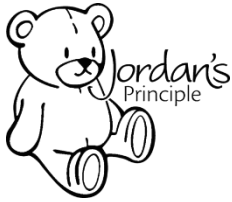


## JORDAN'S PRINCIPLE GROUP REQUEST FORM

### DEPARTMENT OF INDIGENOUS SERVICES CANADA

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. Please print the form, complete all sections, sign, and scan. Submit your fully completed request form and all required documents to:



**Jordan's Principle Coordinator**  
Gwich'in Tribal Council – 1-3 Council Crescent  
PO Box 1509  
Inuvik, NT X0E 0T0  
Ph: (867) 678-4105 Fax: (867) 777-7919  
Email: [Jordans.Principle@gwichintribal.ca](mailto:Jordans.Principle@gwichintribal.ca)

**Indigenous Services Canada:**

Kimberly Lafond: 1-866-848-5846 | [sac.principedejordanrn-nrjordanprinciple.isc@canada.ca](mailto:sac.principedejordanrn-nrjordanprinciple.isc@canada.ca)

Sarah Steeves: 1-866-848-5846 | [sac.principedejordanrn-nrjordanprinciple.isc@canada.ca](mailto:sac.principedejordanrn-nrjordanprinciple.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**

SECTION 1: Organization's Information	
Name of First Nation Band:	
Product, Service or Support Needed:	
Estimated number of children who will benefit from the request:	
ADDRESS	
Mailing Address:	
City/Community:	Territory/Province:
Postal Code:	Phone Number:
Email address:	
SECTION 2: Applicants Information	
Given Name:	Family Name:
Position/Title:	
Organization:	
Address (PO Box, apartment unit number):	
City/Community:	Territory/Province:
Postal Code:	Phone Number:
Email address:	



**SECTION 4: Reason for Request**

Provide a Summary of the request and unique needs:

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)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Amount Requested:</b>		\$

**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.

**Signature:**

**Print Name:**

**Date:**

**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:**

**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](http://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.