



**DEPARTMENT OF INDIGENOUS SERVICES CANADA  
 JORDAN'S PRINCIPLE  
 REQUEST FORM - QUEBEC REGION**

Please complete this form to make a request, and send it by email to [18tcr.jordans.principle@ssss.gouv.qc.ca](mailto:18tcr.jordans.principle@ssss.gouv.qc.ca) including all relevant documentation to support your request.

**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.**

<p><b>Please identify if you are a:</b></p> <p><input type="radio"/> Child over 16 years</p> <p><input type="radio"/> Parent/Guardian</p> <p><input type="radio"/> 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.)</p>
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<b>SECTION 1: Child's Information</b>	
Given Name:	Family Name:
Child's Date of Birth: MM / DD / YYYY	Child's sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
Address(i.e. civic address, apartment/unit number) :	
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Does the child live or ordinarily live on reserve: <input type="radio"/> Yes <input type="radio"/> No	Is the child in foster care: <input type="radio"/> Yes <input type="radio"/> No
Is child registered (Y/N)? If yes, registration number:	If no, name of parent: Parent registration number:

<b>SECTION 2: Parent/Guardian's Information</b>	
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:

<b>SECTION 3: Authorized Representative's Information (if applicable)</b>	
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:

<b>SECTION 4: Reason for Request</b>
What is the child's unmet need?
Is an assessment/ prescription/ referral by a health, social or education professional attached? Yes      No
<i>If not, please explain.</i>

<b>SECTION 5: Request Information</b>
Description of the request(s):



Please indicate the products/services requested		
Requested products/services	Frequency/Duration (if applicable)	Estimated Cost (if known)
		\$
		\$
		\$
		\$
		\$
<b>Total Amount Requested:</b>		<b>\$</b>
<b>Provide any other details relevant to the request:</b>		

**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 7: 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.	
<b>Please identify if you are a:</b>	
<input type="radio"/> Child over 16 years	
<input type="radio"/> Parent/Guardian	
<b>Signature:</b>	
<b>Print Name:</b>	<b>Date:</b> MM / DD / YYYY

<b>FOR INTERNAL USE</b>
<b>FOR GOVERNMENT OF CANADA USE ONLY</b>
Request Tracking Number:

<b>PRIVACY NOTICE STATEMENT</b>
<p>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.</p> <p>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 <a href="http://infosource.gc.ca">infosource.gc.ca</a>. 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.</p>



# Access and Disclosure of Information

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

YYYY-MM-DD

Status #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

As legal representative of \_\_\_\_\_, I authorize the following entities to exchange  
(name of child)

Information contained in my child's file(s) and in the JP application for the purpose of establishing the gap in service and to gather the necessary information to complete the request process.

I, the undersigned, authorizes:

	Cree School Board
	Cree Board of Health and Social Services of James Bay
	Child Care Centre (Daycares)
	Cree Nation Government
	Jordan's Principle Team (including Federal Government)

This authorization is valid for a period of 12 months from the date of signature.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Signature of Student/Client (if 14 years old or over): \_\_\_\_\_

Jordan's Principal Representative \_\_\_\_\_

I also give consent to use photos or videos and/ or the first name of my child/ren for celebratory and promotional purposes \_\_\_\_\_ *Initials*

Date: \_\_\_\_\_

This information will be appropriately safeguarded, only used to apply for funding for the child specified above and will not be disclosed for any other purpose. I understand the purpose for disclosing this personal health and/or educational information to the person noted above.. I understand that I can refuse to sign this consent form.