



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 irremediable 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 & Last)	10 Digit Treaty Number	DOB (mm/dd/yyyy)

Please note we may contact you for additional information if we have questions on your child's eligibility for Jordan's Principle or on the information contained or missing from this application.

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: _____

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 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: REASON FOR REQUEST

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

Has a signed assessment, prescription, letter of referral been completed by a health, social or educational professional that states the child’s unmet need, directly recommends the requested items and says what the frequency/duration is, if applicable? Yes No Document attached? Yes No

SECTION 5: DESCRIPTION OF YOUR REQUEST (ATTACH A QUOTE FROM PROVIDER)

Requested Product/Service (provide a brief description)	Frequency/Duration (if applicable)	Estimated Cost (if known)
		\$
		\$
		\$
Total Amount Requested		\$

Provide a quote from a service provider for the requested product or service. Document attached? Yes No

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 6: 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 7: 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 for reimbursement
- You are an agreement holder and will submit an invoice to Jordan’s Principle for the service or product
- You are an agreement holder and want the funds transferred into your agreement or you will be working with someone that has a funding agreement. Agreement name and contact information: _____
- You are the vendor or you will provide confirmation that the vendor will submit an invoice to Jordan’s Principle for the service or product. Vendor’s name and contact information: _____

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

If you require assistance with this request or need more information, contact:

1-833-752-4453 (1-833-SK CHILD)