



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 www.ivac.qc.ca By mail 1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1 By fax 1 888 927-0003
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1. Applicant Identification																						
Surname (as shown on birth certificate)		First Name																				
		Date of birth <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D												
Y	Y	Y	Y	M	M	D	D															
Social Insurance N° (N.A.S.) <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Health Insurance N° (N.A.M.) <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
		Language of correspondence French English																				
Address		Telephone																				
Number	Street	Apt.																				
		Main																				
P.O. Box	City/Municipality																					
		Other																				
Province/State	Country	Postal Code																				
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

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.) <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Date of birth <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>											Y	Y	Y	Y	M	M	D	D	Surname First name Health Insurance N° (N.A.M.) <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Date of birth <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>											Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D																															
Y	Y	Y	Y	M	M	D	D																															
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																																				
<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	Surname First name																																				
	Main telephone Other telephone	Main telephone Other telephone																																				
	Relationship with the child:	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 <div style="text-align: right;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> </div>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D	

