

Privacy statement

INDIVIDUAL OR FAMILY REQUEST (Jordan's Principle)

Page 1 of 6

The collection, use and disclosure of personal information by Jordan's Principle is authorized under the [Department of Indigenous Services Act](https://laws.justice.gc.ca/eng/acts/I-7.88/) (https://laws.justice.gc.ca/eng/acts/I-7.88/). The collection, use and disclosure of personal information is in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/) (https://laws-lois.justice.gc.ca/eng/acts/P-21/). Personal information collected will be used in order to facilitate and administer the processing of the request under Jordan's Principle. Information may also be used to contact individuals for a follow-up survey. The personal information collected is described and available online at [Info Source](https://www.sac-isc.gc.ca/eng/1353081939455) (https://www.sac-isc.gc.ca/eng/1353081939455). Individuals have the right to the protection of, access to, and request the correction of their personal information under the *Privacy Act*.

For clarification concerning the Privacy Statement, contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at upyp-ppu@sac-isc.gc.ca. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, consult the Privacy Commissioner of Canada at 1-800-282-1376.

► Conflict of interest

No current or former public servant or public office holder to whom The Conflict of Interest and Post-employment Code for the Public Services, The Values and Ethics Code for the Public Service, or The Conflict of Interest and Post-Employment Code for Public Office Holders applies, shall derive any direct benefit from this Request for Funding, including any employment, payments or gifts, unless the provision and receipt of such benefits is in compliance with such code.

► Personal information policy

The [Department of Indigenous Services Act](https://laws.justice.gc.ca/eng/acts/I-7.88/) and the [Financial Administration Act](https://laws.justice.gc.ca/eng/acts/F-11/index.html) (https://laws.justice.gc.ca/eng/acts/F-11/index.html) allow Jordan's Principle to collect personal information on First Nation children, their parents or guardians, and authorized representatives acting on behalf of the child or children.

The collection of personal information is used to determine eligibility, process the request, payment or appeal, and to report on how Jordan's Principle is operating under our responsibility to the Canadian Human Rights Tribunal. When creating reports or documents we make sure the information provided is non-identifiable.

We may also collect information on the child's history and may share this information, in accordance with the *Privacy Act*, with professionals responsible for the child's health, education or social development, with other Indigenous Services Canada (ISC) health, social or educational programs, provinces & territories, municipal governments, Indigenous organizations and the private sector to begin and process the request, to coordinate the delivery of products, services or supports for the child and to process payments or reimbursements for you, service providers or vendors. This is to make sure the child receives the services as needed and on time. When sharing your personal information with professionals, we advise them they can only use the information for processing this request.

By submitting this funding request, you are confirming you understand the purpose for the collection of your personal information; how we use the information and where we share it in order to process this request. Submitting this funding request also means you are giving us your consent to process the request the way we have explained above. You also understand that if the information is missing or you decline to provide it, we may not be able to process your funding request, or it can be delayed. You can withdraw your consent for ISC to use your personal information or withdraw your consent for an authorized representative to act on behalf of you at any time before a decision is made using the information you provide. To withdraw your consent, you can contact Jordan's Principle at 1-855-572-4453 or contact your regional representative.

Request urgency (mandatory - select one)

Urgent - A child is at risk of irremediable harm or is in palliative care

Time sensitive - A support for a child is needed in a set time period

Not urgent or time sensitive

A - Applicant information (requester)

Relationship to the child

Parent

Child (age of consent)

Service coordinator

Educational professional

Health professional

Community-based worker

Guardian

Family member

Navigator

Social professional

Other (specify below)

Other (specify)

Given name (first name)		Family name (last name)	
Organization (if applicable)		Title (if applicable)	
Mailing address (number/street/apartment/P.O. box)			City/Community
Province/Territory	Postal code	Telephone number	Facsimile number (fax)
Email address			Contact preference
			Telephone Email Both

B - Parent/Guardian information

Same as Section **A** (if same, skip to Section **C**)

Given name (first name)	Family name (last name)	Relationship to child	
		Parent Guardian	
Mailing address (number/street/apartment/P.O. box)			City/Community
Province/Territory	Postal code	Telephone number	Facsimile number (fax)
Email address			Contact preference
			Telephone Email Both

C - Child information

1. Given name (first name)

Family name (last name)

Gender

Child ordinarily resides On-reserve

D - Eligibility under Jordan's Principle

Child's eligibility information already sent in a past request (skip to Section **E**)

Follow-up required from Jordan's Principle in support completing this section (skip to Section **E**) Jordan's

Principle is available to First Nations children who (complete one of the following)

D1 - Are registered or eligible to be registered under the [Indian Act](https://laws-lois.justice.gc.ca/eng/acts/I-5/index.html) (https://laws-lois.justice.gc.ca/eng/acts/I-5/index.html) - or -
Have one parent/guardian who is registered or eligible to be registered under the *Indian Act*

D2 - Are recognized by their Nation for the purposes of Jordan's Principle D3 -

Ordinarily live On-reserve

D1 - Registered First Nation

If "Yes" provide the child's Status number or "B" Number (Status number also known as registration number, Treaty number, Band number)

If "No", "Entitled", or "N/A" (not applicable), complete the following details for at least one parent/guardian.

