Nova Scotia Waitlist Settlement

Application

Claim Form 1

About the Settlement:

In Nova Scotia, people with disabilities can apply for help from the Disability Support Program. Between April 1, 1998, and August 20, 2025, some people who were eligible for this help were instead put on Waitlists, or placed in Institutions, Nursing Homes, or Hospitals while waiting for services. The Nova Scotia Disability Services Class Action Settlement (Nova Scotia Waitlist Settlement) will compensate all eligible Class Members who submit a Claim Form and whose Claims are approved.

Eligibility for Compensation

You may be eligible for compensation from this Settlement if you were:

- Eligible for disability services any time between April 1, 1998, and August 20, 2025, and
- Placed on a waitlist for disability services or placed in an Institution, Nursing Home, or Hospital while eligible for disability services.

There are four groups of people (also called "Classes") who may be eligible for this Settlement. See **Appendix A** for details of each Class. Some people will be members of more than one Class.

YOU MUST COMPLETE THIS FORM AND SUBMIT IT TO THE CLAIMS ADMINISTRATOR BY MARCH 17, 2027

How to submit this Claim Form

Online: Portal.NSWaitlistSettlement.ca

Email: Claims@NSWaitlistSettlement.ca

Fax: 902-450-4956

Mail: Claims Administrator
c/o Deloitte LLP
PO Box 998 STN CENTRAL
Halifax, NS B3J 2X1

PART 1 About the Class Member

Please fill in all of the required information.

Class Member's Full Name (Required) – This should be the same as the name on the Class Member's government-issued identification.

First Name	Middle Name	Last Name

Other Name – Only if you previously had a different name (e.g., maiden name)

First Name	Middle Name	Last Name

Date of Birth (Required)

Day	Month	Year

PART 2 About the person submitting this form (Required)

Indicate who you are in relation to the Class Member named in Part 1. Choose only one.

I am the **Class Member**, and I am submitting this Claim Form myself. I understand that I only need to submit *Claim Form 1 - Application* (this Claim Form). ☐

I am the Class Member's **Representative/Power of Attorney**, and I will submit this Claim Form **and** *Claim Form 2 – Personal Representative*. ☐

The Class Member is deceased, and I am their **Executor**. I will submit this Claim Form **and** *Claim Form 3 – Executor or Administrator*. ☐

The Class Member is deceased, and I am their **Next-of-Kin Representative**. I will submit this Claim Form **and** *Claim Form 4 – Next-of-Kin Representative*. ☐

PART 3 Class Member's Identification

(Required)

3A: Government-issued Identification

Please include a copy (please do not send originals) of at least one valid piece of government-issued identification showing your name and date of birth.

Acceptable forms of identification include:

- Driver's Licence
- Passport
- Nova Scotia Photo ID Card
- Provincial/Territorial Photo ID Card

3B: Declaration of Identity *Only complete this section if no government-issued identification is available*. If you do NOT have a valid piece of government-issued identification, you will need to provide a *Declaration of Identity* signed and witnessed by a Guarantor.

A **Guarantor** can be a licensed professional (medical doctor, chartered professional accountant, lawyer), a registered professional (nurse, occupational therapist, teacher), a police officer, an elected official, or a Notary Public/Commissioner of Oaths.

The Guarantor must **see you sign** the *Declaration of Identity* but does not need to read the Claim Form or verify the accuracy of the information other than your name and identity.

Declaration of Identity: *By signing this Declaration in front of my guarantor, I am swearing or solemnly affirming that I have correctly and accurately identified myself. I have not provided a copy of a piece of valid, government-issued identification to the Claims Administrator because I do not have one.*

Class Member's Full Name

First Name	Middle Name	Last Name

X

Class Member's Signature

Date (DD-MM-YYYY)

PART 3 Class Member's Identification *(continued)*

(Required)

Guarantor – When you have witnessed the Class Member write their signature in the space provided, please fill in all of the required information so the Claims Administrator can contact you for verification if necessary.

