



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 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 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**