



Application for ex gratia payment

For office use only - Client identifier

Send completed application to:
Veterans Affairs Canada
Agent Orange Processing Centre
PO Box 7700
Charlottetown, PE C1A 8M9

Which official language do you wish to use
in speaking? English French
in writing? English French

I am applying for this ex gratia payment
 for myself (proceed to Section A),
 as the primary caregiver (Please see Section C to see if you meet the definition of a primary caregiver. If you do select this option, please proceed to complete Section B of this application.)

Please Note: If you are applying for yourself and as a primary caregiver you will need to complete 2 applications. Please call us for more information at 1-866-522-2122.

A - General Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Other (please specify) _____			
Family name		Given name(s)	
Home address (e.g., Street)		Mailing address (if different)	
Province	Postal code	Province	Postal code
Home telephone No. (include area code)		Business or alternate No. (include area code)	
Date of birth (yyyy-mm-dd)	Birth name (if applicable)	Alias(es)	

A - General Information (continued)

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Were you a member of the Canadian Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please proceed and complete Section D.		
If yes , please provide your Service/Regimental No(s) _____ and/or Veterans Affairs File No. (if applicable). _____		
<p>Please proceed to Section D.</p>		

B - Information Regarding the Deceased

Only to be completed if you are a primary caregiver applying for an individual.

Important Note: A copy of the death certificate will need to be provided with this application.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Other (please specify) _____			
Family name of the deceased		Given name(s) of the deceased	
Last known home (e.g., street) address of deceased		Last known mailing address of deceased (if different)	
Province	Postal code	Province	Postal code
Date of birth (yyyy-mm-dd)	Date of death (yyyy-mm-dd)	Birth name (if applicable)	Alias(es)
Was the deceased a Member of the Canadian Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please proceed and complete Section D.			
If yes , please provide his/her Service/Regimental No.(s) _____ and/or Veterans Affairs File No. (if applicable) _____			
<p>Please proceed to Section C.</p>			

C - Primary Caregiver Information

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In order to show you are a primary caregiver you must meet all of the following: (Please choose all that apply to you).

At the time of death, I was the adult who was primarily responsible for making sure that care was provided to the individual. Yes

I did not receive a wage for providing this care. Yes

At the time of death, I lived in the principal home of the deceased for an on-going period of at least one year. Yes

At the time of death, I maintained or was being maintained by the deceased. Yes

If you are the primary caregiver please provide your personal information below.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Other (please specify) _____			
Family name		Given name(s)	
Home address (e.g., street)		Mailing address (if different)	
Province	Postal code	Province	Postal code
Home telephone No. (include area code)		Business or alternate No. (include area code)	
Date of birth (yyyy-mm-dd)	Birth name (if applicable)	Alias(es)	

Please proceed to Section D

D - Medical Information

In order to qualify for the ex-gratia payment:

- you must have been diagnosed with at least one of the medical conditions listed on the "Physician's Statement for ex gratia payment" (VAC 701) between June 1, 1966 and June 30, 2011; or
- if you were a primary caregiver and you are applying on their behalf, the deceased must have been diagnosed with at least one of the medical conditions listed on the "Physician's Statement for ex gratia payment" (VAC 701).

These medical conditions can be found on the "Physician's Statement for ex gratia payment" (VAC 701) included in this application kit.

Step 1 - Please complete Section A of the "Physician's Statement for ex gratia payment" (VAC 701), "Information about Applicant/Deceased".

Step 2 - Please have a family doctor or other treating physician review Section B and complete Section C and Section D of the Physician's Statement for ex gratia payment (VAC 701).

- **Please note:** You are responsible for any fees associated with completing the Physician's Statement for ex gratia payment (VAC 701).

Please proceed to Section E if you or the deceased were a Canadian Forces Member.

Please proceed to Section F if you or the deceased were NOT a Canadian Forces Member.

E - Canadian Forces Service Information

Please note: Members of foreign military units do not qualify for the ex gratia payment.

If you were a Canadian Forces Member who was posted to or trained at CFB Gaagetown at any time from June 1, 1966, to September 30, 1966, or from June 1, 1967, to September 30, 1967:

To allow Veterans Affairs Canada to get a copy of your service records, which will help us process your application, you need to complete the "Canadian Forces Authority to Release Service Information ex gratia payment" (VAC 700) form included in this application kit and return it with your completed application. However, if you have access to or have a copy of your service records, you can send them along with your completed application.

If applying for someone who was a Canadian Forces Member the primary caregiver must complete this form.

Please proceed to Section G.

F - Civilian Information

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Please note that the following sections: F, F(1), F(2) and F(3) need to be completed if you were NOT a member of the Canadian Forces.

