

Jordan' Principle – Check List

Documents required to complete the application!

_____ Completed Jordan's Principle application / 1 application per child under 18 years.

_____ Personal letter of request from client submitting request (what your request is for).

_____ Client to sign "Release of Information".

_____ Support Letters or Letters of Recommendation from professionals (doctors, nurses, counsellor, therapist, school official, (preferably 2 letters).

_____ Copies of any pertinent information (quotes, bills, rental/lease agreements). If you are applying for school supplies or clothing, a letter from the school stating your child/children are registered and their grade.

_____ Copy of parents / guardian and children identification.

Jordan's Principle

Flora Halkett
Service Coordinator
306.764-6501

Gloria Naytowhow
Social Intake
306.764.6530

Montreal Lake Urban Services

P.O. Box 23120
3601 – 5th Ave East
Prince Albert, Sask.
S6V 8A7
Phone: 306 764-6526
Fax: 306 763 3131



Clear form

Jordan's Principle Saskatchewan Region Individual or Family Request Form

Is this request urgent or time sensitive? Select one if applicable.
 Urgent – child is at risk of irreparable harm or is in palliative care
 Time Sensitive – a support is needed in a set time period (ie. application deadline for therapeutic program, funding or transportation for an appointment)
NOTE: If immediate or urgent care is required for a child, please call 911 or your local emergency services number.

SECTION 1: CHILD'S INFORMATION (If this is a shared request with other children, attach information from Section 1 for each additional child)

Legal First Name: _____ Legal Last Name: _____

Child's Alternate Name or Name Known By (First Name, Last Name): _____

Child's Date of Birth (mm/dd/yyyy): _____ Child's Gender: Female Male Other Gender

Mailing Address (unit/apartment number, street name, P.O. Box, city, province/territory, postal code): _____

Is the child registered: Yes Child's 10 Digit Registration # _____
 No Pending (registration submitted) Métis Non Indigenous Inuit

If the child is NOT registered complete the information below:

Parent Name (First Name, Last Name)	10 Digit Treaty Number	DOB (mm/dd/yyyy)
_____	_____	_____

Does the child normally live on reserve: Yes No
If yes, which community: _____

Is the family receiving support from one of the following: No
 Child and Family Services Agency (CFS)
 Provincial Ministry of Social Services
 Income Assistance

SECTION 2: CONSENTING PARENT/GUARDIAN'S INFORMATION

Legal First Name: _____ Legal Last Name: _____

Address, if different from above (unit/apartment number, street name, P.O. Box, city, province/territory, postal code): _____

Telephone #: _____ *Email Address: _____
Please note this is the method of communication used for notification of decision

I declare the information to be true & accurate and that it does not contain a request for any benefit or service previously paid for by Department of Indigenous Services Canada or by any other plan or program. I also confirm that I have not received or in the process of receiving partial or full funding for my request through ISC or any other plan or program. I understand that if any of this information is untrue, this request for funding may be denied.

Please identify if you are a: Parent Guardian* someone in a formal or informal care arrangement for the children in their care

Signature: _____ Date (mm/dd/yyyy): _____

SECTION 3: REQUEST SUBMITTED BY (IF OTHER THAN CONSENTING PARENT/GUARDIAN)

Name: _____ Organization and relationship to child: _____

Mailing Address (unit number, street name, P.O. Box, city, province/territory, postal code): _____

Telephone #: _____ Email Address: _____



SECTION 4: SHARING OF INFORMATION (Identify if there is anyone besides the requestor or consentor that you would like to be able to access information regarding this request)

First Name, Last Name	Email or Phone Number

SECTION 5: REASON FOR REQUEST

Basic details of the child's needs i.e. medical, health, social, educational (attach a separate page if necessary):

A signed documentation is required from a health/social/education professional directly serving the child that clearly indicates the diagnosis(es) and/or identified need, directly recommends the requested product/support/service, and stipulates the recommended frequency/duration (treatment plan), if applicable. Please submit this document with the application form.

