

Jordan's Principle	Urgen	uest urgent or time sensitive? Set t – child is at risk of irremediable	e harm or is ir	n palliative care		
Saskatchewan Region		ensitive – a support is needed in c program, funding or transport:		eriod (ie. application deadline for appointment)		
Individual or Family Request For		mmediate or urgent care is I emergency services numbe	-	or a child, please call 911 or		
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 La	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 (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 Numb	er	DOB (mm/dd/yyy)		
Does the child normally live on reserve:						
Yes No		Child and Family Services Agency (CFS)				
If yes, which community:		Provincial Ministry of Social Services Income Assistance				
SECTION 2: CONSENTING PARENT/GUARDIAN'S INFORMATION						
Legal First Name:	Legal La	st Name:				
Address, if different from above (unit/apartment number, street name, P.O. Box, city, province/territory, postal code):						
Telephone #: *Email Address:						
		hod of communication used for				
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.						
lease identify if you are a: Parent Guardian* someone in a formal or informal care arrangement for the children in their care ignature: Date (mm/dd/yyyy):						
Signature.		Da		ια <i>γ</i> γ γ γ γ γ γ.		
SECTION 3: REQUEST SUBMITTED BY (IF OTHER THAN CONSENTING PARENT/GUARDIAN)						
Name:		Organization and relat	ionship to	o 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 consenter 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 PRO	OVIDER)				
Product or Service Requested (prov	ide a brief description)	Frequency/Duration	Estimated Cost			
			\$			
			\$			
			\$			
Quote from provider attached?	Yes 🗌 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:						
To find a local Service Coordinator to assist with your application, please visit <u>http://skfn.ca/health-wellness-programs/</u> 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

PROTECTED B

Form update May 7, 2021