



Indemnisation
des victimes
d'actes criminels

**QUALIFICATION APPLICATION
FOR PERSONS AGED 14 YEARS AND OVER
FILLING OUT THEIR OWN APPLICATION**

1. Fill out the form by entering the necessary information in the appropriate spaces.	▶	2. Send the completed document to the <i>Direction générale de l'IVAC</i>:	
		Online www.ivac.qc.ca	By mail 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2
			By fax 1 888 927-0003

1. Applicant Identification		
Surname (as shown on birth certificate)	First name	Date of birth YY YY MM DD
Social Insurance Number (N.A.S.)	Health Insurance Number (N.A.M.)	Language of correspondence French English
Address		Telephone
Number	Street Apt.	Main
P.O. Box	City/Municipality	Other
Province/State	Country	Postal Code
Were you the direct victim of the criminal offence?		Yes No
<i>If not, indicate the first and last names of the person who is the victim (if known):</i>		
What is your relationship to this person?		
In order to help IVAC determine whether you are eligible for certain services, please answer the following question :		
Are you an Indigenous person?	yes No	I prefer not to answer

2. Event			
PART 1			
Single event		Events occurring over a period of time	
Date YY YY MM DD	Time (a.m./p.m.) HH MM	OR	Start date YY YY MM DD
			End date YY YY MM DD
Location			
Street	City/Municipality	Province/State	Country
Describe the circumstances of the event			
<i>If necessary, use the additional space provided at the end of the form.</i>			
Witnesses to the event			
Names		Contact information	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
If the event was reported to police, provide the following information :		Name of police force	Police report number

PART 2 - Fill out only if the criminal offence was perpetrated outside of Quebec.

A. If you are the person who was a victim of the criminal offence, please indicate what was your status

at the time of the perpetration of the criminal offence :

Canadian citizen
Permanent resident
Registered Indian (within the meaning of the *Indian Act* (RSC 1985, c. I-5)
Refugee within the meaning of the Geneva Convention
Other (please specify) : _____

at the filing date of the qualification application :

Canadian citizen
Permanent resident
Registered Indian (within the meaning of the *Indian Act* (RSC 1985, c. I-5)
Refugee within the meaning of the Geneva Convention
Other (please specify) : _____

OR

Please indicate the status of the person who was a victim at the time of the perpetration of the criminal offence :

Canadian citizen
Permanent resident
Registered Indian (within the meaning of the *Indian Act* (RSC 1985, c. I-5)
Refugee within the meaning of the Geneva Convention
Other (please specify) : _____

B. If you are the person who was a victim of the criminal offence, please indicate if you were domiciled in Quebec :

at the time of the perpetration of the criminal offence :

Yes No

at the filing date of the qualification application :

Yes No

OR

Please indicate if the person who was a victim was domiciled in Quebec at the time of the perpetration of the criminal offence :

Yes No

C. If you are the person who was a victim of the criminal offence, please indicate if you were living outside Quebec for more than 183 days during the year preceding the perpetration of the criminal offence.

Otherwise, please indicate if the person who was a victim of the criminal offence has lived outside Quebec for more than 183 days during the year preceding the perpetration of the criminal offence ?

Yes No

PART 3 - Indemnities, benefits and other amounts obtained under another public plan

Have you submitted an application relating to this event to another government agency in Quebec (e.g., SAAQ, CNESST), another province, another state or a foreign country ?

Yes No

If so, indicate the name of the agency : _____

Have you received or are you currently receiving indemnities, benefits or other amounts under this plan ?

Yes No

3. Injuries

Please describe the nature of the physical or mental injuries suffered.

4. Health assessment

No health assessment is required for qualification. However, a health assessment may be required to be eligible for financial assistance under the law. If you have a health assessment report, you can attach it to your qualification application.

5. Information gathering and exchange

I hereby authorize the *Direction générale de l'IVAC* to obtain from or disclose to a healthcare professional any information deemed necessary for processing my qualification application and financial assistance. This may include any information, administrative or medical documentation contained in my file or in the administrative file, and any documentation obtained from an external resource by the *Direction générale de l'IVAC*. Information will be shared only when deemed necessary by the *Direction générale de l'IVAC*.

I understand that the information requested will be treated in accordance with the Act respecting Access to documents held by public bodies and the Protection of personal information (CQLR c. A 2.1) and that it is necessary to establish the right to financial assistance and, if this is the case, to determine the amount of financial assistance granted. This information is mandatory and failure to provide it could result in the suspension, cessation or refusal of the payment of financial assistance.

Unless I expressly withdraw my consent in writing, this authorization shall remain valid until my applications have been fully processed.

Applicant's signature

Y	Y	Y	Y	M	M	D	D
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6. Legal claims

If a legal claim has been filed, you must fill out and sign this section.

To your knowledge, has a legal claim been filed against the alleged perpetrator(s) ?

Yes No

Amount claimed \$

Amount received \$

Court file number (if known)

Name, address and telephone number of the lawyer representing you

Authorization to communicate and gather information

I hereby authorize my representative, named in this section, to disclose to the *Direction générale de l'IVAC* personal information about me and about any legal claims I have filed in relation to this application. I also authorize the *Direction générale de l'IVAC* to disclose the information in my file needed to obtain information from my representative.

Unless I expressly withdraw my consent in writing, this authorization shall remain valid until my applications have been fully processed.

Applicant's signature

Y	Y	Y	Y	M	M	D	D
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7. Signature

I hereby declare that the information provided in this qualification application is accurate and complete.

Applicant's signature (required)

Y	Y	Y	Y	M	M	D	D
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Name (in block letters)

