

## **Request Form for Resident File from the Manitoba Developmental Centre (MDC)**

**Fill out this form to get a copy of your resident file from MDC.**

There are files about people who lived at the Manitoba Developmental Centre.

These are called 'Resident' files. These files have private information.

If you lived at MDC, there is a file with information about you.

Only some people can have a copy.

You can get a copy. Or your substitute decision maker can get a copy.

A substitute decision maker is someone who is allowed to make decisions for you.

You need to fill out this form to get a copy of your MDC Resident file.

You must send in the form by August 27, 2023.

Please note the following information.

- You do not need to review your file or fill out this form to make a claim.
- An estate needs to have written permission to get a person's file.

**IF YOU WANT YOUR MDC FILE, PLEASE FILL IN THIS INFORMATION.**

**My first name is** \_\_\_\_\_ . (Write your full first name. Do not write your nick-name.)

**My middle name is** \_\_\_\_\_ . (Leave this out if you do not have a middle name.)

**My last name is** \_\_\_\_\_ .

I used to have another name or other names. My other name or names were \_\_\_\_\_ . (Leave this out if you did not have other names.)

**My birthday is** \_\_\_\_\_ .

**I was born in the month** \_\_\_\_\_ .

**I was born in the year** \_\_\_\_\_ .

**I lived at MDC the following year(s):**

\_\_\_\_\_ .

If you still live at MDC, please check this box

I want to use this address to get information about my MDC File:

**Street and number** \_\_\_\_\_

**Apartment number** (if you have one) \_\_\_\_\_

**City or town** \_\_\_\_\_

**Province** \_\_\_\_\_

**Country** \_\_\_\_\_

**Postal code** \_\_\_\_\_

The claims office can contact me about my resident file at the following phone number or TTY number.

**Area code** \_\_\_\_\_

**Phone number or TTY number** \_\_\_\_\_

If you do not have a phone **or** TTY number, leave this out. Or you can put the number of someone you trust below.

This is the phone number of someone I trust.

\_\_\_\_\_

**My email address is** \_\_\_\_\_. Leave this out if you do not have an email address.

If you have a substitute decision maker, write their name here.

\_\_\_\_\_

**IF YOU FILLED IN THIS FORM FOR YOURSELF, IT IS NOW COMPLETE. PLEASE SEND IT TO THE CLAIMS ADMINISTRATOR BY AUGUST 27, 2023.**

**IF YOU FILLED IN THIS FORM FOR SOMEONE ELSE, PLEASE ANSWER THE FOLLOWING QUESTIONS.**

What is your name? \_\_\_\_\_

What is your address? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your phone number **or** TTY number?

\_\_\_\_\_

What is your email address? \_\_\_\_\_

Check the box or boxes that apply to you.

- A family member
- A support person
- A support agency - What is the name of the agency?

\_\_\_\_\_

- A lawyer - What is the name of your law firm or legal clinic?

\_\_\_\_\_

- The Public Guardian and Trustee
- A Substitute Decision Maker or power of attorney - There has been a legal finding that the person being helped is not able to make their own decisions about money.

Substitute Decision Makers must include the following documents with this Claim Form.

1. The Notice of Decision Letter and Appointment Document, and;
2. Renewal of Substitute Decision Maker, if applicable.

- The executor or trustee of someone who lived at MDC and the person died **after** October 31, 2016. If you represent an estate, you must include the following documents with this Claim Form.

1. Letters of Administration;
2. Letters of Administration with Will Annexed; Grant of Probate; or
3. An Order for Summary Administration under section 47 of *The Court of King's Bench Surrogate Practice Act*.

- Other: \_\_\_\_\_

If you are acting on behalf of someone else, you have to submit documents. These documents show that you are allowed to act on behalf of the person making a claim. This applies to the following roles.

- Substitute Decision Maker

- Power of Attorney
- Executor or Trustee of the Estate

**IF YOU FILLED IN THIS FORM FOR SOMEONE ELSE, IT IS NOW COMPLETE. PLEASE SEND IT TO THE CLAIMS ADMINISTRATOR BY AUGUST 27, 2023.**