In order to qualify for the Agent Orange ex gratia payment, you or the deceased must have at any time from June 1, 1966, to September 30, 1966, or from June 1, 1967, to September 30, 1967:

- 1) worked at CFB Gagetown (please proceed to Section F(1))
- 2) lived at CFB Gagetown (please proceed to Section F(3))
- 3) lived in a community within 5 kilometres of CFB Gagetown (please proceed to Sections F(2) and F(3))
- 4) in the case of someone diagnosed with spina bifida and had a biological parent who meets 1,2 or 3 above.

F(1) - Civilian Employment Information

If you or the deceased individual worked at CFB Gagetown at any time from June 1, 1966, to September 30, 1966, and/or from June 1, 1967, to September 30, 1967, please provide **proof of employment** during that period with your application. Please see the Guidelines included with this application for a sample of documents you can use to prove civilian employment at CFB Gagetown in 1966 or 1967.

Please proceed to Section G.

F(2) - Civilian Home Address Information

June 1, 1966 to September 30, 1966

If you or the deceased individual lived in a community within 5 kilometres of CFB Gagetown during the timeframe listed above, please provide your/their complete permanent home address at that time.

Street	Apt./Suite No.	Town/City	Province	Postal code

Dates lived at the above address
Please use format (year-month-day) _____ to _____
(yyyy-mm-dd) (yyyy-mm-dd)

June 1, 1967 to September 30, 1967

If you or the deceased individual lived in a community within 5 kilometres of CFB Gagetown during the timeframe listed above, please provide your/their complete permanent home address at that time.

Street	Apt. Suite No.	Town/City	Province	Postal code

Dates lived at the above address from
Please use format (year-month-day) _____ to _____
(yyyy-mm-dd) (yyyy-mm-dd)

Please proceed to Section F(3).

F(3) - Civilian Proof of Residence

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If you or the deceased individual lived at CFB Gagetown or in a community within 5 kilometres of CFB Gagetown at any time from June 1, 1966, to September 30, 1966, and/or from June 1, 1967, to September 30, 1967, please provide valid **proof of residence** for that time. Please see the Guidelines included with this application for a sample of documents you can send to prove residence in 1966 or 1967.

Please proceed to Section G.

G - Declaration

I UNDERSTAND that the personal information provided on this form is collected for the purpose of determining eligibility for the Agent Orange ex gratia payment.

I UNDERSTAND that participation in this ex gratia payment is voluntary. Failure to complete any part of this form or submitting an incomplete form may result in delays.

I UNDERSTAND that the personal information collected on this form is protected from unauthorized disclosure by the *Privacy Act*. The *Privacy Act* also provides individuals with a right of access to personal information about themselves under the control of the Department, as well as a right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

For further information on the above statement, contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please quote Personal Information Bank number VAC PPU 200.

Please note: As per Section 3(l) of the *Privacy Act*, information relating to a discretionary benefit of a financial nature is not included in the definition of personal information and your family name and first initial may be published in the Public Accounts of Canada as having received the Ex Gratia payment.

I UNDERSTAND that it is against the law for anyone to knowingly make a false or misleading statement on this application.

I DECLARE the information provided here is, to the best of my knowledge, true and complete.

I UNDERSTAND that when I sign this application, it is the same as taking an oath.

_____ Applicant's signature

_____ Date (yyyy-mm-dd)

H - Applicant's Representative

If you are completing this form on behalf of the applicant, please provide the following information.

Family name:	Given name(s):	Telephone No.
Contact information		

Under subsection 8(1) of Canada's *Privacy Act* Veterans Affairs Canada (VAC) is obliged to protect our clients' personal information from unauthorized disclosure. If you are completing the application form on behalf of the applicant, VAC will not be able to provide you with information pertaining to this application or the applicant until such time as a copy of a power of attorney or other legal documentation declaring an appointment to administer the affairs of the applicant or a signed consent form authorizing the release of personal information to their representative, has been received.

I - This space is for any information you wish to add to your application.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide additional information.

Checklist

When submitting your application to Veterans Affairs Canada, please review the checklist below.

Have you included in your application the following:

Form or Supporting Documentation

Who Needs To Complete

Application form

Applicant or if you are completing the application as a primary caregiver of a deceased individual

Physician's Statement

Physician

Canadian Forces Authority to Release Service Information

Canadian Forces Member or primary caregiver of a deceased Canadian Forces Member

Proof of Residence in 1966 and/or 1967 or, if applicable, Proof of Employment in 1966 and/or 1967

Civilians (non-Canadian Forces Members) or primary caregiver of a deceased civilian

A copy of the deceased's death certificate

If you are completing the application as the primary caregiver of a deceased individual

Authority to Release Personal Information (VAC 520-5) consent form OR a copy of a power of attorney/legal documentation declaring an appointment to administer the affairs of the applicant

If you are completing the application on behalf of another individual