	Year:            Month:            Day:

If you need more space for this section you can attach more pages with information to the Claim Form.

**How will the Common Experience Payment be calculated?**

The Common Experience Payment will be calculated based on the number of months and/or years you/the claimant resided at the Home. While your memory is helpful, the length of residency will ultimately be determined based on a review of files from the Home (if they are available).

**See the Compensation Guide** for more information about the payment calculations.

**SECTION B - THIS SECTION IS OPTIONAL**

**1. INDEPENDENT ASSESSEMENT PROCESS PAYMENT**

By filling out SECTION B, you/the former resident are claiming for the Independent Assessment Process Payment. This process is intended to compensate former residents who suffered abuse beyond the Common Experience (for example: sexual abuse, significant physical abuse and/or serious psychological trauma).

You do not need to fill out this section to receive the Common Experience Payment.

Please see the **Compensation Guide** to see the differences between the Common Experience Payment and the Independent Assessment Process Payment.

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**Please read the following points carefully before completing the form below:**

- To claim for more than the Common Experience Payment, complete SECTION B.
- Fill out SECTION B if you want to claim for compensation for sexual abuse and/or significant physical abuse (in addition to SECTION A).
- You can only join the Independent Assessment Process Payment **if you/the former resident lived at the Home for any time after November 1, 1951.**
- You will have to meet with a Claims Evaluator to answer questions and discuss the harm you/the claimant suffered at the Home and the lasting effects you feel it has had on your/the former resident's life.
- You have the option of meeting with a Claims Facilitator of your choice to help you prepare your claim. The claims office will help you arrange meetings with people who will help you through the Independent Assessment Process.

Please use the following space below to write about how you were/the former resident was harmed in the Home. In your own words, please tell us why you are applying for compensation under the Independent Assessment Process, in addition to the Common Experience Payment.

If you are able to provide details or specifics below, please do so as they will help the Claim Administrator and Claims Evaluator understand your experience in advance of your eventual meeting with the Claims Evaluator. You can add more pages with your claim or type your answers if you need more space.

If you are unable to provide much detail, that is okay. You will have the chance to discuss this later in person with the Claims Evaluator.

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CLAIM FORM**

**4. CLAIMANT DECLARATION**

Please re-read your Claim Form and all the information you provided.

Please read the following statements and check each box once read to complete your claim:

- I understand that the information I have submitted in this Claim Form will be shared with the Claim Administrator in order to assess if I am/the former resident is eligible to receive compensation under this class action.
  
- I confirm that, to the best of my knowledge, all of the information provided in this Claim form (including any included pages or materials) is true, whether submitted by me or on my behalf.
  
- Where someone has helped me with this Claim Form that person has read to me everything they wrote and included with the Claim Form to allow me to understand the content of the completed Claim Form and any attached pages to it, and I confirm that information is true.
  
- I know that signing this Claim Form has the same effect as if I had stated the information contained in the Claim Form and included pages under oath (or affirmation) in court.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date: Day/month/year

\_\_\_\_\_  
Claimant printed name



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**IMPORTANT!**

**PRE-1951 RESIDENCY ONLY**

If you answered **YES** to having lived at the Home at any point between January 1, 1921 and November 1, 1951, read the text below carefully.

The Home has acknowledged that records of its former residents who lived at the Home before 1952 are incomplete.

Once you submit your claim, if the Claim Administrator cannot find records that you/the former resident lived at the Home before November 1, 1951 you will need to submit evidence that you/the former resident lived there.

The Claim Administrator will send you a letter if they cannot find acceptable evidence that you/the former resident lived at the Home before 1952 and **you will need to submit evidence about living at the home at any point between January 1, 1921 and November 1, 1951.**

**What evidence is required to support a pre-1951 residency claim?**

**Two (2) solemn declarations** each affirming that you/the former resident lived at the Home at some point between January 1, 1921 and November 1, 1951, including the dates or length of time.

#1 - a solemn declaration from you/the former resident **and**

#2 - another solemn declaration from someone familiar with your/the former resident's residency at the Home, such as a family member or fellow resident.

**OR**

Other documentation you might have showing that you/the former resident lived at the Home and how long you/the former resident lived at the Home.

Send both of the above described solemn declarations to the Claim Administrator or other documentation you/the former resident might have as soon as possible.

***Blank Solemn Declaration Forms can be found on pages 10, 11 and 12.***

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**SOLEMN DECLARATION**  
**OF FORMER RESIDENT**

**COMPLETE ONLY IF YOU LIVED AT THE HOME BEFORE NOVEMBER 1, 1951 AND THE HOME RECORDS ARE INCOMPLETE AND YOU DO NOT HAVE ANY OTHER DOCUMENTS SHOWING THE LENGTH OF YOUR RESIDENCY AT THE HOME BEFORE 1952.**

I \_\_\_\_\_, am a former resident of the  
(Print your full name)

Nova Scotia Home for Colored Children.

