



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

Child's Date of Birth (mm/dd/yyyy):	Child's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender
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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)  Metis  Non Indigenous  Inuit

Does the child normally live on reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Community: _____	Is the family receiving support from one of the following: <input type="checkbox"/> No <input type="checkbox"/> Child and Family Services Agency (CFS) <input type="checkbox"/> Provincial Ministry of Social Services <input type="checkbox"/> Income Assistance
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If child is **NOT** registered complete the information below:

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

**SECTION 2: CONSENTING PARENT/GUARDIAN'S INFORMATION**

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

Telephone #:	Email Address:
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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):
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**SECTION 3: REQUEST SUBMITTED BY (IF OTHER THAN PARENT/GUARDIAN)**

Name:	Organization and relationship to child:
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Mailing Address (unit number, street name, P.O. Box, city, province/territory, postal code):

Telephone #:	Email Address:
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**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)**