Canadian Thalidomide Survivors Support Program
Request for Reconsideration Form

Instructions

The attached Canadian Thalidomide Survivors Support Program ("CTSSP") Request for Reconsideration form is to be used to submit new information in support of your application to the CTSSP when the Administrator has determined that you do not meet the eligibility requirements at any Step of the CTSSP application process. The eligibility requirements are defined in the Order in Council dated 2019-04-05 (PC Number: 2019-0271), a copy of which may be found at https://orders-in-council.canada.ca.

There is no limit to how many Requests for Reconsideration you can make; however, you must be able to **provide new information that was not previously submitted for your application to be reconsidered**.

IMPORTANT

You may request that your application be reconsidered at any point of the CTSSP application process prior to the CTSSP Application deadline of **postmarked by June 3, 2024.**

All Applicants to the CTSSP must successfully advance through all three Steps of the CTSSP application process to be eligible for benefits under the program:

- Step 1: Preliminary Screening Assessment
- Step 2: Probability Diagnostic Assessment
- Step 3: Multidisciplinary Medical-Legal panel Review

Requests for Reconsideration are to be in writing only.

Only the CTSSP Applicant or their Legally Appointed Representative may submit a Request for Reconsideration.

Please read all questions and requests for information carefully before answering. Incomplete information may lead to your Request for Reconsideration being delayed or denied.

1. Personal Information:

Please review and complete Section 1: CTSSP Applicant Contact Information.

If you are a Legally Appointed Representative submitting the Request for Reconsideration on behalf of the CTSSP Applicant, you must also complete Section 2: Legally Appointed Representative Information. If proof of right to act on behalf of the CTSSP Applicant was not previously provided or if the identity of the Legally Appointed Representative has changed, please submit proof immediately.

Please complete Section 3 if someone helped you complete this Request for Reconsideration Form.

2. Details of your Request for Reconsideration:

Please complete Section 4 – Details of your Request for Reconsideration. Please provide the **new information** in this space. You may use additional pages or include additional relevant documents as needed. If you are a Legally Appointed Representative, please provide the information as it pertains to the CTSSP Applicant.

Please be aware that you will **not** be reimbursed the cost of obtaining any additional information including x-rays and/or photographs related to your Request for Reconsideration.

3. Enclose Government Issued Identification and Sign the form:

Please review and complete Sections 5 and 6. If you are a Legally Appointed Representative, please sign and date the form and indicate that you are the Legally Appointed Representative.

4. Submit the form:

Please review all information in the Request for Reconsideration form and make a copy for your records before you send it. Please send the Request for Reconsideration form and any supporting documentation to:

Canadian Thalidomide Survivors Support Program
PO Box 507 STN B
Ottawa ON K1P 5P6
info@tsspcanada.ca; Fax: 1-866-262-0816

DEADLINE TO SUBMIT YOUR REQUEST FOR RECONSIDERATION

You may request that your application be reconsidered at any point of the CTSSP application process prior to the CTSSP Application deadline of **postmarked by June 3, 2024.**

Next Steps:

You will receive an Acknowledgement letter by your preferred method of delivery once your Request for Reconsideration form is received to let you know that we received it. If the Administrator has any questions about your submission we will contact you by telephone and/or email/mail so it is important to keep us informed of any changes of address or telephone numbers by calling 1-877-507-7706 or 1-877-627-7027 (TTY), or by mail to the address above, or by email to info@tsspcanada.ca.

The Administrator will send you its determination in writing once your request has been reviewed.

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Privacy Statement:
The information requested in this Canadian Thalidomide Survivors Support Program Request for Reconsideration form is being collected, used and retained by the Canadian Thalidomide Survivors Support Program Administrator ("Administrator") and its Agents for the purpose of operating and administering the Canadian Thalidomide Survivors Support Program Administration pursuant to the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 ("PIPEDA"). The information may be provided to the Government of Canada in order to facilitate the administration of the Canadian Thalidomide Survivors Support Program. Personal information is protected under federal legislation, including PIPEDA and the *Privacy Act*, and personal information may be used or disclosed in accordance with applicable legislation. You have the right to request access to your personal information. To do so, call 1-877-507-7706 or 1-877-627-7027 (TTY).

Section 1: CTSSP Applicant Contact Information

Language Preference:	☐ English ☐ French
Communication Preference:	☐ Mail ☐ Email *
First Name:	
Middle Name(s):	
Last Name:	
Mailing Address:	
City/Town:	
Province/Territory/State/Country:	
Postal Code/Zip Code:	
Primary Telephone Number:	( ) –
Alternate Telephone Number:	( ) –
Email Address:	

*If your communication preference is email, please add info@tsspcanada.ca to your email address book. This may avoid email messages from the administrator accidentally ending up in your junk/spam folder. Please make sure to check your junk/spam folder when expecting email messages from the Administrator.

