## DEPARTMENT OF INDIGENOUS SERVICES CANADA JORDAN'S PRINCIPLE REQUEST FORM

Please complete this Form to make a request, and send it to the <u>Focal Point in your region</u>.

Please note: If immediate or urgent care is required for a child, please call 911 or your local emergency services number, or visit the nearest health facility.

· ·	uardian (In order for a representative to make a	
request on behalf of the parent/guardian, please ensure the parent/guardian signs the request form and prepares an authorization in writing.)		
SECTION 1: Child's Information		
Given Name:	Family Name:	
Child's Date of Birth (yyyy/mm/dd):	Child's sex:  ☐ Female ☐ Male ☐ Unspecified	
Address(i.e. civic address, apartment/unit number):		
City/Community:	Province/Territory:	
Postal Code:	Telephone Number:	
Does the child live or ordinarily live on reserve:  Yes No	Is the child in foster care:  Yes No	
Is child registered (Y/N)? If yes, registration number:	If no, name of parent: Parent registration number:	
SECTION 2: Parent/Guardian's Information		
Given Name:	Family Name:	
Relationship to child:		
Address, if different from above (i.e. civic address, apartment/unit number):		
City:	Province/Territory:	
Postal Code:	Language preference:	
Telephone number:	Email address:	
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SECTION 3: Authorized Representative's Information	mation (if applicable)	
Given Name:	Family Name:	
Relationship to child:		
Relationship to parent/guardian:		
Address (i.e. civic address, apartment/unit number):		

## EXTERNAL USE

EXTERNAL USE		(when completed)
City:	Province/Territory:	
Postal Code:	Language preference:	
Telephone number:	Email address:	
What is the child's unmet need?		
Is an assessment/ prescription/ referral by a he (Y/N)?	ealth, social or education profes	sional attached?
If not, please explain.		
SECTION 5: Request Information		
Description of the request(s):		
Please indicate the products/services requeste	d	
Please indicate the products/services requested Requested products/services	Frequency/Duration (if applicable)	Estimated Cost (if known)
·	Frequency/Duration	
·	Frequency/Duration	(if known)
·	Frequency/Duration	(if known) \$
·	Frequency/Duration	(if known) \$ \$
·	Frequency/Duration	(if known) \$ \$ \$
·	Frequency/Duration	(if known) \$ \$ \$ \$ \$
·	Frequency/Duration (if applicable)  Total Amount Request	(if known) \$ \$ \$ \$ \$
Requested products/services	Frequency/Duration (if applicable)  Total Amount Request	(if known) \$ \$ \$ \$ \$
Requested products/services	Frequency/Duration (if applicable)  Total Amount Request	(if known) \$ \$ \$ \$ \$
Provide any other details relevant to the requ	Frequency/Duration (if applicable)  Total Amount Request	(if known) \$ \$ \$ \$ \$
Provide any other details relevant to the requ	Frequency/Duration (if applicable)  Total Amount Request lest:	\$ \$ \$ \$ \$
Provide any other details relevant to the requ	Frequency/Duration (if applicable)  Total Amount Request lest:	\$ \$ \$ \$ \$

SECTION 6: Request History
Has this request been submitted to a provincial or federal program or service?  Yes No
If <b>yes</b> , please provide the name of program/service, and attach a copy of the information/documents submitted.
If partially covered, please provide details:

SECTION 6: Declaration & Signature		
I declare the information to be true and 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(s)/program(s) that is noted in the statement or explanation of benefits.		
Please identify if you are a:		
○ Child over 16 years		
O Parent/Guardian		
Signature:		
Print Name:	Date (yyyy/mm/dd):	

## FOR INTERNAL USE

FOR GOVERNMENT OF CANADA USE ONLY

Request Tracking Number:

## **PRIVACY NOTICE STATEMENT**

The personal information you provide is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. We require this information to determine eligibility and process requests for health, social and educational assistance under the Jordan's Principle Initiative. Your personal information may be used within the Department of Indigenous Services Canada for the alignment of health, social and educational benefits and for audit purposes. With consent, personal information may be disclosed to health, social and educational services professionals, and service coordinators for processing requests. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. This information collection is described in Info Source, available online at infosource.gc.ca. Your rights under the Privacy Act: You have the right of access to, correction and protection of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.