



Jordan's Principle Group Request Form - Saskatchewan

SECTION 1: COMMUNITY/ORGANIZATION INFORMATION

Date of Request (mm/dd/year):

Community/Organization Name:

If this request is for more than one community please specify which communities this request covers:

SECTION 2: REQUEST SUBMITTED BY - Include name & contact information of anyone else who should be included in the correspondence

Name & Title/Position:

Community/Organization Name:

Mailing Address (unit number, street name, P.O. Box, city, province/territory, postal code):

Telephone #:

Email Address:

SECTION 3: REQUEST INFORMATION

1. Provide a detailed description of the product, support and/or services you are requesting and demonstrate how it will meet the identified needs of the specific group of children.



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2. Is there any funding already available to support the specific group of children? If so, please explain how there remains an unmet need and gap in supports.

3. Has this request been submitted to any other program or government department? If yes, provide the name of program or department and the outcome of the request.

4. What are the implications if the specific group of children do not receive the requested product, support and/or service?

5. Provide any information that demonstrates the group of children's unique needs to support evidence of substantive equality, cultural needs, and/or safeguards the best interest of the children, etc. For further information on substantive equality please visit: <https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/jordans-principle-substantive-equality-principles.html>



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SECTION 4: SUPPORTING DOCUMENTATION & CONSENT

6. Attach written confirmation that parent/guardian consent has been received for all children who have personal and/or health information submitted with the request. This also confirms that the parent/guardian is aware and are in support of the request submitted on their behalf. This information should be held on file and available upon request, if applicable. Yes, letter is attached
7. Attach written confirmation that each child identified in this request meets the Jordan's Principle eligibility and age criteria and that this information will be held on file and available, if applicable. Please note: list of children may be requested for services such as allied health services, equine therapy and assisted technology device requests as an example. Yes, letter is attached
8. Attach a letter from a health, social, and/or education professional within the circle of care summarizing the identified need for the group of children which (A) demonstrates the identified needs/diagnosis needs (B) includes attestation that assessments/referrals/prescriptions for the specific children are available and on file (C) directly recommends the product/services. Yes, letter is attached.
Refer to the attached Required Documentation Guide to assist.
9. Attach a letter of support from Chief or a member of Leadership for this request, if applicable. Yes, letter is attached.
10. If this request is for **mental health counselling** provide who the registered¹ therapist is if a service provider has already been selected.
Complete the section below, if applicable.

Registered Therapist Name: _____

Clinical Supervisor Name: _____ Position Title: _____

Process for aftercare and follow up: _____



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SECTION 5: DECLARATION

I, _____ (First Name) _____ (Last Name) have the **financial signing authority** to accept and manage the funds on behalf of _____ (community/organization name) and the information provided is accurate to the best of my knowledge and it does not contain a request for any product, service or support previously paid for the Department of Indigenous Services Canada or any other plans or programs. If the request is approved the funding should flow through _____ (community/organization name).

Further, where my organization engages a health, social or educational service provider, for the purposes of fulfilling the activities under this request, I shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the providers profession and that ~~the provider is entitled to practice his or her profession in accordance with the laws of Saskatchewan. Where a community-based worker or cultural practitioner is engaged for the same purpose, I shall ensure the provider is qualified to carry out the activities within their area of practice.~~

Signature: _____ Date (mm/dd/yyyy): _____ Email address: _____

¹ is registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province/territory in which the service is being provided (professional regulatory bodies include Saskatchewan Association of Social Workers, Saskatchewan College of Psychologists, Registered Psychiatric Nurses Association of Saskatchewan, Canadian Counselling and Psychotherapy Association and Professional Association of Christian Counsellors and Psychotherapists).



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Community Name	Type of product/support and/or service requested	Total # of children under the age of 18 years	Cost per session or hour	# of sessions/hours required per week	# of weeks for the remainder of the fiscal year	Total cost of services:	Mileage costs if provider outside the community (break down by kms per trip)	Other travel costs	Total funding for the fiscal year
<i>EXAMPLE: Community</i>	<i>Ex. Mental Health Therapy</i>	<i>Ex. 30</i>	<i>Ex. \$90.00</i>	<i>Ex. 30 children x 1 hour = 30 hours a week</i>	<i>Ex. 16 weeks</i>	<i>Ex. = \$43,200.00</i>	<i>80 trips x 54kms x 0.50/km = \$2,160.00</i>	<i>Meals @ \$15 x 80 days = \$1,200.00</i>	<i>\$43,200.00 + \$2,160.00 + \$1,200.00 = \$46,560.00</i>
TOTAL:			\$			\$	\$	\$	\$

Please fax the completed request form to 1-833-246-4065.

If you require assistance with this request or need more information, please contact 1-833-752-4453.