Reset Form

EXTERNAL USE **PROTECTED B** (when completed)

DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN'S PRINCIPLE
REQUEST FORM

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

Please identify if you are a:
○ Child over 16 years
○ Parent/Guardian
◉ Authorized Representative of the Parent/Guardian (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: ON
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:

SECTION 3: Authorized Representative's Information (if applicable)	
Given Name:	Family Name:
Relationship to child:	
Relationship to parent/guardian:	
Address (i.e. civic address, apartment/unit number):	

City:	Province/Territory:
Postal Code:	Language preference:
Telephone number:	Email address:

SECTION 4: Reason for Request

What is the child's unmet need?

Is an assessment/ prescription/ referral by a health, social or education professional attached? (Y/N)?

If not, please explain.

SECTION 5: Request Information

Description of the request(s):

Please indicate the products/services requested

Requested products/services	**Frequency/Duration (if applicable)**	**Estimated Cost (if known)**
		$
		$
		$
		$
		$
	Total Amount Request	**$** 0.00

Provide any other details relevant to the request:

SECTION 6: Request History

Has this request been submitted to a provincial or federal program or service?

◯ Yes ◯ No

If **yes**, 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 ◯ 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.