

# Qualification Application

## REACTIVATION OF AN APPLICATION PREVIOUSLY REFUSED ON OUT OF TIME FILING GROUNDS

Criminal offences involving violence suffered during childhood,  
sexual violence or spousal violence

### Who can submit a qualification application for the reactivation of an application previously refused on out of time filing grounds?

Any concerned person who receives a final decision refusing eligibility pursuant to the *Crime Victims Compensation Act* (LIVAC) can submit a new qualification application under the *Act to assist persons who are victims of criminal offences and to facilitate their recovery* (LAPVIC) within 3 years following October 13, 2021, provided that the following conditions are met:

- The criminal offence involves violence suffered during childhood, sexual violence or spousal violence.
- The application was refused solely because it was not submitted before the deadline stipulated in the *LIVAC*.

Your qualification application will be evaluated based on the following eligibility criteria:

- Criminal offence committed in Québec
- Criminal offence committed on March 1, 1972, or later
- Criminal offence under the *LIVAC Schedule to the Act*
- Evidence of injury related to the criminal offence
- Meet the LIVAC definition of victim (the application cannot be filed by a spouse, parent or child)

### When must the qualification application be filed?

The application should be submitted to the *Direction générale de l'IVAC* **no later than 3 years following October 13, 2021**.

If the qualification application is not submitted within the prescribed time, the person who is a victim is presumed to have waived the right to any financial assistance, unless a reasonable cause explaining the delay is demonstrated.

### What information must be provided?

To facilitate and accelerate the processing of your application, you must include the following elements in your qualification application. If any of these are missing, the application may be returned to you.

#### Section 1 – Applicant's Identification

- Name and contact details
- IVAC file number
- Event date
- Date of birth
- Health insurance number

#### Section 4 – Signature

- Applicant's signature (required)

For further information, feel free to contact us at 514 906 3019 (Montréal area), 1 800 561-4822 (toll free in Canada only) or [www.ivac.qc.ca](http://www.ivac.qc.ca) (Contact Us section).

If you think you may need additional help to fill out the qualification application, you can contact an organization that provides assistance for persons who are victims of criminal offences, namely a Crime Victims Assistance Centre (CAVAC) or a sexual assault crisis centre (CALACS). You can find contact information for the CAVAC and CALACS in your region on the Internet.

**Before submitting your qualification application, please make a copy for your records.**

**Important :**

This form is for the person who is a victim and who has been denied eligibility under the *Crime Victims Compensation Act (LIVAC)* for the sole reason that the application was not submitted within the prescribed time.

Any covered person who is a victim of a criminal offence involving violence suffered during childhood, sexual violence, or spousal violence may reapply for qualification under the *Act to assist persons who are victims of criminal offences and to facilitate their recovery (LAPVIC)* by completing this form within three years of October 13, 2021.

**1. Fill out the form by entering the necessary information in the appropriate spaces.**

**2. Send the completed document to the Direction générale de l'IVAC :**

**Online**

[www.ivac.qc.ca](http://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's Identification**

Surname (as shown on birth certificate)		IVAC File N° <input type="text"/>
First name		Event date <input type="text"/>
Address		Date of birth <input type="text"/>
Number	Street	Health Insurance Number (HIN.) <input type="text"/>
P.O. Box	City	
Province/State	Country	
Postal Code <input type="text"/>		
Telephone		Language of correspondence
Main	Other	French English

**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. Eligibility Criteria**

The analysis of your request for qualification will be done according to the eligibility criteria of the LIVAC :

- Criminal offence committed in Quebec
- Criminal offence committed on March 1, 1972, or later
- Criminal offence committed under the LIVAC *Schedule to the Act*
- Evidence of injury related to the criminal offence
- Meet the LIVAC definition of victim

### 3. Information gathering and exchange

I hereby authorize any physician or other healthcare professional, health and social services institution or clinic to disclose to the *Direction générale de l'IVAC* any information related to my health status concerning the processing of my qualification application. The *Direction générale de l'IVAC* will only collect the information necessary to process my file.

I also authorize the *Direction générale de l'IVAC*, including any consulting professional in the medical office of this direction, to disclose or exchange any information deemed necessary to process my qualification application with my treating physician or my treating healthcare team. This may include any administrative or medical information or documentation contained in my file and may be from the administrative file or documentation obtained by the *Direction générale de l'IVAC* from another external resource. This disclosure will be shared only when deemed necessary by the *Direction générale de l'IVAC*.

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

Some information concerning me may be transmitted to other government agencies that have signed agreements with the CNESST on the exchange of information, in accordance with the *Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information*.

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.

Applicant's signature

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

### 4. 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
---	---	---	---	---	---	---	---

Name (*in block letters*)