SECTION 6: DESCRIPTION OF YOUR REQUEST (ATTACH QUOTE FROM PROVIDER)

Product or Service Requested (provide a brief description)	Frequency/Duration	Estimated Cost
		\$
		\$
		\$
Quote from provider attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amount Requested	\$

Is there anything else you would like to share regarding the needs of the child identified in this request? (ie: to support evidence of substantive equality, cultural needs, in the best interest of the children, etc). For further information on substantive equality please visit: <https://www.sac-isc.gc.ca/eng/1583698429175/1583698455266>

SECTION 7: REQUEST HISTORY

Has this request been submitted to any other program or government department? Yes No
If **yes**, provide the name of program or department, outcome of the request and attach a **copy** of the document (if available).

SECTION 8: FUNDING INFORMATION (Select one of the following to assist with funding the product/service if approved)

- You are unsure how the service or product will be purchased and need assistance
- You will purchase the service/product and submit an invoice to Jordan's Principle for reimbursement. Reimbursement will be payable to: Name of person or organization _____
- You are an agreement holder and want funds transferred into your agreement or you will provide confirmation from the agreement holder that they will manage the funds. Agreement name and contact information: _____
- You are the vendor or you will confirm that the vendor will submit an invoice to Jordan's Principle for the service or product. Vendor's name and contact information: _____

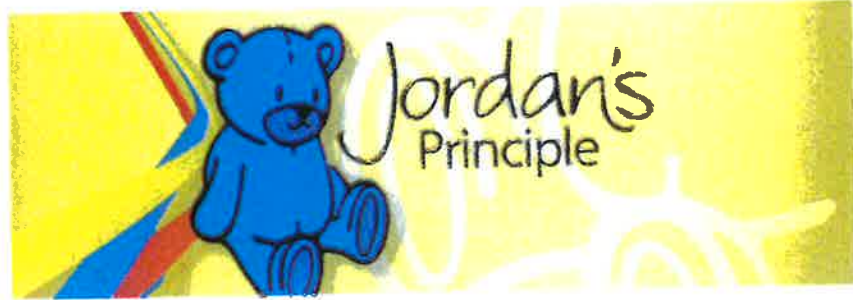
To find a local Service Coordinator to assist with your application, please visit <http://skfn.ca/health-wellness-programs/> and click on Saskatchewan Jordan's Principle Service Coordinators, Contact Information.

If you need assistance or more information contact SK Region at: 1-833-752-4453 (1-833-SK CHILD)

Fax the completed request form to: 1-833-246-4065

PROTECTED B

Form update May 7, 2021



SHARING OF INFORMATION

I understand that Jordan's Principle services involve a partnership among individuals and agencies providing direct service to: _____

(Child's name)

Information cannot be received from, nor shared with, these agencies without my permission. I may withdraw or change permission to any individual or agency at any time.

I give Jordan's Principle permission to share and receive information about:

(Child's name)

With the following individuals or agencies:

Signature: _____

Witness: _____

Date: _____

Note: This release can be voided by the Parent legal guardian at any time.



JORDAN'S PRINCIPLE

ENSURING FIRST NATIONS CHILDREN HAVE ACCESS TO THE SERVICES THEY NEED

I, _____, parent/legal guardian give consent for the release of any information which Jordan's Principle Service Coordinator may have regarding:

Child's name _____ Birthdate: (mm/dd/yyyy) _____

Treaty number _____ Gender: M F

Parent's name/Treaty number _____

Child's name _____ Birthdate: (mm/dd/yyyy) _____

Treaty number _____ Gender: M F

Parent's name/Treaty number _____

Child's name _____ Birthdate: (mm/dd/yyyy) _____

Treaty number _____ Gender: M F

Parent's name/Treaty number _____

Child's name _____ Birthdate: (mm/dd/yyyy) _____

Treaty number _____ Gender: M F

Parent's name/Treaty number _____

To determine what services my child(ren) is eligible for and requires through Jordan's Principle

This consent shall remain in effect from this date until the purpose for which the information was disclosed has been achieved. It is understood that I can revoke this agreement at any time either verbally or in writing. Give permission of funds to be transferred into an agreement holder to manage the funds. Agreement name and contact information on Montreal Lake Urban Services Inc.- funding agreement- with service coordinator.

Name (print): _____ Signature Individual: _____

Name (print): _____ Signature Witness: _____

Dated this day: _____