



Indemnisation  
des victimes  
d'actes criminels

## APPLICATION FOR FINANCIAL ASSISTANCE

To contribute to support for a child born  
as a result of a sexual assault

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 <a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a>	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 N° (N.A.S.) □ □ □ □ □ □ □ □	Health Insurance N° (N.A.M.) □ □ □ □ □ □ □ □	Language of correspondence French English
Address Number Street Apt. P.O. Box City/Municipality Province/State Country Postal Code □ □ □ □ □ □	Telephone Main Other	

2. Information		
A. Child(ren) for whom assistance is requested (please attach a copy of the child(ren)'s birth certificate)	Surname First name Health Insurance N° (N.A.M.) □ □ □ □ □ □ □ □ Date of birth YY YY MM DD	Surname First name Health Insurance N° (N.A.M.) □ □ □ □ □ □ □ □ Date of birth YY YY MM DD
	B. Are you the person who gave birth to the child(ren)? Yes No	Yes No
<i>If no, please indicate for each concerned child:</i>		
Name of the mother:		
Name of the father (if known):		
Your relationship with the child(ren):		
C. Are you the only person taking care of each concerned child? Yes No	Yes No	Yes No
<i>If you answered "no", please provide the name(s) of the other person(s) caring for the child(ren), who do(es) not live with you.</i>	Surname First name Main telephone Other telephone Relationship with the child:	Surname First name Main telephone Other telephone Relationship with the child:
D. Describe, briefly, the circumstances of the sexual assault and/or explain the reason(s) that led you to care for the child(ren).		

*If necessary, use the additional space available at page 2 of the form.*

3. Signature
By signing this form, I declare that the information provided in this application for financial assistance is true and complete. Mandatory signature of the applicant
YY YY MM DD