Section 2: Legally Appointed Representative Information

(Leave this section blank if the Applicant does not have a Legally Appointed Representative)

This section is to be completed **only** if you have been **legally** appointed to administer the CTSSP Applicant's affairs. You MUST provide proof of your legal appointment to act as the Representative of the CTSSP Applicant. Please complete all boxes in both Section 1 on the previous page for the CTSSP Applicant and Section 2 below for yourself.

I have enclosed a **certified true** photocopy of one (1) of:	Please check (✓) the applicable box: ☐ Legal Appointment previously submitted ☐ Legal Appointment Enclosed ☐ Court Order Enclosed ☐ Other: _____
First Name:	
Last Name:	
Mailing Address:	
City/Town:	
Province/Territory/State/Country:	
Postal Code/Zip Code:	
Primary Telephone Number:	( ) –
Alternate Telephone Number:	( ) –
Email Address:	
Relationship to CTSSP Applicant:	

Section 3: Person who helped complete this application

☐ **Same as Section 2 (If box is checked, no need to complete Section 3 boxes below)**

First Name:	
Last Name:	
Email Address or Phone Number:	
Relationship to CTSSP Applicant:	

Section 4: Details of your Request for Reconsideration

Request for Reconsideration at: ☐ Step 1 ☐ Step 2 ☐ Step 3

In the space below, please explain your reasons for requesting reconsideration and provide **new** medical documentation that has not been provided before, including x-rays and photographs in support of your request.

X-rays and photographs that clearly show the injured area(s) are required to provide verifiable clinical descriptions of your injuries.

X-rays and photographs of your injuries should be taken from various angles including front, back, left side and right side along with close ups as feasible. If your injury relates to only one side of your body, please also take x-rays and photographs of the non-injured side for comparison purposes. For example, if you have an injured left arm with two absent fingers, please take x-rays and photographs starting from the top of your shoulder down to the tip of your fingers for both arms along with close ups of the hand.

☐ Additional pages or documentation attached

Section 5: Photo Identification and Privacy

Proof of identification is required by **ALL** CTSSP Applicants. Legally Appointed Representatives must provide identification for **both** the CTSSP Applicant and the Representative.

Please submit a photocopy of one (1) of the following government issued pieces of identification for proof of identity purposes. The identification **must include your date of birth**:

- Birth Certificate
- Baptismal Certificate
- Valid Provincial Driver's License
- Valid Provincial Photo ID Card (must include date of birth)
- Valid Canadian Passport

Section 6: Declaration and Signature

This section must be completed by the CTSSP Applicant or the Legally Appointed Representative. Please read the following Declaration carefully before signing.

Declaration: I have completed the Canadian Thalidomide Survivors Support Program Request for Reconsideration form and that I understand that completing this form does not automatically mean I qualify for the Canadian Thalidomide Survivors Support Program. I must proceed successfully through all three Steps of the application process to be eligible for support under the Canadian Thalidomide Survivors Support Program ("CTSSP").

I agree to the sharing of my personal information, including but not limited to my contact information, with the Administrator, the Government of Canada and necessary authorized third parties, only for the purpose of processing my Request for Reconsideration.

By signing below, I indicate my agreement to the contents of this Declaration.

CTSSP Applicant/Legally Appointed Representative:

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

All CTSSP Applicants or Legally Appointed Representatives must sign or sign with a mark in Section 6 in the presence of a witness who may be a relative. The witness must complete the Witness information and sign the Witness Declaration.		
Witness' First Name	Witness' Last Name	
City/Town	Province/Territory/State	Country
Relationship to CTSSP Applicant/Legally Appointed Representative		

Witness Declaration: I have witnessed the signature or mark of the CTSSP Applicant or Legally Appointed Representative. Where the CTSSP Applicant or Legally Appointed Representative signed with a mark, I have read the content of this Canadian Thalidomide Survivors Support Program Request for Reconsideration form to the CTSSP Applicant and/or their Legally Appointed Representative, who signed with a mark, who understands and confirms the information.

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Please include the following with your Request for Reconsideration when returning it to the Administrator:

- ☐ New Information including x-rays and photographs along with medical documentation in support of your Request for Reconsideration
- ☐ Proof of identification for CTSSP Applicant
- ☐ Proof of Identification for Legally Appointed Representative and Certified true copy of the Representative's Legal Appointment to act on behalf of the CTSSP Applicant *(if applicable)*
- ☐ Signed and dated Declaration for CTSSP Applicant/Legally Appointed Representative in Section 6
- ☐ Completed, signed, and dated Witness section by Witness in Section 6