To the best of my knowledge I lived at the Home before November 1, 1951.

To the best of my knowledge, I entered the Nova Scotia Home for Colored Children in  
\_\_\_\_\_.  
(Day/month/year)

To the best of my knowledge, I left the Nova Scotia Home for Colored Children in  
\_\_\_\_\_.  
(Day/month/year)

I solemnly declare that this information is true. I know that signing this declaration has the same effect as if I has stated the information contained in this declaration under oath (or affirmation) in court.

Your signature here: \_\_\_\_\_

Print your full name here: \_\_\_\_\_

Today's date here: \_\_\_\_\_

**SOLEMN DECLARATION**  
**OF PERSON FAMILIAR WITH CLAIMANT’S RESIDENCY AT NSHCC**

**COMPLETE ONLY IF A CLAIMANT REQUIRES EVIDENCE OF THEIR RESIDENCY AT THE HOME BEFORE NOVEMBER 1, 1951 AND YOU ARE FAMILIAR WITH THEIR RESIDENCY AT THE HOME.**

I, \_\_\_\_\_ am familiar with the residency of  
(Full name of the person making declaration)

\_\_\_\_\_’s at the NSHCC.  
(Claimant’s name)

Explain your **relationship** with the former resident. State **how you know** about the details of the claimant’s residency? If you need more space you may add a page to your declaration. I am familiar with the claimant’s residency in the Home because:

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*Go to next page of this Solemn Declaration*

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**SOLEMN DECLARATION OF PERSON FAMILIAR WITH CLAIMANT'S RESIDENCY AT NSHCC  
CONTINUED**

To the best of my knowledge, the former resident entered the Nova Scotia Home for Colored

Children in \_\_\_\_\_.  
(Day/month/year)

To the best of my knowledge, the former resident left the Nova Scotia Home for Colored Children in \_\_\_\_\_.  
(Day/month/year)

I solemnly declare that this information is true. I know that signing this declaration has the same effect as if I has stated the information contained in this declaration under oath (or affirmation) in court.

Person signature here: \_\_\_\_\_

Print person's full name here: \_\_\_\_\_

Today's date here: \_\_\_\_\_.  
(Day/month/year)

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**2015 RESTORATIVE PUBLIC INQUIRY**

In 2015 there will be a Restorative Public Inquiry that will help understand what happened at the Home and why. It is important that the Inquiry be aware of the experiences of former residents of the Home. This will help Inquiry seek truth and understanding.

You have the option of sharing the information you share on this Claim Form with the Restorative Public Inquiry. This would be helpful to the Inquiry but it is your choice.

Any information or experience you share on these Claim Forms will be kept confidential unless you give permission for it to be shared with the Restorative Public Inquiry.

Please check one box only:

<b>Yes, <u>I give permission</u> for <b>my name and my experience</b> to be shared with and used by the Restorative Public Inquiry to help others understand what happened at the Home and why.</b>	<input type="checkbox"/>
<b>Yes, <u>I give permission</u> for <b>my experience only</b> to be shared with and used by the Restorative Public Inquiry to help others understand what happened at the Home and why (but I want <b>my name to remain confidential</b>).</b>	<input type="checkbox"/>
<b>No, <u>I do not want to share</u> my experience and information with the Restorative Public Inquiry.</b>	<input type="checkbox"/>

If you would like to share your experience of living at the Home and the ways in which you were harmed, you may do so below, or if you need more pages you can add pages with your Claim Form.

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**Submit this Claim Form and all attachments no later than FEBRUARY 27, 2015 to:**

The Home Class Action Claim Administrator  
P.O. Box 20187 - 390 Rideau Street  
Ottawa ON K1N 9P4  
Tel.: 1-800-801-2521  
Fax: 1-866-262-0816

Email: [info@nshccclaim.ca](mailto:info@nshccclaim.ca) (Claim Form must be attached in PDF format)

### **What attachments are required?**

#1 - A duly completed, signed and witnessed **Production Authorization Form**.

#2 - A clear copy of your **valid government issued ID** (for example a driver's license, passport, health card or birth certificate).

### **Final instructions and important reminders!**

If the completed Claim Form is not received by the Claim Administrator on or before February 27, 2015, you will lose your right, if any, to claim and receive compensation.

All questions in this Claim Form must be answered honestly, as completely as possible and accurately. If you run out of space, please use and submit additional numbered sheets. If you submit incorrect or incomplete information, it may delay the processing of your claim, or may lead to the rejection of your claim.

If the Claim Administrator determines that it needs additional information in order to properly assess a claim, it may request additional information.

Additional copies of this Claim Form are available at the website at [www.nshccclaim.ca](http://www.nshccclaim.ca)

### **Questions?**

Contact the Claim Administrator at **1-800-801-2521** or email [info@nshccclaim.ca](mailto:info@nshccclaim.ca)

***Please keep a copy of your completed Claim Form and copies of any attached documentation for your records.***

Thank you.  
End of Claim Form.