First Name	Middle Name	Last Name

Guarantor Title	Guarantor Affiliation/Organization

Street Number	Street Address	Unit

PO Box Number	City/Town/Community	Province	Postal Code

Telephone Number	Email Address

Guarantor Declaration: *I witnessed the Class Member named in Part 1 of this Claim Form sign this Declaration of Identity and I confirm that the name they have provided is accurate. I have provided my name and contact information, and I understand that the Claims Administrator will contact me for verification if necessary.*

X

Guarantor's Signature

Date (DD-MM-YYYY)

PART 4 Class Member's current or last known Contact Information

Please fill in all of the required information.

4A: Mailing Address (Required)

Street Number	Street Address	Unit
PO Box Number	City/Town/Community	Postal Code
Province	Country	

Telephone Numbers (Required) – Please include the Class Member's full ten-digit phone number(s) and any extensions, if applicable.

Daytime	Mobile

Email Address:

4B: Additional Contact (Optional): Please list someone the Claims Administrator can contact if we are unable to reach you:

Additional Contact Name:

First Name | Last Name

Telephone:

Daytime | Mobile

Email Address:

I have told my Additional Contact that they may be contacted by the Claims Administrator if I cannot be reached. ☐

PART 5 Claim Details

5A: Required - Please choose "YES" or "NO" for each of these statements:

I was on the waitlist for disability services, or was placed in an Institution, Nursing Home, or Hospital while eligible for disability services **before** May 4, 2020. ☐ YES ☐ NO

I was on the waitlist for disability services, or was placed in an Institution, Nursing Home, or Hospital while eligible for disability services **after** May 4, 2020. ☐ YES ☐ NO

5B: Complete **only** if you are filling in this Claim Form on behalf of **someone else**.

Please confirm that the Class Member named in Part 1 was alive on May 4, 2022. ☐

5C: Required - Please read the description for each of the four Classes, then place an "X" next to the Class(es) that match your experience. Class Members may be eligible in more than one Class.

1 **Waitlist Class:** People who were eligible for disability services any time between April 1, 1998, and August 20, 2025, and placed on a waitlist for disability services (not including waitlists to get into a seniors' home). ☐

2 **Institution Class:** People who were eligible for disability services any time between April 1, 1998, and August 20, 2025, and lived at a Regional Rehabilitation Centre, Adult Residential Centre, or Residential Care Facility while on a waitlist for disability services. ☐

3 **Nursing Home Class:** People who were eligible for disability services any time between April 1, 1998, and August 20, 2025, and while living in a Nursing Home, the Department of Community Services said you had support needs that they could provide but were placed on a waitlist for those services. ☐

4 **Hospital Class:** People who were eligible for disability services any time between April 1, 1998, and August 20, 2025, and were placed in a hospital for no medical reason while on a waitlist for disability services. ☐

Please note: These are summaries of the eligibility requirements for each Class. Full details for each Class are in **Appendix A.**

PART 5 Claim Details *(continued)*

5D: Optional - If you know the names of the Institution(s), Nursing Home(s) and/or Hospital(s) where you stayed while you were eligible for disability services and the dates you stayed there, please list them.

If you don't remember or are not sure, just leave this section blank. It will not affect your eligibility for compensation if you are not able to complete this section.

Name of Institution, Nursing Home, or Hospital:	**From:** DD-MM-YYYY	**To:** DD-MM-YYYY

If you need more space, write the information on a separate sheet of paper.
Please remember to send it in with your Claim Form.

PART 6 Privacy Release & Acknowledgement

Note from the Claims Administrator: We care about your privacy. Your information will only be used or shared when needed to process your Nova Scotia Waitlist Class Action Settlement Claim and send a decision to you. Your personal information will only be retained as long as necessary to administer the settlement.

When you sign on page 8, you are saying that you agree with how we will use the information that has been provided in the Claim Form, and that this information you have given us is true. If you have any trouble understanding this page or the rest of the Claim Form, call 1-833-852-0755 and we will help you.

