



DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN'S PRINCIPLE
REQUEST FORM

Please complete this form and provide any supporting documents to make a request. **Requests can be made directly to Indigenous Services Canada, Northern Region** or your local Service Coordinator in your region:



Danita Frost-Arey
 Jordan's Principle Coordinator
 Gwich'in Tribal Council
 Ph: (867) 777-7915 Fax: (867) 777-7919
 Email: Danita.FrostArey@gwichintribal.ca

Indigenous Services Canada:

Kimberly Lafond: 1-866-848-5846 | sac.principedejordanrn-nrjordansprinciple.isc@canada.ca
 Sarah Steeves: 1-866-848-5846 | sac.principedejordanrn-nrjordansprinciple.isc@canada.ca
 Jordan's Principle Call Centre: 1-855-JP-CHILD (1-855-572-4453), open 24 hours a day, 7 days a week

Please note: If immediate or urgent care is required for a child, please call 911 or visit the nearest health facility.

Please Identify if you are a:	
<input type="checkbox"/> Child over 16 years <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> 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:	Child's gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed
Address:	
City/Community:	Territory/Province:
Postal Code:	Phone Number:
Is the child registered? Yes No 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:	
City/Community:	Territory/Province:
Postal Code:	Phone Number:
Email address:	

SECTION 3: Authorized Representative's Information (if applicable)

Given Name:	Family Name:
Relationship to Child:	
Relationship to parent/guardian:	
Address (PO Box, apartment unit number):	
City/Community:	Territory/Province:
Postal Code:	Phone 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? **Yes** **No**

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 Requested:		\$

Provide any other details relevant to the request:

Request History:





Has this request been submitted to a provincial / territorial / federal program or service? Yes No
If yes, please provide the name of the 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 I 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 of age
- Parent or Guardian

Signature:

Print Name:	Date:
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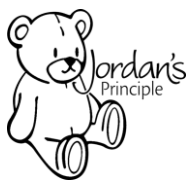
CONSENT TO RELEASE INFORMATION

(To be completed by parent / guardian or Authorized Representative)

1. I consent to and authorize the release of any personal information by organizations, indigenous organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, to the Gwich'in Tribal Council. I understand that my personal information will be used to determine for the effective and efficient general administration and enforcement of the GTC and failure to provide consent will not result in any adverse decision about my rights, benefits or services other than limiting the ability of organizations to work together on my behalf.
2. In addition, I consent to and authorize the release of any personal information by the Gwich'in Tribal Council to any indigenous organizations and/or federal, provincial, territorial and municipal government departments and agencies for the purpose of the effective planning, development, delivery and monitoring of the GTC Health and Wellness Department.
3. I understand that "personal information" means and includes:
 - a. my name, child's name, home or business addresses and telephone numbers,
 - b. my national or ethnic origin;
 - c. my age, sex, marital status or family status, and date of birth,
 - e. any identifying numbers, symbol or other particulars assigned to me such as my registration number, health care card number, or personal identification number;

Signature:

Print Name:	Date:
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FOR INTERNAL USE ONLY

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.

Please print the form, complete all sections, sign, and scan (if submitting by email). Submit your fully completed request form and all required documents with one of the following options:

In Person:

Gwich'in Tribal Council
1-3 Council Crescent
Inuvik, NT

Mail:

Gwich'in Tribal Council
P.O. Box 1509
Inuvik, NT X0E 0T0

Email:

Danita Frost-Arey
Jordan's Principle Coordinator
Danita.FrostArey@gwichintribal.ca

Fax:

Attn: Health and Wellness
867-777-7919



Tel: (867) 777-7900 • Fax: (867) 777-7919

Chief Jim Koe Zheh, 1-3 Council Crescent, PO Box 1509, Inuvik NT Canada X0E 0T0

Website: www.gwichintribal.ca