

**FIRST NATIONS AND INUIT HEALTH BRANCH
JORDAN'S PRINCIPLE
Group Requests for Children and Youth unmet needs
APPLICATION FORM**

Service Access Resolution Funding/Service Enhancement*

***For Jordan's Principle
Service Coordinators,
Case Manager and
Navigators: Please use
the Service
Coordination**

APPLICANT INFORMATION

Organization Name:
Street Address:
Town/City:
Province/Territory:
Postal Code:
Project Title:

- ❖ Please note that this application must address existing service gaps within your health, social and educational delivery. This is not to duplicate the work of existing staff and programs.
- ❖ Please forward or to all the teams within the community that are working directly with children/youth and are able to identify the unmet needs and the products or services required
- ❖ **This may include but is not limited to the Home and Community Care Program, AHSOR programs, the daycares, the Schools and any maternal-child programming.**

PROJECT CONTACT INFORMATION

Contact Name:
Contact Phone #:
Contact Email:

Submissions must include:

- A completed Application Form signed by an authorized officer of your organization
- Including a budget using the included template
- An **official support letter or BCR** from your organization, **signed by Chief and/ or Council**, which agrees to support the application project.
- Aggregated data on the # of children and their assessed needs must be provided (can use the attached **Intake Summary Form or excel spreadsheet**)

Please send your completed group application to sac.jordansprincipleon-principedejordan.isc@canada.ca

PART A: SUMMARY

Objective(s)

Please check which of the following objectives apply to your project (can include as many as required):

- Identify children with unmet needs and assist their families to secure access to needed services and supports *comparable to those available to other children living in the same jurisdiction* in a timely manner
- Nurture relationships across community-based programs and services; service providers; and First Nations, federal, provincial and territorial programs and services
- Ensure children receive quality and culturally appropriate health and social services and supports across all stages and levels of care
- Support data collection and analytical activities to better understand the scope of children's needs and nature of service gaps

Use the field below to provide to describe:

- 1- What programs and program staff have identified the unmet needs and the service gaps?
- 2- If this work is still to be done, please describe how the proposed work will identify the unmet needs and service gaps.
- 3- Please provide a brief description of the current unmet needs of the children and youth:

Activities/Deliverables

Please check which of the following activities apply to your project:

What will the project activities and programming target?

- Assessments/Screening (can include mental health, developmental, physical, etc.)
 - o Type(s): _____
 - ❖ Age: _____ (please note that the age of majority is 18 in Ontario)
- Psychological Testing
- Behavioural Testing
- Allied Health
 - o Occupational Therapy
 - o Physical Therapy
 - o Speech Language Therapy
 - o Behavioural Analysis
 - o Applied Behavioural Analysis (ABA)
 - o Applied Behavioural Interventions (ABI)
 - o Other (please specify):
- Respite Services
- Case Management
- Mental Health
- Other (please specify):

WORKPLAN

Activities How do you propose to do them	Time Line Proposed start/end dates	Persons Responsible Who

Benefits and Anticipated Outcomes

Please check which of the following benefits and anticipated outcomes apply:

- Increased service delivery to children with previously **unmet health care needs** and assistance provided to their family to secure access to needed services and supports (please provide further description in box below)
- Enhanced awareness of existing programs and available supports for First Nations living on and off-reserve
- Identification of children with unmet needs to facilitate **early intervention** and timely access to services and supports
- Enhanced relationships with community resources and collaboration with existing community-based programs and services as well as by collaborating with health and social services systems, federal, provincial and territorial services and programs, service providers and communities
- Facilitated access for children to health care professionals for **assessments**
- Development of policies, procedures and protocols related to screening and assessment, service planning, monitoring and evaluation of service plans
- Data collection and reporting to better understand the scope of children's needs and nature of existing service gaps

❖ **Indicate the target number of children who will receive services:** _____

Describe the results or outcomes of the planned work.

Please check how you will measure the above activities and deliverables:

- Participant Feedback
- Community Survey
- Narrative Reports and Data Collected
- Evaluation
- Other (please specify):
 - o Interim Report
 - o Final Annual Report
 - o Financial Expenditure Report

*** Please note that your reporting requirements will be reflected on schedule 2 of your agreement/amendment ***

PART B: BUDGET

BUDGET	2020/21	2021/22	Details/Comments
Salaries or contracts			
Training			
Travel/ Accommodations			
Rent and Utilities			
Telephone, Fax, Communications			
Administration fees (will be reviewed)			
Other (specify):			
TOTAL:			

PART C: APPROVAL

1. The undersigned on behalf of the organization declares that:

- The information in this application and all accompanying documents are accurate and completed;
- No current or former public servant or public office holder to whom *The Conflict of Interest and Post-employment Code for the Public Services, The Values and Ethics Code for the Public Service, or The Conflict of Interest and Post-Employment Code for Public Office Holders* applies, shall derive any direct benefit from this Application for Funding, including any employment, payments or gifts, unless the provision and receipt of such benefits is in compliance with such Code;
- The application is made on behalf of the named organization above with its full knowledge and consent.

2. I acknowledge that should this application be approved, funding will be conditional upon the organization entering into a written and signed agreement with Health Canada.

3. Officer authorized by the organization:

Name:

Title or Position held with the organization:

Telephone number:

Fax number:

Email address:

4. Signature of Authorized Officer:

Date:

*** Must be signed by individual(s) authorized to legally bind the organization ***

Did you complete the following?

- A completed Application Form signed by an authorized officer of your organization
- Including a budget using the included template
- An **official support letter or BCR** from your organization **signed by Chief and/or Council** which agrees to support the application project.
- Aggregated data on the number of children and their assessed needs must be provided (can use the attached **Intake Summary Form** or **excel spreadsheet**)
- If applying for Service Coordinator or Case Manager, did you use that template?