Applying parent/legal guardian		Other parent/legal guardian	
Given name (first name)		Given name (first name)	
Middle name		Middle name	
Family name (last name)		Family name (last name)	
Date of birth (YYYYMMDD)	Registration number	Date of birth (YYYYMMDD)	Registration number

D2 - Recognized citizen/First Nation/Self-governing First Nation member

First Nation name

Include one of the following documents confirming the child's citizenship/membership (if applicable use Supporting documents table below to add documentation)

Email/facsimile/letter by an official representative of the First Nation confirming the child's citizenship/membership

[Confirmation of recognition form](https://www.sac-isc.gc.ca/eng/1636467443247) (https://www.sac-isc.gc.ca/eng/1636467443247)

[A signed Consent to Communicate with the First Nation form](https://www.sac-isc.gc.ca/eng/1636467185293) (https://www.sac-isc.gc.ca/eng/1636467185293)

Supporting documents (if applicable)

Title		Submission method
☐		
☐	Add a document	

D3 - Lives ordinarily On-reserve

Indicate and use the Supporting documents table below to add documents confirming the child ordinarily lives On-reserve. (e.g. email, letter or attestation from a community official that states the child ordinarily resides on reserve) (refer to instructions section for more details)

Supporting documents (if applicable)

Title		Submission method
☐		
☐	Add a document	

E - Reason for request

Child's unmet needs (provide a brief description)

F - Documents (if supporting documents are not submitted, Jordan's Principle will contact you to follow-up)

If "Yes" specify (use Supporting documents table below to add documents)

Assessment/Evaluation/Report	Letter of support	Prescription	Official diagnoses	Referral
Letter of recommendation	Other (specify)			

Supporting documents (if applicable)

Title	Submission method
-------	-------------------

Additional information		

G - Request history

Request already sent to another service?

Program name

Received documents to be added? (if "Yes" use Supporting documents table below to add documents)

Supporting documents (if applicable)

Title		Submission method

H - Requested support (complete information for **each** support needed for each child (where applicable))

x. Sample child

Requested support	How often is it recommended?	How long is it recommended for?	Is quote included for the cost? (if available)	Is this a reimbursement ?	Estimated cost (\$)(if available)

1.Example: Speech Therapy	1 session/week (\$100/session)	12 weeks	• Yes No	• Yes No	\$1,200.00
2. Example: Therapy Ball	1		Yes • No	• Yes No	\$35.00
Child's Total					\$1,235.00

Child # 1.:

Requested support	How often is it recommended?	How long is it recommended for?	Is quote included for the cost? (if available)	Is this a reimbursement ?	Estimated cost (\$) (if available)
1.			Yes No	Yes No	
[+] Add requested support					Child's Total
Total Cost (\$)					

I - Consent and authorization

Parent/Guardian/Child at age of consent

By entering my name below, I acknowledge that I am:

the parent **or**

the child at the age of consent **or**

the guardian

(For this option, provide documentation to confirm you are a guardian. Documentation may include proof of formal or informal adoption or kinship/ care arrangements including a signed letter from the child's parent, Court Order, Last Will and Testament, or Power of Attorney.

In lieu of this, a letter from a health, social or educational professional, Band or Nation verifying guardianship of the guardian is acceptable.)

And

I have read the above statements; understand what personal information is collected and how the information will be used to process this request. By submitting this request, I give my consent to Jordan's Principle program to evaluate and process this request under Jordan's Principle. I understand I can withdraw my consent at any time by contacting the department at 1-855-572-4453 or

I confirm that all included information is true and accurate to the best of my knowledge on the date the form was completed and that it does not contain a request for any benefit or service previously paid for by Indigenous Services Canada (ISC) or by any other plans/programs.

I also confirm that I have not received funding or am in the process of receiving either partial or full funding for my requested service, product or support through Indigenous Services Canada (ISC), or any other plan or government, provincial, territorial or municipal program.

I understand that if any of this information is untrue, the request for funding may be denied and my information could be investigated.

Name of parent/guardian/child (age of consent)

Signature

Date (YYYYMMDD)

J - Consent for authorized representation

I, as the Authorized representative:

Acknowledge I have been given the authority by the parent/guardian/child at age of consent to access the child's file as noted in section **A**. I have read the Privacy statement and understand what personal information is collected and how the information will be used to process this request. I confirm that all information contained in this request is true and accurate to the best of my knowledge on the date the form was completed and that it does not contain a request for any product or service previously paid for by department or by any other plans/programs. I understand that information in this form will be validated and may be used to detect and report on fraudulent activities associated with this request.

Name of authorized representative (section **B**)

Date (YYYYMMDD)

By signing this form, I authorize

Name of authorized representative (section **B**)

the following access to my child's/my file (check one):

Full access

Limited access - Authorized representative can check all that you allow:

submit a request
make decisions about the request

access the personal information in the file

receive status updates

make changes to the information in the file

receive final decision

provide additional information for the file

communicate on my behalf with ISC
answer questions about the request

Name of parent/Guardian/Child (age of consent)

Signature

Date
(YYYYMMDD)