



Jordan's Principle Request Form - Saskatchewan

SECTION 1: CHILD'S INFORMATION		
Legal Given Name:	Legal Family Name:	
Child's Date of Birth (mm/dd/yyyy):	Child's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified	
Mailing Address (unit/apartment number, street name, P.O. Box, city, province/territory, postal code):		
Is the child registered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending(registration submitted) <input type="checkbox"/> Metis <input type="checkbox"/> Non Indigenous <input type="checkbox"/> Inuit Child's 10 Digit Registration #:		
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	
If child is NOT registered and parent(s) has a registration number, complete the information below.		
Parent Name(First & Last)	10 Digit Treaty Number	DOB (mm/dd/yyyy)
SECTION 2: CONSENTING PARENT/GUARDIAN'S INFORMATION		
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Given Name:	Family Name:
Address, if different from above (unit/apartment number, street name, P.O. Box, city, province/territory, postal code):		
Telephone #:	Email Address:	
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 or programs.		
Please identify if you are a: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
Signature:		Date (mm/dd/yyyy):
SECTION 3: REQUEST SUBMITTED BY (IF OTHER THAN PARENT/GUARDIAN)		
Name:	Organization and relationship to child:	
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 an assessment, prescription or referral been completed by a health, social or educational professional?
 Yes No Is it attached? Yes No

SECTION 5: DESCRIPTION OF YOUR REQUEST (PLEASE ATTACH A QUOTE FROM PROVIDER IF APPLICABLE)

Requested Products/Services (provide a brief description)	Frequency/Duration (if applicable)	Estimated Cost (if known)
		\$
		\$
		\$
Total Amount Requested		\$

Provide any details relevant to the request (attach a separate page if necessary):

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 documents (if available).

Please fax, or email the completed request form to the appropriate department below. If you require assistance with this request or need more information, please contact:

Individual requests Carmen Bresch (306) 564-9091 carmen.bresch@canada.ca	Fax: 1-833-246-4065 Peter Desjarlais (306) 564-9181 peter.desjarlais@canada.ca	Tanya Campbell (306) 564-9092 tanya.campbell@canada.ca
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