

JORDAN'S PRINCIPLE CHECKLIST

Application

- Section 1 and 2 filled out for each child

Letter of Hardship

- Explain why you require support, what supports are needed and how this will benefit the child[ren] in your care. List of children's names, birth dates, and treaty numbers [if applicable]

Letter of Support

- A health, educational, or social support professional *within the child's circle of care*. How is this professional apart of *the child's circle of care*? Do they know the needs of the child? How will the supports benefit them and how will it affect the child if the needs are unmet?
- The letter should be on letterhead or come from a verified email address to confirm with children's names and birth dates as well. *They will be contacted to verify*

Supporting Documents

- Utility bills, lease agreement, eviction/disconnection notice, invoices/quotes/receipts, etc.

As of February 10th, Jordan's Principle Regional Office has introduced new requirements related to these documents.

Monthly Expenses Breakdown

- Rent/Mortgage
- Utilities (electricity, water, internet, etc.)
- Groceries & household necessities
- Childcare/Daycare fees
- Other essential family expenses

Monthly Income Details:

- Employment income (if applicable)
- Social Income Support (SIS) (if applicable)
- What is covered under SIS?
- Child Tax Benefit amount (if applicable)

Accommodation Request Requirements:

- Proof of active housing search required.
- Evidence can include:
 - Email correspondence with landlords
 - Completed rental applications
 - Updates on waitlist status (Housing letter)

Extension Request Requirements:

- Documentation of housing search efforts required after the first accommodation.
- Must include evidence of actions taken to find housing.

Once you have all the requirements, you can submit application to jpapplications@sktc.sk.ca

Effective June 1, 2025, the **STC Jordan's Principle team** will no longer process **Social Request applications in-house**. All applications will now be forwarded to the **Regional ISC Office** for review and approval. While this may result in longer processing times, please note:

- Our **intake and navigation services remain the same** — you can still reach out to us as your **first point of contact**. Our team will **continue to support you** in completing your application to ensure it meets all requirements before submission.
- Once complete, your application will be sent to the **Regional ISC Office** for processing.

Regional ISC Contact Information:

1-833-752-4453

principedejordansk_admission-jordansprinciplesk_intake@sac-isc.gc.ca

STC Jordans Principle Monthly Income & Expenses Checklist

Client Information

- **Full Name:** _____
- **Date of Submission:** _____
- **Phone Number:** _____
- **Email Address:** _____

Monthly Income Details (Please check all that apply and provide the corresponding amounts.)

- Employment Income** (if applicable): \$ _____
- Social Income Support (SIS)** (if applicable): \$ _____
 - **What is covered under SIS?** _____
- Child Tax Benefit Amount** (if applicable): \$ _____
- Other Income Sources** (e.g., pension, disability support, alimony, etc.): \$ _____
 - **Specify:** _____

Total Monthly Income: \$ _____

Monthly Expenses Breakdown (Please check all that apply and provide the corresponding amounts.)

- Rent/Mortgage:** \$ _____
- Utilities** (electricity, water, internet, etc.): \$ _____
- Groceries & Household Necessities:** \$ _____
- Childcare/Daycare Fees:** \$ _____
- Other Essential Family Expenses:** \$ _____
 - **Specify:** _____

Total Monthly Expenses: \$ _____

Additional Notes:

Client Signature: _____

Date: _____



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) 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: <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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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: <small>Please note this is the method of communication used for notification of decision</small>
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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 CONSENTING 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: 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