PART 6 Privacy Release & Acknowledgement *(continued)*

By signing this page, I am saying that to the best of my knowledge:

1. I am a Class Member in this Settlement and meet the eligibility requirements for the Class(es) I selected in Part 5C; **OR**
2. I am filling out this Claim Form on behalf of this Class Member I confirm that I have the legal authority to represent them.

I allow the Claims Administrator, if needed, to share information about me, this Claim, or my Representative with:

- The Province of Nova Scotia
- Class Counsel (the lawyers for this Settlement)
- Claims Adjudicators (people who make decisions about Class Member eligibility if there is a dispute).

I allow the Province of Nova Scotia, as needed, to share information about my Claim and/or my enrollment in the Disability Support Program with the Claims Administrator. My permission stays in place until the Claims Process is over. I understand that if I withdraw my permission, the Claims Administrator will not be able to process my Claim.

I know, understand, and agree that:

1. The Claims Administrator may contact me to get the information they need to help with my Claim.
2. The Claims Administrator does not represent the Province of Nova Scotia or any other organization, does not act as an agent or legal counsel for any organization, and does not offer legal advice.
3. All information provided in this Claim Form is true to the best of my knowledge. If someone helped me fill out this Claim Form, that person has read to me everything they wrote.

SIGN HERE: X

Signature of Class Member or Representative | Date (DD-MM-YYYY)

For questions or concerns about your privacy rights please contact the Claims Administrator or Class Counsel.

Checklist

Before you submit this Claim Form, please ensure it is complete:

I have **filled in** all of the required information. ☐

I have **attached** a copy of the Class Member's government-issued identification or completed the *Declaration of Identity*. ☐

I have **signed and dated** this Claim Form. ☐

I am a Personal Representative of a living Class Member and have completed and attached *Claim Form 2 – Personal Representative*. ☐

I am the Executor or Administrator of the Estate of a Deceased Class Member and have completed and attached *Claim Form 3 – Executor or Administrator*. ☐

I am the Next-of-Kin Representative of a Deceased Class Member and have completed and attached *Claim Form 4 – Next of Kin Representative*. ☐

REMEMBER:
YOU MUST COMPLETE *CLAIM FORM 1 – APPLICATION* AND SUBMIT IT TO THE CLAIMS ADMINISTRATOR BY MARCH 17, 2027

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c/o Deloitte LLP
PO Box 998 STN CENTRAL
Halifax, NS B3J 2X1

Appendix A – Full Eligibility Requirements

Waitlist Class Members: Must have been Social Assistance Actlive as of May 4, 2022, and:

a. On the waitlist for services (other than a residential placement for seniors) under the *Social Assistance Act*, R.S.N.S. 1989, c. 432 for any period of time after April 1, 1998, and

b. Exclusive of any period for which an individual was a member of the

   i. Institution Class;

   ii. Nursing Home Class; or

   iii. Hospital Class.

Institution Class Members: Must have been alive as of May 4, 2022, and, for any period of time after April 1, 1998, resided at a Regional Rehabilitation Centre, Adult Residential Centre, or Residential Care Facility, while eligible for assistance under the *Social Assistance Act*, R.S.N.S. 1989, c. 432.

Nursing Home Class Members: Must have been alive as of May 4, 2022, and:

a. For any period of time after April 1, 1998, resided in a nursing home; and

b. Were eligible for assistance under the *Social Assistance Act*, R.S.N.S. 1989, c. 432 while residing in the nursing home; and

c. Had been assessed by an agent or employee of the Department of Community Services as having support needs which fell within the mandate of the Department of Community Services pursuant to the Disability Support Program Policy (or Services for Persons with Disabilities Policy) applicable at the time of their residence in the nursing home.

Hospital Class Members: All persons, who were alive as of May 4, 2022, and, for any period of time after April 1, 1998, resided in the Nova Scotia Hospital or another hospital operated by the Nova Scotia Hospital Authority or any of its predecessors, without a medical reason for the hospitalization, while eligible for assistance under the Social Assistance Act, R.S.N.S. 1989, c. 432.